

# **The Use of Restrictive Physical Intervention**

**Reading Borough Local Authority**

**2012**

**Cranbury College adopts the RBC policy and is the lead agency in Reading for Team Teach Training in schools and settings**

## Forward

The following legislation and guidance has been taken into account in the production of this document:

- The Association of Directors of Children's Services (ADCS)
- The Health and Safety at Work Act 1974
- DCSF The use of force to control or restrain pupils: guidance for schools in England - (04/2010)
- The Education and Inspections Act 2006 (11/07)
- Commission for Social Care Inspection (CSCI) - Children's views on restraint (2004)
- Department of Health - Guidance on Restrictive Physical Interventions for people with learning disabilities and autistic spectrum disorder, in health, education and social care settings
- Department of Health / DFES Joint Guidance on Restrictive Physical Intervention (2002) + (2003)

The April 2010 Use of Force guidance applies to all schools including Academies and Short Stay Schools (PRUs). Schools should produce their own policy which relates to their own circumstance; however such documents should be consistent with this policy. School policies need not be lengthy and reference should be made to this policy and should be communicated to all staff, pupils and parents / carers. Schools should not have a policy of 'no physical contact'. These principles apply to all Reading Borough Council settings including residential and other care settings and Youth Service establishments.

## Purpose of the Document

The purpose of this document is to offer guidance on the use of Restrictive Physical Interventions (RPI) in schools, residential and other care settings for children and young people.

## Defining Restraint, Restrictive Physical Intervention (RPI) and the use of Reasonable force

Restraint refers to:

*The act of managing or exerting control by restraining someone or something*

(Compact Oxford English Dictionary)

Physical Intervention and Restrictive Physical Intervention have been jointly defined by the Department for Children, School and Families (formally DfES) and the Department of health.

*Restrictive physical interventions involve the use of force to control a person's behaviour and can be employed using bodily contact, mechanical devices or changes to the person's environment*

(Guidance on 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 Disorders); (DfES LEA/0242/2002)

Guidance from the DCFS states that:

*There is no legal definition of when it is reasonable to use force. That will always depend on the precise circumstances of individual cases. To be judged lawful the force used would need to be in proportion to the consequences it is intended to prevent. The degree of force used should be the minimum needed to achieve the desired result. Use of force could not be justified to prevent trivial misbehaviour.*

(DCSF The use of force to Control or Restrain Pupils 2010)

### Legal Context

The use of all forms of physical intervention and physical contact are governed by the criminal and civil law. The unwarranted or inappropriate use of force may constitute an assault. In addition it may infringe the human rights of a child or young person. However the use of Restrictive Physical Intervention can be justified:

- In school and education settings Section 93 of the Education and Inspections Act 2006 allows the use of reasonable force;
- In social care residential settings Regulation 8 of the Children's Home Regulations 2001 authorises '*the taking of any action immediately necessary*)
- In foster care Regulation 13 of the Fostering Services Regulations 2002 permits the use of physical restraint

In all cases the use of Restrictive Physical Intervention has to be justified by there being;

- The likelihood of injury to the child or young person, or
- The likelihood of injury to others, or
- The likelihood of serious damage to property

Additionally, the Education and Inspections Act 2006 (section 93) states that Restrictive Physical Intervention may be justified in schools:

- To prevent the committing of any offence, or
- To maintain good order and discipline

In social care settings Restrictive Physical Intervention may be justified:

- To prevent the running away of any child or young person '*lawfully detained*' (usually a child in the care of the Local Authority).

## **Underlying Principles**

Restrictive Physical Interventions should be used only when a situation warrants immediate action. The school or setting Behaviour Policy should encourage a positive ethos, organisation and relationships in which expectations of behaviour are clearly stated and positively reinforced. Behaviour happens within a context and all aspects of this should be considered when working with young people to avoid a 'within child' analysis of the behaviour that they present. De-escalation techniques should be used to avoid the need to employ a Restrictive Physical Intervention, unless the risk is so exceptional that it precludes the use of de-escalation. The de-escalation techniques should be appropriate to the child or young person.

NB: The "Last Resort" principle does not mean - when all other strategies are exhausted - more, not the first thought or the first action taken without considering other possibilities.

The use of Restrictive Physical Intervention is also governed by the principles of ethical practice. The intervention should:

- Be in the best interests of the child or young person
- Be reasonable and proportionate to the circumstances,
- Use the minimum force necessary for the minimum time necessary
- Be based on a comprehensive risk assessment,
- Have regard for young people or adults present, and
- Respect the safety and dignity of all concerned.

