

Health, Safety and Wellbeing Guidance
Core | Consider | Complex

Guidance

Reducing Restrictive Physical Intervention in Schools and Children's Services

1. Application

This guidance applies to all Staffordshire County Council employed staff, managers and headteachers who may use restrictive physical interventions with children.

This guidance must be read in conjunction with the Reducing Restrictive Physical Intervention Management Arrangements. The Management Arrangements and these guidelines reflect national standards which form part of “Positive and Proactive Care: Reducing the need for restrictive physical interventions,” Department of Health 2014 and Department for Education “Use of reasonable force– Advice for headteachers, staff and governing bodies” July 2013. Within school settings the policy and this guidance does not limit or remove school staff powers to restrain pupils as outlined in Section 93 of the Education and Inspection Act 2006, but it does not authorise anything to be done in relation to a pupil which constitutes the giving of corporal punishment within the meaning of section 548 of the Education Act 1996.

2. Introduction

The expectation is that as far as possible schools and children’s services will be restraint free. Poorly or incorrectly used, restrictive physical interventions are a source of risk to the young person and staff. The use of restrictive physical interventions must always be an act of last resort and not normal practice and be based on the best needs of the individual. Schools and children’s settings should take all reasonable actions to reduce the potential need to use restrictive physical interventions as far as practicable.

An individual behaviour support plan (which may support or be part of an Individual Healthcare Plan) should be written for children and young people whose behaviour presents a significant challenge. This plan should detail the steps that are being taken to address the individual’s particular social, emotional and learning needs. It should also include the steps that staff should take to de-escalate challenging situations as well as what they should do if these steps are not successful (‘an incident management plan’). The individual behaviour support plan should consider risks and how they are being minimised and managed.

Reduction in the need to use restrictive physical interventions is achieved by analysing the interactions between each young person and their environment which identifies potential triggers that need to be avoided at critical periods. This involves: -

- Helping young people to avoid possible situations known to provoke challenging behaviour;
- Having education plans/care programmes which are responsive to individual needs;
- Creating opportunities for young people to engage in meaningful activities which include opportunities for choice and a sense of achievement;
- Developing staff expertise in working with individuals that present challenges.
- Understanding that behaviour is often a method of communication

3. Guidance on the use of Restrictive Physical Intervention

3.1 Appropriate use of Restrictive Physical Intervention.

There are occasions when physical contact with a child is proper and necessary. Examples are:

- holding the hand of a pupil at the front/back of the line when going to assembly or when walking together on an outing.
- when comforting a distressed child.

- when congratulating or praising the young person.
- to demonstrate how to use equipment or a skill e.g. a musical instrument.
- to demonstrate exercises or techniques during PE lessons or sports coaching.
- to give first aid.

Situations in which restrictive physical intervention may be appropriate or necessary fall into three broad categories: -

- Planned Interventions
- Unplanned/Emergency Interventions
- As part of a Therapeutic or Education Strategy

Examples of situations where a restrictive physical intervention may be appropriate are: -

- To prevent a young person from running towards a busy road;
- To prevent a young person from self-injuring or injuring another person;
- To prevent a young person from causing serious damage to property.

School staff may also use reasonable force where a pupil is affecting the maintenance of good order and discipline. Examples of which include:

- Removing a disruptive pupil from the classroom when they have been instructed to leave but have refused;
- Preventing a pupil behaving in a way that disrupts a school event or a school trip;
- Preventing a pupil leaving a classroom or school where allowing this would risk their safety or lead to behaviour that disrupts the behaviour of others.

Restrictive physical intervention for the protection of property must only be for extreme circumstances. There must be an assessment on whether it is worth the risk of injury, to protect the property.

In extreme circumstances, such as an immediate and realistic threat of arson or where life is at risk (e.g. young person has a weapon); the police are obliged to attend if you make the urgency clear to them.

The decision to use reasonable force is a matter for professional judgement however staff should be aware that research clearly shows that injuries to staff and pupils are more likely when the intervention is not planned. Before physically intervening staff should, wherever practicable, attempt to resolve the situation by using other methods.

3.2. Strategies for the use of Restrictive Physical Intervention

Restrictive physical intervention must be an act of last resort. Adopting good behaviour planning involving primary and secondary strategies as well as tertiary non-restrictive and restrictive physical interventions is important. Proactive measures to avoid the incidents of restrictive physical intervention must always be attempted first.

a. Primary Interventions aims to improve the quality of life and reduce the likelihood of behaviours of concern. At an organisational level this means good quality person-centred support that aims to meet needs before problems arise including establishing policies, safe systems of work, carrying out risk assessments and providing staff with training.

