



# **Restrictive Physical Intervention Policy 2019**

*(Adopted by Trustees 20/03/19 for review Spring 2020)*

This policy takes into account MK Safeguarding Board and DfE guidance and should be read in conjunction with the following policies

- Equal Opportunities
- SEND
- Behaviour policies (individual school policies)

In all LAT schools Physical Intervention is the last resort and only trained, identified staff should restrain children unless the child or children are at risk of immediate physical harm and to delay would be inappropriate. Where restraint is used staff must have reasonable grounds for believing that restraint is necessary in order to justify its use.

Each school's trained, identified staff are listed in Appendix 1

[https://drive.google.com/open?id=1cuYAvFkTIZdl3Ra7\\_OEjy5DCJfztZXjghosAcNFuQ2U](https://drive.google.com/open?id=1cuYAvFkTIZdl3Ra7_OEjy5DCJfztZXjghosAcNFuQ2U)

### **1.Objectives**

To promote the safe and effective management of behaviour to safeguard and protect children and young people.

To promote the development of effective relationships and interpersonal skills and the focus on de-escalation to minimise the need to use restrictive physical intervention.

For restrictive physical intervention to be used only as a last resort, to prevent injury to the child, others, or significant damage to property.

To promote clarity of expectation for staff in order to provide a consistent and safe environment for young people and staff.

### **2. Scope**

This procedure applies to all agencies working with children and young people in LAT schools, except Thames Valley Police due to the statutory legislation under which the Police Service is regulated, and its oversight by the Independent Police Complaints Commission.

The focus of this policy is the effective management of challenging or inappropriate behaviour and the appropriate use of restrictive physical intervention, when necessary, in these circumstances.

### **3. Definitions**

Restraint is defined as "direct physical contact to overpower an individual." (Hart 2008:3 Restrictive Physical Intervention in Secure Children's Homes. DCSF)

Secure Accommodations is any accommodation which has 'the purpose of restricting liberty' (Section 25, Children Act 1989). No child can be placed or kept in such accommodation without a Court Order authorising this. Prolonged or excessive use of Restrictive Physical Intervention may amount to a restriction or deprivation of liberty and a child being deemed to be in "secure accommodation" which is unlawful unless a Court Order is in place permitting this. (The Courts have determined that a maternity unit and residential unit have been secure accommodation as they have had key/pass entry and exit systems, the key/pass has not been provided to the patient/child and the staff had also been instructed to prevent the patient/child from leaving).

In no circumstances are children in LAT schools subject to "secure accommodation" as detailed above, including being locked into a space by any means including key/pass access.

Management of behaviour refers to dealing with challenging/inappropriate behaviour

### **4. Legislation National Guidance Policy**

The main sources of law and other relevant requirements with respect to restrictive physical intervention are:

- Health & Safety at Work Act 1974;

- Children Act 1989;
- Children Act 1989 Guidance and Regulations volume 4, Residential Care paragraphs 1.82 - 1.91 and 8.10 1991;
- Guidance on Permissible Forms of Control in Children's Residential Care 1993;
- Control of Children in the Public Care 1997;
- Education Act 1997;
- Human Rights Act 1998;
- Restrictive Physical Intervention in Care training by H M Prison Service, C & R Training Services;
- Children's Home Regulations 1991 & 2001;
- National Minimum Standards for Children's Homes 2002;
- 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 2002;
- Children Act 2004;
- Every Child Matters 2004;
- Mental Capacity Act 2005;
- Education and Inspections Act 2006;
- Department for Children, Schools and Families, The Use of Force to Control or Restrain Pupils 2007;
- Guidance for Safer Working Practice for Adults who Work with Children & Young People 2007;
- Children & Young People's Act 2008;
- Common Law;
- Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings 2009;
- Milton Keynes Safeguarding Children Board Inter-Agency Child Protection & Safeguarding Procedures: [Recognising Abuse and Neglect Procedure](#);
- Milton Keynes Safeguarding Children Board Inter-Agency Child Protection & Safeguarding Procedures: [Recognising Vulnerability of Children in Particular Circumstances Procedure](#);
- Milton Keynes Safeguarding Children Board Inter-Agency Child Protection & Safeguarding Procedures: [Referral and Assessment Procedure](#);
- Milton Keynes Safeguarding Children Board Inter-Agency Child Protection & Safeguarding Procedures: [Allegations Against Staff, Carers & Volunteers Procedure](#).