Schools and children's homes should seek to reduce the need for Restrictive Physical Interventions as far as is practicable. The following steps have been identified to achieve this:

- Maintain a positive culture
- Promote ethical practice
- Maintain a child-centred approach
- Be analytical in appraising the effect of environment, adult behaviours and tasks on child behaviours
- Look for early signs of anxiety
- Understand high risk behaviour or violent behaviour
- Promote self control in children and young people
- Use authority appropriately
- Maintain a policy to manage behaviour positively

## **Planned Restrictive Physical Interventions**

The behaviour of a small number of children may give rise for concern prior to admission or following admission. In these cases a written plan to manage the child or young person's behaviour must be developed and agreed by the team and ideally with the child or young person, his or her carers or anyone who has parental responsibility. The plan should be compliant with the school's or establishment's strategies for dealing with behavioural difficulties.

## Unplanned Restrictive Physical Intervention

Unplanned restrictive physical intervention may become necessary when a child or young person behaves in an unexpected way, the child or young person may not have a behaviour plan and trained staff may not be on hand. **The duty of care still remains if appropriately trained staff are not on hand to assist the child or young person.** The response must be reasonable, proportionate, and necessary and use the minimum force necessary to prevent injury and maintain safely, consistent with the circumstances and with any training the staff may have received.

However, to take no action where the outcome is that a child injures himself or another, including staff could be seen as negligent in legal terms.

## Training

It is acknowledged that in schools and other educational settings certain members of staff by virtue of their jobs have a legal right to use reasonable force. However, staff that may be called upon to use Restrictive Physical Interventions with children or young people should be appropriately trained. It can be dangerous to children, young people and staff to use RPI without training. The training should be placed within the ethos of the establishment and should stress that de-escalation is the preferred option. **All staff should be included in the training, and all should be medically fit to carry out Restrictive Physical Intervention.**

Training is typically made up of five components:

- Induction training, which should include dealing with challenging situations, the ethos of Restrictive Physical Interventions, principles and practice.
- Practitioner training which should include the management of challenge and the use of restrictive physical intervention.
- Trainer training to enable experienced workers to train others in their own place of work
- Training managers to ensure they are able to fulfil their role in the use of Restrictive Physical Intervention with children and young people
- Refresher and update training

Following training the Head Teacher or Service Manager should write to staff members authorising them to use the techniques in which they have received training and hold a list of 'authorised staff'. **However, all staff have a duty of care to pupils and any Cranbury College staff who are not trained immediately on appointment will be expected to take actions which reduce risk and Safeguard pupils within the staff team. To do nothing constitutes a act on 'omission' and is not defensible in a court of law.**

## **Physical Intervention Training**

Reading Borough Local Authority policy is to only have training through companies accredited by BILD (British Institute of Learning Disabilities), the appointed government agency, whose function is partly to oversee good practice and appropriate protocols in this area.

**Team Teach is the recommended preferred training company for Reading Borough Local Authority. It is supported by the National Association of Head Teachers; the National Association of Schools with children with BESD (formerly 'NAES', now 'Engage'); and all the courses are BILD accredited.**

Reading Local Authority has trained Intermediate and Advanced Team Teach Tutors who are able to deliver both 6 Hour Foundation and 12 Hour Basic courses to nursery, primary, secondary schools and Local Authority care settings throughout the borough. Advanced modules can also be taught to settings requiring these interventions. For more information please contact [vanessa.treston@reading.gov.uk](mailto:vanessa.treston@reading.gov.uk)

## **Recording Incidents**

The Apprenticeships, Skills, Children and Learning (ASCL) Act (2009) requires that from September 2010 governing bodies must ensure that a procedure is in place for recording each significant incident in which a member of staff uses force on a pupil and reporting each incident to each parent of the pupil as soon as possible after the incident. For Children in Care, the parent is the Local Authority; reports should be made to the young person's social worker.

Whilst only a court of law could decide what is 'significant' in each particular case, schools and care settings should take account of the following in deciding whether an incident should be reported:

- An incident where unreasonable use of force is used on a pupil would always be a significant incident
- Any incident where substantial force has been used (eg pushing a pupil out of a room would be significant)
- The use of restraint is significant
- An incident where a child was very distressed (though clearly not over reacting would be significant).

In determining whether incidents are significant, schools should consider:

- The pupil's behaviour and the level of risk presented at the time
- The degree of force used and whether it was proportionate in relation to the behaviour
- The effect on the pupil or member of staff.