For staff this involves understanding the risks, complying with safe practice guidelines and putting training and learning into practice. Preventative action also includes reporting, recording and investigating incidents in order to learn from them. Preventative action is a continuous process.

b. Secondary Interventions aims to alleviate the situation and to prevent behaviour escalating. It typically involves the use of interpersonal skills, communication, defusing, de-escalating and calming strategies.

c. Tertiary Intervention is used when an actual behaviour of concern is occurring and aims to bring about resolution and a return to safety for everyone. This may involve non-restrictive and/or restrictive physical interventions such as de-escalation or physical intervention such as physical restraint, seclusion or enhanced observation.

For each young person who presents challenges there needs to be individualised strategies (individual behaviour planning) for responding to incidents of violence and aggression/self-injurious behaviour etc. Where appropriate the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for the individual. This must be documented in a care plan/on the individual's records.

Appropriate individual behaviour planning and training of staff in primary and secondary control strategies will have a major impact in the reduction of the need to use tertiary controls such as restrictive physical interventions. Adequate staff must be available to safely complete any holding and physical intervention that is undertaken as part of a planned strategy.

3.3 Planned Interventions

Pre-arranged strategies and methods to deal with situations should be planned where a risk assessment has identified the likelihood of the need for restrictive physical intervention. For many situations, an early intervention will be more effective, and be able to be implemented at a lower level and with less risk, than a later intervention.

Planned restrictive physical interventions should be: -

- Agreed in advance by relevant professionals working in consultation with the young person, their family/carers, those with parental responsibility and an independent advocate if appropriate.
- Be in the best interests of the young person.
- Monitored during implementation by an identified member of staff who has relevant training and experience.
- Recorded in writing so that the method of restrictive physical intervention and the circumstances when its use has been agreed are clearly understood.
- Included as part of a care plan or individual service or pupil behaviour plan/records.
- Routinely monitored and reviewed.
- One component of a broader approach to meeting the individual's needs.

A proforma, Restrictive Physical Intervention Protocol HSF57, which can be used to document a planned physical intervention strategy, is available.

An individual behaviour support plan is most likely to be effective if it includes:

- A description of the individual's positive qualities.
- Objective details of the challenging behaviours presented by the individual and the risks that these behaviours present.
- Consideration of the function that the challenging behaviour serves for the individual (what need(s) are being met by the behaviour?). It is important to understand that behaviours have a purpose by communicating something about the individual's needs.
- What behaviour(s) could be taught/ encouraged that meet the same needs in a more acceptable way (i.e. 'replacement behaviours').
- What skills need to be taught/ encouraged to support these replacement behaviours
- What can be changed/ provided in the environment to make the individual feel included and successful and to avoid triggers.
- How replacement behaviours can be encouraged.
- What should be done to de-escalate potentially difficult situations.
- An incident support plan to follow if the individual's behaviour requires significant intervention. If it is decided that it may be necessary to use restrictive physical intervention, this should be detailed.

Restrictive physical interventions that result in the holding of an individual carry a medical risk to the young person as these techniques may impact on the individuals breathing, circulation and place direct pressure on vulnerable areas of the body. Restrictive physical interventions on the floor hold the highest level of risk and must be an absolute last resort. Holds and physical interventions should only be used for the shortest time possible. Staff involved in the use of such techniques must have received suitable training.

Adequate staff must be available to safely complete any holding and physical intervention that is undertaken as part of a planned strategy. Single person holds pose significant risks to both parties. If a single person hold need is established (e.g. due to the small size of the individual), suitable training on the techniques to be used must have been provided and the process and rationale clearly documented.

3.4 Unplanned and Emergency Interventions

Emergency use of restrictive physical interventions may be required when a young person behaves in an unforeseen way. Research evidence clearly shows that injuries to staff and young people are more likely when the intervention is not planned.

An effective risk assessment procedure, together with well-planned preventative strategies (individual behaviour planning), will help to keep emergency use of restrictive physical interventions to an absolute minimum. Staff should be aware that in an emergency the use of reasonable and proportional force is permissible if it is the only way to prevent injury or serious damage to property.

Whenever practicable, before physically intervening staff should attempt to resolve the situation by other means. A calm and measured approach to a situation is needed and staff should never give the impression that they have lost their temper or are acting out of anger or frustration. Staff should continue attempting to communicate with the individual throughout the incident and should make it clear that the physical intervention will stop if it ceases to be necessary.