## **5. General**

Restrictive physical intervention is only one technique in a range of possible responses to threatening or actual violent behaviour. It must therefore only be used when other methods, not involving the use of force, are unlikely to achieve the desired outcome (to prevent injury to the child, others, or significant damage to property.) . Management of behaviour should always be seen in the context of the total relationship between staff and children.

Restrictive physical intervention must be used as little as possible, always as a last resort, the minimum force necessary used to prevent injury or serious damage, and employed for the shortest duration.

Prolonged or excessive use of Restrictive Physical Intervention may amount to a restriction or deprivation of liberty and a child being in "secure accommodation" which is unlawful unless a Court Order is in place permitting this.

The application of all forms of corporal punishment (i.e. physical punishment, including pushing, cuffing, striking etc) and any intentional application of physical force used as a punishment are prohibited and unlawful. **Restrictive physical intervention must not be used to simply secure compliance with staff instructions.**

Every episode of restrictive physical intervention must be fully documented on the appropriate forms and reported to the Local Governing Body.

Staff will respect children and build good relationships in a safe and calm atmosphere, enhanced by a policy of positive reinforcement for good behaviour. Whilst staff will on occasions have to make instant but measured decisions, time to assess situations and consult with colleagues will enhance decision-making.

Children may perceive all actions by staff in light of their powerful position in terms of status and authority as a reinforcement of this. It is important that all uses of restrictive physical intervention are practised in an anti-discriminatory way, sensitive to and respectful of cultural expectations and attitudes towards physical contact as well as taking into account specific considerations of special need.

The issue of restrictive physical intervention raises difficult decisions for staff and it is important that this procedure is followed. If staff believe inappropriate restrictive physical intervention has taken place they must report this to a senior manager. All incidents of alleged or suspected inappropriate restrictive physical intervention will be investigated according to safeguarding procedures.

Schools are responsible for the health, safety and well-being of their employees, visitors and those within their care. They have responsibilities to assess risk related to restrictive physical intervention and must establish and maintain safe systems of work and ensure the provision of appropriate training and information about the children they are working with.

### **6. Levels of Interaction to Manage Children's Behaviour**

There are 3 levels of interaction which can be used as an attempt to manage children's behaviour if all other de-escalation strategies have been explored.

- Management by simple physical presence, involving no contact: e.g. standing in doorway to prevent exit, or being assertive in emphasising verbal instructions;
- Guiding or touching a child to persuade them to comply. This should be seen as persuasion rather than attempting to enforce control and it is therefore distinct from restrictive physical intervention. e.g. this could be laying the hands on shoulders to gain attention;
- Restrictive Physical Intervention, the purposeful physical intervention used to control a child or positively apply force with the intention of overpowering the child.

### **7. Preventative Strategies**

Management and staff should establish a positive culture aimed at creating and promoting a calm environment in order to minimise the risk of incidents that might require the use of restrictive physical intervention.

Effective relationships formed between young people and staff are central to good behaviour management.

All staff should be given the opportunity to develop a range of skills to positively manage behaviour, prevent and defuse situations from escalating and resulting in restrictive physical intervention. Useful strategies include:

- Positive Behaviour/Care Plans or similar tools assist in identifying a child's specific needs, areas that have caused conflict in managing a child's behaviour and detail strategies that have been used to manage them. The plan will therefore give staff information about where issues of control may cause problems. This information will be most effective where children, staff, parents and other agencies are working in partnership to devise, monitor and regularly review plans. Where plans are in place it is important that these are followed;
- Good quality information and communication provide staff with possible trigger points that may predict and prevent conflict. Where trigger points are identified staff should plan an early intervention to prevent any poor behaviour.
- Risk assessment should be based on the individual child and wider factors affecting them, e.g. the group dynamics, previous history;
- Plans and risk assessments should example children with disabilities or take account of specific needs for speech and language difficulties;

- Preventative strategies should aim to include an understanding of the context in which conflict may arise;
- Diverting attention may avoid conflict by giving the child space, offering opportunity for the child to back down without losing face, or for staff to negotiate, compromise and apologise where appropriate.
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## **8. Training**

All staff will be trained and updated with 'Team Teach' or similar strategy on a 3 year rolling programme. Only identified staff will be trained to use physical intervention.