All Incidents that result in non-routine interventions must be recorded as quickly as possible and in any event within 24 hours of the incident. In

schools the head teacher or person acting on his or her behalf must be informed at the earliest opportunity. Parents must be contacted as soon as practicable. The above Act states that the incident must not be reported to a parent if there are concerns that in doing so would likely result in significant harm to the pupil; the school may already have instigated Safeguarding procedures. In this case the incident must be reported to the Local Authority where the child lives. For pupils resident in Reading incidents should be reported to the LADO, Sean Capewell [sean.capewell@reading.gov.uk](mailto:sean.capewell@reading.gov.uk), and copied to the Team Teach lead officer Gill Dunlop [gill.dunlop@reading.gov.uk](mailto:gill.dunlop@reading.gov.uk).

Records (i.e. written within 24 hours of the incident's occurrence) will be made by the staff member involved in the incident.

The record will contain the following information:

- The name(s) of the member(s) of staff involved
- The name(s) of the pupil(s) involved
- Where and when the incident took place
- Names of staff and pupils who witnessed the incident
- The reason physical intervention was necessary
- Behaviour of the pupil which led up to the incident
- Any attempts to resolve the situation(de-escalation)
- The type of physical intervention used
- The pupils response and the eventual outcome
- Details of any injuries by either staff or pupils
- Details of any damage to property
- Details of any medical treatment required (an accident form will need to be completed, where medical treatment is needed)
- Details of follow up, including contact with the parents/carers of the pupil involved
- Details to follow up involvement of other agencies- police, social services

Recording Restrictive Physical Interventions serves several purposes including:

- Compliance with statutory requirements
- Monitoring the welfare of children and young people
- Monitoring staff performance
- Identifying training needs
- Contributing to service audits and evaluations
- Details of how and when the incident was reported to parents/carers

Pupil witnesses may also be asked to provide a written account if appropriate. A copy of this entry will be kept on the pupil's file and retained in line with LA guidance on keeping educational records

The school will report any injuries to pupils or staff in accordance with RIDDOR (HSE Regulations 1995). The 2010 DCSF guidance on Use of Force

acknowledges the potential for injury to both pupils and staff involved in physical intervention responses.

**Examples of recording forms are appended to this document that schools may wish to adopt. These include - Restrictive Physical Intervention and Incident Reports.**

### **Following up and Debriefing Arrangements**

As soon as possible after the incident the member of staff should be debriefed by an appropriate manager. In a school this might be the Head Teacher or in a social care setting the registered manager or the person responsible for the restrictive physical intervention training.

The young person will be given time to become calm while staff continue to supervise him/her. When the young person regains complete composure, a senior member of staff will discuss the incident with the client and try to ascertain the reason for its occurrence. The young person will be given the opportunity to explain things from his/her point of view. All necessary steps will be taken to re-establish the relationship between the young person and the member of staff involved in the incident.

In cases where it is not possible to speak to the client on the same day as the incident occurred, the debrief will take place as soon as possible after they return to normal routines.

All members of staff involved will be allowed a period of recovery after the incident followed by debrief. This may involve access to external support. A senior member of staff (or nominee) will provide support to the member(s) of staff involved. This debrief enables learning to take place and contributes towards professional development.

It is important that the Local Authority procedures for Managing Allegations Against Staff are followed and that that staff are supported and any investigations carried out within the procedures. The Local Authority Designated Officer (LADO) should be contacted for advice.

### **Following up for Parents**

Following any significant incident, the parents of the pupil involved will be issued a copy of the school's Post-Incident Procedure.

### **Risk Assessment**

Any risk assessment should be reviewed.

**An example of a risk assessment, that schools may wish to adopt, is appended to this document.**

Employers owe a duty of care that involves the requirement to carry out a risk assessment in order to reduce harm that could be a foreseeable risk. Staff will assess a situation carefully before physical intervention, and take into account all factors known at the time of the incident, including any risks to themselves, the child, and any other children and other members of staff. The risk assessment will also balance the risk of using a restrictive physical intervention against the risk of not using a physical restrictive intervention, in certain emergencies it may be vital to act quickly. Nevertheless, any physical intervention will still be carried out calmly and carefully.

Where we are aware that because of a special educational need or disability that a child is likely to behave in a disruptive way that we may require the use of reasonable physical intervention, we will plan how to respond if the situation arises. Such planning will address:

- Managing the pupil (e.g. strategies to de-escalate conflict, holds to be used)
- Involving the parents to ensure that they are clear about the specific action the establishment might need to take;
- Briefing staff to ensure they know exactly what action they should be taking
- Ensuring that additional support can be summoned if appropriate

This information should be recorded in the child's individual behaviour plan, and reviewed at agreed frequencies, with staff, parents and where possible the child.