In unplanned/emergency interventions it is good practice for staff to use a dynamic risk assessment approach, which is a quick on the spot assessment prior to acting (where possible). This will allow staff to: -

Step Back	Don't rush into an intervention, is it necessary, do you have suitable justification.
Assess Threat	Assess the individual, the objects, the environment and the situational factors.
Find Help	Can you reduce the risks by getting help from other trained colleagues or by using the physical environment, space, natural barriers etc.
Evaluate Options	<p>Primary – proactive actions to remove the triggers</p> <p>Secondary – interpersonal skills, nonverbal body language e.g. open palms, directing, defusing, calming, switching staff etc.</p> <p>Tertiary – Enhanced observation, seclusion, restrictive physical intervention.</p>
Respond	Apply the principles of the least adverse method in responding. Continue to re -evaluate the situation and your response. Continually monitor for changes in level of risk.

Even in an emergency, the force used must be reasonable; that is, it should be proportionate to the risk posed by the situation. The staff concerned should be confident of the potential adverse outcomes associated with the intervention (e.g. injury or distress) will be less severe than the adverse consequences which would occur without the use of a restrictive physical intervention.

Staff should not intervene in an unplanned situation without help: -

- If dealing with a physically large individual or more than one person;
- Where an intervention technique cannot be applied safely by one person; or
- If staff believes they may be put at risk of serious injury.

In these circumstances staff should, as appropriate, remove other people who might be at risk, summon assistance from colleagues, or where necessary phone the police. Until assistance arrives staff should continue to try to prevent the incident from escalating whilst remaining mindful of their own safety. It may be appropriate for staff to withdraw from the situation.

Once an unplanned or emergency restrictive physical intervention has taken place it must be reported and investigated. With this information it is essential that a risk assessment surrounding future use and primary and secondary prevention strategies are completed. This should assist in the reduction and use of further unplanned/emergency restrictive physical interventions.

3.5 Restrictive Physical Intervention as part of a Therapeutic or Educational Strategy.

In most circumstances, restrictive physical intervention will be used reactively, to prevent injury or avoid serious damage to property. Occasionally, it may be agreed to be in the best interest of

the young person to use a restrictive physical intervention involving the use of some degree of control as part of a therapeutic or educational strategy.

For example, a way of helping a child to tolerate other children without becoming aggressive might be for an adult to shadow the child and to adjust the level of physical intervention employed according to the child's behaviour. Similarly it might be agreed for staff to use a restrictive physical intervention as part of an agreed strategy to help an individual who is gradually learning to control their aggressive behaviour in public places. In both examples the restrictive physical intervention is part of a broader therapeutic or educational strategy. As with all restrictive physical intervention, interventions for this purpose must never be painful or likely to cause injury.

Where this approach is employed it is important to document a clear rationale for the use of the restrictive physical intervention and to have this endorsed by a multidisciplinary team which includes, wherever possible, family/carers, the person with parental responsibility and or independent advocates.

3.6 Risk Assessment

Physical interventions should normally take place in the context of risk assessment and care/behaviour plans. Where it is reasonably foreseeable that a young person may behave in such a manner that it might be necessary to undertake physical interventions a risk assessment must be completed. The risk assessment will allow staff to identify and evaluate the benefits and risks associated with different intervention strategies. It will also allow the staff group to identify the best way to support the young person concerned, including opportunities to avoid physical interventions and document the approach to be taken.

The risk assessment process should involve relevant people and key professionals in order that it is as informed as possible. Issues that may prompt challenging behaviour and the risks associated with intervention should be identified. The outcome of the risk assessment and the protocols should be clearly communicated to all relevant parties.

Among the main risks to young people are that restrictive physical intervention will: -

- Cause pain, distress or psychological trauma;
- Cause injury;
- Be used when a less intrusive method could have achieved the desired outcome;
- Become routine, rather than an exceptional method of management;
- Increase the risk of abuse;
- Undermine dignity or otherwise humiliate or degrade those involved; and
- Create distrust and undermine personal relationships between staff and the young person.

The main risks to staff that result from applying restrictive physical interventions are: -

- Injury;
- Distress or psychological trauma;
- The legal justification for using the restrictive physical intervention is challenged in court;
or
- Disciplinary action is taken for inappropriate or unjustified use of restrictive physical interventions.

The main risks that may be associated with not intervening include: -

- Staff may be in breach of duty of care responsibilities;
- The young person may injure themselves, other young people, staff or members of the public;
- Serious damage to property or resources may occur; or
- The possibility of litigation in respect of these matters.

3.7 Documenting Restrictive Physical Intervention Strategies

If it is agreed that a young person may require some form of restrictive physical intervention, there must be an up to date copy of a written protocol included in the individual's plan/records. (See Standard Document HSF57 Restrictive physical intervention Protocol form upon which intervention strategies can be documented.)

If a school or service chooses to develop their own documentation process it must, as a minimum, include the following: -

- A description of the behaviour sequence and settings which may require intervention response;
- The results of an assessment to determine any counter reasons for the use of intervention strategies (e.g. medical conditions etc.);
- A risk assessment that balances the risk of using a restrictive physical intervention against the risks of not intervening;
- A record of the views of those with parental responsibility;
- A system of recording behaviours and the use of restrictive physical interventions;
- Previous methods which have been tried without success;
- A description of the specific restrictive physical intervention strategies/techniques which are agreed and the dates on which they will be reviewed;
- The ways in which this approach will be reviewed, the frequency of review meetings and members of the review team.

Communication

Information relating to intervention strategies should be discussed with the young person and their families/carers/ those with parental responsibility prior to the implementation. All parties should agree with the intervention strategy. If this is not possible, differences of opinion must be documented and recorded in the individuals care plan/records.

3.8 Action to be taken following an incident of Restrictive physical intervention.

Recording, Reporting and Monitoring

The use of restrictive physical interventions, whether planned or unplanned must always be recorded using the Restrictive Physical Intervention Record of Incident form HSF56. The written record of the use of a restrictive physical intervention must indicate: -

- The names of the staff, young person and any other parties involved;
- The reason for using the restrictive physical intervention employed;
- The type and duration of the restrictive physical intervention;
- Whether anyone experienced injury or distress and any action taken.

All accidents and incidents must be reported. The Health, Safety and Wellbeing Service on-line portal “My Health and Safety” will record any injuries that result from the use of a restrictive physical intervention.

Special schools may have alternative reporting arrangements in place that are collected by the PROACT SCIPR lead and provided to Governors.

In some circumstances, interventions will need to be reported immediately to line management and where this is the case, managers must ensure all staff are aware of when and how to do so.

The contents of the Restrictive Physical Intervention Record Forms should be reviewed on a monthly basis as a minimum by managers and where trends identified appropriate action taken.

Managers need to ensure that the young person’s individual plan/records are reviewed, and amendments made if required to reduce those risks identified.

Debriefing

After the use of interventions it must be ensured that staff and the individual involved receive suitable and sufficient support and a review of the risk assessment to identify factors contributing to the incident must take place.

Being involved in a restrictive physical intervention may be an unsettling experience for all parties, and managers should recognise that staff and the young person may need some form of reassurance. All those involved, should be separately debriefed after the intervention, which is particularly important when the intervention was unplanned.

Debriefing those involved ensures that lessons can be learned, and staff and the young person can discuss the matter quickly. The debriefing should be undertaken without undue delay but should consider the physiological effects of such a situation and enough time should be allowed for all involved to reach a calmer state. During the debriefing staff should be informed how to obtain counselling from the Council’s ThinkWell service or other provider if they require additional confidential support.

When an injury has occurred as a result of Restrictive Physical Intervention

If there is any reason to suspect that anyone has experienced injury or distress following the use of a restrictive physical intervention, that person must receive immediate medical attention, and counselling and debriefing as required. Managers must ensure that the injury is reported to as detailed above.

Complaints and concerns regarding Restrictive Physical Intervention

Managers must ensure that any complaints or concerns about validity or methods of intervention should be thoroughly investigated in accordance with local and County Council complaints procedures. Dependent on the nature of the complaint, consideration must be given to whether other processes need to be instigated such as safeguarding protocols.

3.9 Information, Instruction and Training

The level of information, instruction and training required by staff regarding physical interventions must be identified by managers and headteachers. Training provided to staff should be suitable for the level of use they are identified as requiring. Where skills are not used, they are soon lost. Staff involved in the use of planned interventions must have suitable training. Training provided must cover the use of Primary and Secondary intervention strategies as well as the physical techniques and should be suitable for the environment and young person. It is

not suitable to provide staff with physical intervention techniques without putting their use into context. Training in the use of restrictive physical interventions must be recorded and refreshed in accordance with the training provider's certification scheme which is normally annually.

Where it is identified that staff are delivering services or working in situations where there is a high risk of being involved in unplanned and emergency restrictive physical interventions, they should receive appropriate training.

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