Induction training for new staff will include;

- Safer Practice;
- Communication;
- Distraction & diversion;
- De-escalation;
- Managing challenging behaviour;
- Monitoring and recognition of distress and warning signs in children;
- Risk assessment and analysis of risk;
- Basic first aid;

All training in restrictive physical intervention techniques will be delivered by qualified trainers.

Up to date training records, detailing those staff who have completed required training will be kept by schools.

## **9. Use of Restrictive Physical Intervention**

The proper use of restrictive physical intervention requires judgement, skill, and knowledge of non-harmful methods of control.

A range of legislation and guidance exists (see section 4) regarding the criteria under which restrictive physical intervention can be used in different settings. This policy reflects that guidance.

Restrictive physical intervention must only be used, by trained staff, when necessary, to:

- Prevent risk, injury or danger to the child;
- Prevent risk, injury or danger to others;
- Prevent serious damage to property;

The decision to use restrictive physical intervention lies with the staff present at the time and can only be made on the assessment of risk at the time. This must include the risk to staff from the use of, or failure to use, restrictive physical intervention. Should staff be concerned that physical intervention may be necessary they should continue to apply de escalation strategies and send for a senior member of staff trained in physical restraint.

Management of behaviour may take many forms and may vary in degree according to the presenting issues. The purpose is to take immediate control of a dangerous situation and to reduce significantly the threat the child poses to themselves or others.

If restrictive physical intervention is required, only that force necessary to prevent injury or damage must be used and must be proportionate to the risk presented. Physical intervention should not be used to move a child from one place to another unless the child is at risk of significant harm.

## **10. Doctrine of Minimum Force**

If restrictive physical intervention is used without reasonable cause, it could under common law constitute unlawful restriction of liberty or under criminal law, assault.

Force is only lawful if the use complies with the legal doctrine of minimum force. This specifies that any force used must be the minimum necessary to achieve the lawful objective.

The amount of force actually used must be proportionate to the degree of risk and the level of force being used by the child.

### **11. Permissible Restrictive Physical Intervention**

Whenever possible, staff must give a verbal warning, repeated if necessary, before undertaking restrictive physical intervention. This may bring the situation under control.

If a child needs restrictive physical intervention where possible the staff member should ensure there is another member of staff present. Where possible other children should be removed from the situation.

Staff should advise and reassure the child that restrictive physical intervention will cease when they regain self-control or are safe, so reducing the length of time for which it is necessary.

Only approved restrictive physical intervention techniques must be used. The responsibility for approving a method of restrictive physical intervention lies with the Trustees. Trustees must be satisfied that the method approved is safe and appropriate to the needs of the children and addresses the demands of day to day practice.

### **12. Following use of Restrictive Physical Intervention**

As soon as a child is in control of their behaviour or is safe they must be released from restrictive physical intervention. The situation may not have been resolved for the child and a further period of close supervision may be necessary.

As soon as is practicable staff must ask whether the child has any injuries. If a medical professional is not available this must be carried out by a qualified First Aider, or by the Head/Responsible person and recorded on the child's records. In exceptional circumstances a medical examination may be required, although a child of sufficient age and understanding may refuse permission for this to occur. All circumstances, detail of injuries, actions and decisions must be recorded on the child's file. Wherever available, a child must be offered to be seen by a qualified medical practitioner or First Aider as soon as possible following the use of restrictive physical intervention. Where not available, the child must be closely monitored by staff.

The child's parent/carer must be informed at the earliest opportunity by telephone and if appropriate a face to face discussion. Parents/carers must be given a copy of the Notification of Restrictive Physical Intervention form.

Staff may need to be medically examined or seek medical advice.

If a child is assaulted or alleges that they have been they must be given the opportunity to report this to the Police or through Safeguarding procedures.

If a staff member is assaulted they also have the right to report this to the Police.

Professional judgement will need to be made as to when to return the child to the group. It must not be done to humiliate or confer status on the child. The child must not be returned until they are completely calm.

Following an incident all parties will talk about/debrief the restrictive physical intervention and record this on the debrief form. This to be kept by the Headteacher with the Notification form.

The child must also be given the opportunity to debrief in a manner suited to his/her individual needs. The debrief must be undertaken with the child at a time when the child is able to listen, wherever possible within 48 hours of the incident. The debrief should be done wherever possible with a member of staff not involved in the restrictive physical intervention. The purpose of this is to provide opportunity for the child to express their own views of the incident and raise any concerns. The debrief must be recorded on the child debrief form and kept by the headteacher with the Notification form.

If a serious incident has occurred, this will be dealt with by a senior member of staff in accordance with the school's behaviour policy.

The child may wish to make a complaint following an incident or discuss the incident further with a member of staff, parent/carer or Independent Person. If a complaint is made the complaints procedure must be followed.

In such a situation all relevant evidence must be preserved and safeguarded, for example CCTV footage, incident reports and body maps.

### **13. Recording and Reporting**

All incidents of restrictive physical restraint are recorded on a Notification of Restrictive Physical restraint form which is signed by the member of staff restraining a child and the Headteacher, where the Headteacher is certain the intervention was necessary. A copy of this form is given to parents/carers, a copy in the child's file and the original kept with the Headteacher.

Incidents of restraint are reported to the LGB as part of the Headteacher's report.

Additionally the child will have a debrief with a member of staff not involved and the debrief recorded on a debrief form kept with the Notification form.

Adults involved with the child will also debrief the incident and record this on an adult debrief form to be kept with the notification form.

### **14. Monitoring**

Monitoring of all incidents involving restrictive physical intervention is essential in order to identify where lessons can be learnt and to prevent the build up of unsafe practice.

The Headteacher at each school will collate and analyse details of each incident of restrictive physical intervention and report to the Local Governing Body.

This Policy on the Use of Restrictive Physical Intervention with Children will be subject to annual review.

## **Appendix 1 to Restrictive Physical Intervention Policy**

List of staff trained and authorised to use restrictive physical intervention as appropriate.

### **LAT Staff**

Tony Draper  
Karen Roberts

### **Water Hall Primary**

Rebecca McGuire  
John Shaw

### **Knowles Primary**

Sarah Rice  
Emily Cox  
Jo Betts  
Sameera Dhanji  
Kirsty Felse  
Ashleigh Hilton  
Natalie Hilton  
Mirimar Sinclair  
Cheryl Weight

**Notification of use of Restrictive Physical Intervention**

<b>School:</b>	
<b>Child:</b>	<b>Date:</b>
<b>Location:</b>	<b>Start time:</b> <b>End time:</b>
<b>Why Restrictive Physical Restraint was deemed necessary:</b> (Attach Serious Incident Report)	
<b>Strategies used to attempt to de-escalate:</b>	
<b>Staff using Restrictive Physical Restraint:</b>	<b>Other Staff:</b>
<b>What happened.</b> Who did what, details of holds used.	
<b>Details of resolution:</b>	
<b>Support given to child following incident:</b>	<b>Details of any injury:</b>
<b>Signed: Staff member</b>	<b>Signed: Headteacher</b>
<b>Date</b>	<b>Date:</b>

**Child de-brief following restrictive physical intervention**

<b>School:</b>	
<b>Child:</b>	<b>Date:</b>
<b>Reference to incident:</b>	
<b>Staff using Restrictive Physical Restraint:</b>	<b>Staff conducting de-brief</b>
<b>Child's views on what happened.</b> (as appropriate to child) What led to the incident? Who else was involved? How did child feel at the time? What could the child do differently next time? What did the child feel the adults could do differently?	
<b>Details of any follow up intervention:</b>	
<b>Signed: Staff member</b>	<b>Signed: Headteacher</b>
<b>Date</b>	<b>Date:</b>

**Staff de-brief following use of restrictive physical intervention**

<b>School:</b>	
<b>Child:</b>	<b>Date:</b>
<b>Reference to incident:</b>	
<b>Staff using Restrictive Physical Restraint:</b>	<b>Staff involved in de-brief</b>
<p>Reflect upon and analyse the incident and understand why the restrictive physical intervention took place;</p> <p>What action could prevent this in the future?</p> <p>Were the child's individual needs, including diversity, considered and addressed?</p>	
<p><b>Behavior plan/risk assessment/care plan reviewed? Y N</b>  <b>Identify further support</b></p>	
<b>Signed: Staff member leading de- brief</b>	<b>Signed: Headteacher</b>
<b>Date</b>	<b>Date:</b>