**A copy of an Individual behaviour plan is appended to this document.**

### **Monitoring**

Monitoring depends on good recording of episodes of restrictive physical intervention and incidents and the use of a database or spreadsheet is advisable. Senior managers should monitor episodes of the above for individual children and by the establishment.

In the schools the responsibility for monitoring the use of restrictive physical intervention lies with the Head teacher who should provide and overview report at least annually of incidents and RPI in the school to the governing body. In return the governing body, should also be aware of its duties to safeguard children and young people and should pay due regard to the Local Safeguarding Children's Board's policies and procedures.

In residential establishments monitoring will take place as required by the Children's Homes Regulations.

In Youth Service settings, the manager is responsible for monitoring incidents.

Monitoring serves two purposes:

- At an individual level it allows for improved practice with the individual young person whilst at
- The strategic level it may influence policy and practice

### **Procedures with elevated levels of risk**

Some procedures are known to carry elevated levels of risk. The DfES document “Guidance on 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 disorders” (LEA/0242/200/) associated elevated risks with techniques which:

- Use clothing or belts to restrict movement
- Hold someone who is lying on the floor or forcing them on to the floor
- Restricts breathing or impedes the airways
- Places someone in seclusion where people are forced to spend time alone in a room against their will
- Extend or flex the joints or put pressure on the joints, neck, chest and abdomen or groin areas.

It is strongly recommended that such techniques should not be used, however if all other strategies and techniques have been tried and proved inadequate, procedures with elevated risks may be used in episodes of planned restrictive physical interventions:

- Following a thorough assessment of risk]
- Following a thorough evaluation of the child or young person’s needs
- By appropriately trained and skilled staff
- With the approval of senior manager

### **Information for parents**

When the schools write to parents outlining their behaviour policy or send out policy documents it may be appropriate to include information as detailed below.

*The use of restrictive physical intervention is very rare and is, wherever possible avoided. There may, be occasions where the use of restrictive physical intervention is appropriate e.g. if a child is hurting his/her self or others. Any intervention used will always be reasonable, minimal in proportion to the circumstances of the incident and absolutely necessary and will seek to avoid injury to the pupil.*

### **Search for Weapons & “Contraband” Items**

Under Risk Assessment and Risk Management there may be an occasion when staff suspect a pupil of carrying a weapon. The Duty of Care requires some action to be taken.

Section 45 of the Violent Crime Reduction Act 2006 allows reasonable force to be used to search pupils without their consent for weapons.

The DCSF strongly advises schools not to search pupils where resistance is expected, but rather to call the police.

# Appendices

Restrictive Physical Intervention (Positive Handling) Report form

Incident Report Form

Risk Assessment

Individual Behaviour Plan

Positive Handling Report												
Name of Pupil:								NAES Book Ref no.				
Name/s of staff involved:								Location				
Date:			Sensory	Breakfast	3	4	5	6	7	8	Lunch	Reward
			1	2							9	10
Reason for intervention	Removed from lesson as causing a significant disruption to learning		Risk of harm being caused to someone else		Risk of causing harm to self			Causing significant damage to property or buildings				
	Absconding											
Antecedent												

Holds, guides, escorts used (tick or shade box to the side of hold)	Friendly hold		Single elbow		Figure of four		Double elbow			
	Hold in chairs: Single Elbow		Response to dead weight		Steering away		Response to spitting			
	Hold in chairs: T wrap		Help With legs		Half Shield		Change of face			
	Cradle hug	T wrap Seated on floor	T wrap		Clothing disengagement		Arm disengagement			
	Hair disengagement		Bite disengagement		Help by taking over holding		Small child escort			
Timing and route	Escorted/ guided from						Escorted/ guided to			
	Total time being held									
	Time returned to lesson									
Any injuries to staff or pupils										
What techniques / words/ people, made the										

Positive Handling Report				
Parents informed by	time		Notes/ comments	
De Brief arranged with Senior Manager	pupil		staff	
Notes from debrief pupil				
Notes from de-brief staff				
Actions				
situation better and or worse				
How was this action in the best interests of the child and or other children				

**IMPORTANT:**

- ALL INCIDENT SHEETS MUST BE COMPLETED ON THE DAY THE INCIDENT HAPPENS AND SENT WEEKLY TO SECONDARY SITE FOR RECORDING

Incident Report Sheet									
Name of Pupil:									
Name/s of staff involved:									
Date:		Time of incident:							
category of incident:✓	Failure to follow instructions	Removed from lesson	Verbal abuse	Physical abuse	Destruction/ fouling of property	Leaving site without permission	smoking	Use of electronic goods without permission	other

- Risk Assessment Form must also be updated
- If injury occurred Accident Book and RIDDOR Form must also be completed and medical advice sought.
- A positive handling plan coordinated by Jo Stickley (for Primary) must be completed within 1 week of the incident occurring.

Describe exactly the behaviours you witnessed (remember no feelings or opinions just facts)											
Underlying causes if known		Internal					External (out of college)				
Early signs of anxiety observed											
<p><b>Escalation triggers</b></p> <p>E external outside of school  W work set at wrong level (to easy or hard or not engaging)  U not understanding tasks or expectations  C other children  A no response to anxiety signals  N negative perception of adult communications  L poor listening or not listened to  O poor organisation, not having right things  X other (Please note reason below)</p> <p>SHADE OR TICK BELOW AS MANY BOXES AS YOU WISH</p>		<p><b>Strategies used that helped keep the young person focused or de-escalated negative situations</b></p> <p>P praise  L Learning support (help to do task)  O organisation support (help to get ready)  D distraction  F re-focus on task  E Explanation of activities  B behaviour coaching (reminding how to behave)  M adult modelling of good behaviours  R reframing negative perceptions  A responding quickly to anxiety signals  X other (please note reason below)</p>									
E W U C A N L O X		P L O D F E B M R A X									
X COMMENT		X COMMENT									

**IMPORTANT:**

- ALL INCIDENT SHEETS MUST BE COMPLETED IN FULL THEN SENT TO THE OFFICE
- If Dangerous conduct - Risk Assessment Form must also be updated
- If Racial Abuse - Racial Incident Form must also be completed.
- If injury occurred Accident Book and RIDDOR Form must also be completed.
- If positive handling used positive handling report must be completed

## Student Behaviour Risk Assessment

**Student Name:**

Review Date:	Review Date:	Review Date:
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Guidance on how to judge if activity/ behaviour/ trip or hazard is low, medium or high risk					
Consequences		Probability		Frequency	Risk Rating
Fatality/ damage over £200,000 <b>SCORES 4</b>		Behaviour is very likely to happen <b>SCORES 4</b>		Behaviour happens continuously or many times a day <b>SCORES 4</b>	<b>To calculate risk scores multiply Consequences x probability x frequency (CxPxF)</b>  <b>LOW= score is between 1 and 14</b>  <b>MEDIUM= score is between 15 and 30</b>  <b>HIGH = score is between 31 and 64</b>
Serious injury, permanent disability / damage £5000 + <b>SCORES 3</b>		There is a 50/50 chance that the behaviour will happen <b>SCORES 3</b>		Behaviour happens frequently approx once a day <b>SCORES 3</b>	
Emotional distress requiring support, injury requiring medical intervention/ damage up to £5000 <b>SCORES 2</b>		It would be unusual for this behaviour to happen <b>SCORES 2</b>		Behaviour happens occasionally approx once a month <b>SCORES 2</b>	
<b><u>Risk Assessment and risk reduction activities</u></b>					
<b>Hazard identified</b> <u>(Behaviours that are known and have the potential to cause emotional or physical harm)</u>	<b>Consequences score</b> <u>(The most probable result of an incident involving this hazard)</u>	<b>Probability score</b> <u>(How likely is the student to behave in this way based on previous knowledge of the child)</u>	<b>Frequency score</b> <u>(How often are others likely to be exposed to risk from this student)</u>	<b>Risk Rating</b> <u>Low, medium or High</u>	<b>Risk Reduction</b> <u>(What can we do to reduce the risk of incidents happening)</u> <b>MUST BE IMPLIMENTED BY EVERYONE</b>

**Declaration: I declare that I have shared this risk assessment with all relevant staff and students, that I have implemented the risk reduction activities outlined above and that I will continue to make assessment of risks throughout the activity, reducing risks as far as is reasonable, proportional and practicable, Signed**

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### Individual Behaviour Management Plan

Name:	Year group	DOB	Key Worker
Outline of difficulties			
What does the child's behaviour look like when they are in a "normal" state When X is "normal" you will see....			
What does the child's behaviour look like when they are anxious (Team Teach level1) When X is anxious you will see.....			
What should staff do when they see anxiety behaviours			
What Is this child's behaviour / Anxiety made worse or triggered by			
In a crisis where it is in this child's or other children's best interests we will use restrictive physical interventions to keep them safe. This child responds particularly well to....			

Follow up procedures. After an incident with this child we will..... .	
Date of Assessment:	Review
Staff requiring copies of the plan:	
Signed:	Designation: