



Christchurch Infant School

THE USE OF PHYSICAL OR RESTRICTIVE INTERVENTION IN EDUCATIONAL SETTINGS

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Pan-Dorset Safeguarding Children Partnership



THE USE OF PHYSICAL OR RESTRICTIVE INTERVENTION IN EDUCATIONAL SETTINGS

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1. How to use this document

Sections 1 to 14 of this policy provide guidance to all our LA maintained schools, academy trusts and free schools. It is also relevant to LA maintained Care Homes for young people. It is good practice guidance for all education settings and other relevant organisations within BCP. This document should be used in conjunction with other national and local guidance such as the Equality Act (2010), SEND Code of Practice (2015) and BCP SEND Graduated Response Guidance, Reducing the Need for Restraint and Restrictive Intervention (HM Government June 2019), Positive environments where children can flourish (Ofsted 2018).

Section 15 details setting specific information.

Additional useful documentation can be found in the appendices.

2. Aims and Principles

BCP Council (The Local Authority or LA) aims to promote the use of effective nonaversive reactive strategies¹ in its work with children and young people. However, it is recognised that there are a very small number of children and young people for whom physical contact and restrictive intervention is likely to form part of the range of strategies necessary to meet their needs and to ensure their own safety and the safety of others.

'Use of restraint carries risks and can be damaging to children and young people. It may, however, be the only realistic response in some situations (for example, to prevent a child running into a busy road or to prevent a violent act against another person). But wherever possible, it should be avoided; and proactive, preventative, non-restrictive approaches adopted in respect of behaviour that challenges. The personal costs to children and young people's development and welfare and to staff from the use of restraint are well documented.' (Reducing the need for restraint and restrictive intervention' HM Gov 2019).

It is important to ensure that all adults working with children and young people are clear about their role and Duty of Care in their setting, in order that their own rights, and those of the children in their care, are protected. Those staff who are likely to face situations in which physical or restrictive intervention may be necessary must understand the procedures to be followed in planning, applying and reviewing the use of physical or restrictive intervention.

The Local Authority promotes a framework that uses a variety of approaches to address challenging behaviour. This framework emphasises the importance of adults having the skills and confidence to maintain control of situations through calm, positive actions; promoting communication and choice with young people unless and until reasonable force becomes necessary to prevent a greater harm from occurring. The framework emphasises the importance of careful and accurate record keeping of serious incidents; promoting plans to assess and reduce the risk of restraint and restriction.

The Local Authority and Education settings have a commitment to improving the quality and effectiveness of practice. This is achieved through feedback from children and young people and their families, from staff and from other adults who visit those settings. Systems available for feedback need to allow for open and honest reporting of concerns.

The Local Authority recognises the importance of multi-agency working to ensure consistency at all levels and expects individual setting policies to reflect this. Professionals are expected to work in partnership with parents and carers and to take into consideration the child or young person's views.

¹ **Non aversive reactive strategies (NARS)** refers to methods for responding to physical aggression and other problem behaviour in ways that do not include punishing consequences, physical management, seclusion, or any other strategy that would be unwanted by the person.

Showing Due Diligence: The LA recommends that specialised support and training is commissioned by Governors/ Trustees and Heads of schools for staff working in settings where risk assessment indicates a need to manage challenging behaviour by involving the use of positive handling and restraint. All parties should work closely together to ensure relevant records on individual pupils, including risk assessments, are made available to those receiving such individuals. Other Health & Safety considerations concerning the environment and adaptations to equipment and layout of provision must also be considered. The Health & Safety at Work Act 1974 (amended 1992) emphasises that the LA, like other employers, must recognise its responsibility for the health and safety of its employees in their workplace. All staff need to be confident in their ability to meet their responsibilities in managing challenging behaviour. They need to be provided with such training and equipment as needed to discharge their duties effectively and safely.

Local Authority services to schools and other settings include adults who work with pupils on an individual basis or whilst using school transport. Where a member of staff employed by BCP Council is working in an individual capacity with a child at risk of challenging behaviour, the necessary safeguards must be in place to ensure the wellbeing of the child or young person and the safety and protection of the adult.

The Local Authority's duty of care extends to those children and young people whom it places in educational and social care provision outside the Bournemouth, Christchurch and Poole area, or in non-maintained schools within the LA. The LA is responsible for ensuring that the policies and practice within such schools and other educational establishments are consistent with Department of Education, Department of Health and LA guidelines. (See also sect 10.6 for Duty of Care)

Academy Trusts that commission Alternative Providers of education should consider whether these bodies are working satisfactorily to the ethos and practices consistent with their own policies.

3. Policy Objectives

To provide guidance to adults working with children and young people in the circumstances in which physical and restrictive intervention may be used.

To clarify the procedures that should be put in place to ensure that where physical or restrictive intervention is used, the techniques used are safe and appropriate to the situation.

The use of reasonable force should always be a last resort and may be judged as appropriate when alternative strategies have been explored. Although there would usually be a hierarchy of responses as included in a behaviour support plan (and school policy) in exceptional circumstances physical intervention may be needed urgently to avoid immediate risk of injury to the child or others, without first having had the opportunity to try other strategies.

This Policy is designed to maintain the safety of the children and young people and the adults working with them.

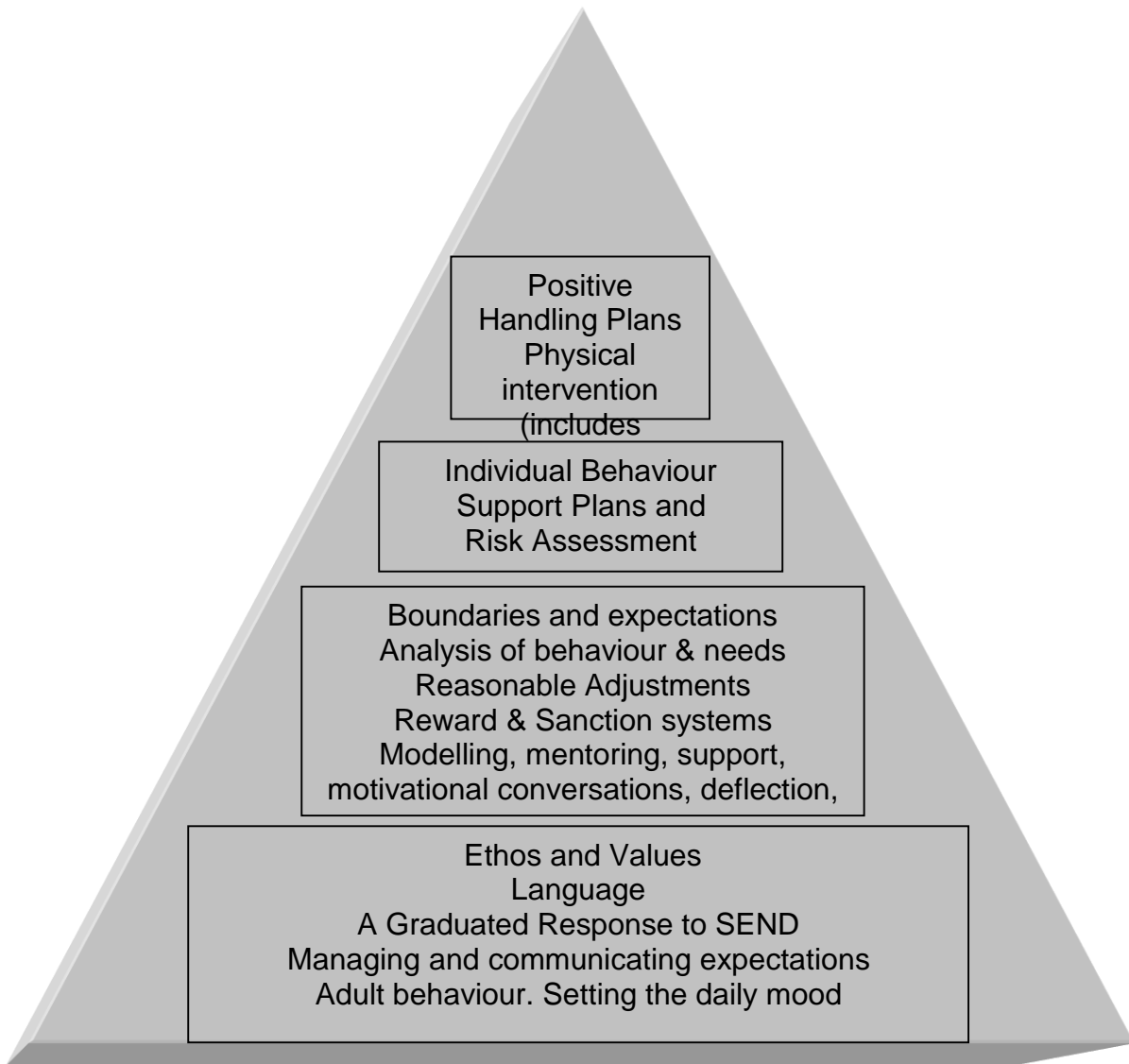
The Policy will allow adults working with children and young people to use force that is “reasonable and proportionate” when necessary.

This Policy will follow Government guidance and support and encourage best practice.

The policy outlines the way in which complaints and allegations will be addressed.

4. The Local Authority’s staged approach to behaviour management

The pyramid below represents a graduated process of intervention for behavioural challenges. The majority of pupils in our schools and other education provision will have their needs catered for at the lower end of the pyramid.



All adults working with children and young people need to develop basic skills in dealing with challenging behaviour and situations. They will have knowledge of how any SEND or other vulnerabilities impact the child or young persons' perspectives and behaviour and be supported to have an understanding of which actions are likely to defuse a situation rather than exacerbate any difficulties

Behaviour policies and other related policies or public information such as the SEN Information Report, for each children's service and setting will set out the agreed processes and preventative strategies as well as responses to specific behaviours of concern.

All adults working with children and young people need to understand their role in applying the positive behaviour policy for their setting. Children and young people and their parents/carers within the setting also need to be familiar with the rules and expectations and should be confident that the responses of staff to difficult behaviour will be consistent and fair.

Where a child or young person does not respond to the typical range of strategies used to manage challenging behaviour in any setting, a more in-depth assessment of

their behaviour will be needed. This should include gathering information on how individual needs affect behaviour (for example learning difficulties, ability to communicate, physical and perceptual impairments, medical factors, contextual safeguarding issues, emotional needs, skill levels, emotional maturity) and about possible contributory factors at home or the wider community

It is important to recognise that challenging behaviour serves a function for the individual engaged in that behaviour. The behaviour of concern may signify that the child or young person does not know how to get their needs met in a more appropriate way. Inappropriate or challenging behaviour can often signal that the environment and/or provision are not meeting a key need for the individual concerned.

5. Individual behaviour plans.

An individual behaviour plan (IBP) should be in place for any child or young person whose challenging behaviour is an ongoing cause for concern. The IBP may stand alone, supplement another plan such as an Education, Health and Care Plan (where SEND is a factor) or a Personal Education Plan (in the case of Children in Care).

It will follow an analysis of the function of the behaviour and consideration of any unmet needs, including those that may need further investigation. It will typically contain reference to the following (see also 'Intervention planning' in Appendix A):

- a) The underlying needs of the child or young person.
- b) Intervention planning including:
 - i) what and how alternative or new skills will be taught
 - ii) modifications to the curriculum and learning environment
 - iii) adult response strategies when concerns arise
 - iv) how adults will provide positive feedback to appropriate behaviour.
- c) Monitoring and review arrangements involving also the parent/carer and child/young person.

Those with parental responsibility, and as far as possible, the child or young person, will be involved in the planning, monitoring and review of the strategies identified to address challenging behaviour.

6. Risk Assessment

In the context of managing challenging behaviour, a risk assessment can be used to identify what level and type of intervention (including physical or restrictive intervention) or support will be needed in different situations in order to ensure that an individual's needs can be met whilst their behaviour will not threaten safety.

Assessment will include;

- Exploring why children or young people behave in ways that pose a risk
- Trying to understand the factors that underlie or influence the behaviour and the triggers for it e.g. environment of the setting
- Identifying early warning signs indicating the behaviour is emerging
- Developing the skills to manage difficult situations
- Understanding and developing alternatives to restrictive intervention such as de-escalation techniques

Risk assessment can also be used as a process to identify the actions that need to be taken to allow an individual access to activities.

Reasonable anticipatory adjustments will need to be put in place in order for some children and young people to safely access particular activities. In some circumstances it may be necessary to increase the level of adjustments for a particular activity or to change the activity because of the level of risk posed to the child or others. Adults working with children and young people will need to be mindful of the potential for direct or indirect discrimination against an individual if their access to an activity is being restricted unnecessarily. The decision not to include a child or young person in an activity needs to be regularly reviewed to ensure they are able to access the activity as soon as the risk can be managed.

Planning should be person-centred. It is best practice to involve parents/carers and all the services working with a child or young person in this risk assessment and planning. The view of the child or young person should be obtained.

7. Positive Handling Plans

It is essential that any potential need to employ physical or restrictive intervention is acknowledged, so that an appropriate intervention can be properly planned. If a child or young person's behaviour indicates that there is a strong likelihood that it will become necessary to use some form of physical or restrictive intervention, a Positive Handling Plan needs to be drawn up (Appendix B). This should follow an in-depth risk assessment.

Any physical intervention recommended in a positive handling plan needs to be justified through evidence of preventative and de-escalation approaches:

- An evaluation of previous approaches and the success of those approaches
- Consideration of whether to implement strategies already used in other settings
- An evaluation of the potential risks involved
- Consideration of the least invasive interventions necessary to address any particular behaviour
- Reference to established good practice and guidance in the field of physical intervention
- Full consultation with those who have parental responsibility
- The views of the child or young person

In drawing up plans for the use of physical or restrictive intervention, close liaison will be maintained between the different services involved with the child or young person. Formal methods of sharing successful approaches and interventions should be adopted in order to ensure consistency and to maximise effectiveness.

Those with parental responsibility, and as far as possible, the child or young person themselves, will be involved in the planning, monitoring and review of the strategies identified to address challenging behaviour, including the use of physical intervention.

In identifying appropriate physical interventions for an individual, a comprehensive assessment of that individual's needs should be carried out, using a multi-agency approach. When planning the use of physical intervention, it is important to ensure that the particular intervention is not contraindicated because of personal characteristics, health/medical factors, SEND or other vulnerabilities.

A Positive Handling Plan identifies the specific intervention that will be sanctioned for use, and under which circumstances.

A Positive Handling Plan should identify the particular setting conditions both within and outside the immediate environment that increase the likelihood of challenging behaviour. These might include factors that increase the child or young person's general level of anxiety or stress and so affect their tolerance and ability to cope with the demands being made on them. It should include details of observable signs in the individual's behaviour or demeanour that suggest increased levels of stress, agitation or anxiety as well as key triggers that are known to provoke difficult behaviour under certain setting conditions.

Each plan should include clear criteria for when a particular physical intervention will be considered appropriate for that individual. Steps should be taken to ensure that all adults working with children and young people who may have to use these techniques are clear about exactly what is permissible, and under what circumstances. Clear distinctions should be made between the options that have been identified as appropriate, and their sanctioned use under different circumstances.

A Positive Handling Plan will also include details of the wider range of proactive and preventative strategies to be employed in an attempt to pre-empt the need for physical or restrictive intervention. This will include longer term planning to address the root causes behind the behaviour, as well as de-escalation and diversion techniques to be employed when behaviour begins to deteriorate beyond normal expectations.

Physical interventions should only be used in conjunction with other strategies designed to help the individual learn alternative non-challenging behaviours. As well as identifying responses to challenging behaviour, any individual plans should include details of environmental changes, teaching opportunities and the provision of particular resources or activities that will enable the individual to learn to meet their own needs through more appropriate behaviour (see Appendix B for example of Positive Handling Plan).

Parents/carers should be offered any training or support to improve their understanding and management of challenging behaviour

Those responsible for delivering and coordinating the plan will be identified. The plan should be reviewed frequently with review dates agreed with all parties.

8. Adults who are authorised to use physical interventions when working with children and young people.

All settings and service areas will have a mechanism for agreeing who will be authorised to use physical intervention. The factors to consider include relevant, upto-date staff training; prior experience and competencies; legislative requirements; needs of the setting or service area.

9. The use of physical intervention

Responses to behaviour that is challenging the setting should take into account the individuality of the child or young person.

All decisions regarding the use of specific physical and restrictive interventions should be made on the premise of minimum reasonable force. In each case the safety of the individual and others should be paramount.

For each individual, physical interventions should be sanctioned for the shortest period of time consistent with his or her best interests. At all times the aim should be to seek to reduce risk and the necessity for physical intervention, and to seek on an ongoing basis to reduce the frequency of use, or intensity of that intervention.

As soon as it becomes clear that some form of intervention is necessary, a judgement should be made on the least restrictive intervention necessary to bring about a prompt resolution. By conducting a dynamic risk assessment, staff should establish quickly who is at risk from whom? from what? and if they are the best placed person to carry out a physical intervention? Staff should balance the risk of intervention against the likely outcome of not intervening. Personal safety is a reasonable part of this assessment. The likely impact of the physical intervention on the future relationship with the child or young person should be considered.

Where physical intervention is used, it should be applied for the minimum duration of time necessary to reduce any immediate risk and bring the situation under control. The length of time that any intervention is used must be recorded.

No physical interventions should be intended to cause pain or harm and the risk of causing inadvertent harm should always be minimised.

As soon as a situation is brought under control, steps should be taken to decrease the intensity of any restrictive intervention as the individual calms and is able to regain more control of their own emotions and behaviour.

Adults working with children and young people should not intervene in situations of risk without the presence of another adult, except in exceptional circumstances.

Any individual adults working with children and young people using a specified physical intervention must have been trained in the use of that intervention. The only exception will be where the actions of staff can be justified because of the level of risk posed to themselves or others.

There may be occasions where the situation presents such a high level of risk that no direct intervention is considered safe or appropriate. In such circumstances, it will be necessary to call in outside agencies such as the Police. This is particularly

important in situations where an individual has some form of weapon that increases the risk of harm being inflicted.

Physical intervention should only be used with due care where there are medical concerns and is not appropriate for some young people with medical conditions. Advice should be sought from an appropriate medical professional if there is any doubt about the significance of a medical condition in the management of a child or young person.

10. The use of withdrawal, seclusion or isolation rooms

Withdrawal, seclusion and isolation can refer to a method of removing a child or young person from a situation which causes them anxiety or distress and taking them to a safer place where they have a better chance of composing themselves.

Withdrawal, seclusion and isolation alternatively, can be used to refer to a disciplinary penalty.

Where withdrawal is against the individual's will, it should be recognised as a form of restraint carried out under the duty of care to protect the child from harm or risk of harm, to themselves and/or others.

A child may choose to move to a quiet safe space for a period e.g. when their anxiety levels rise, in order to calm down and 'self-regulate' and can then choose when to leave and return to the main area. This is not restraint.

Seclusion is a form of restraint referring to the supervised containment and isolation of a child or young person away from others, in a room/area from which they are prevented from leaving. A child/young person may have been encouraged to take him/herself to the room or may have needed a 'guide' or more applied restraint in order to remove them to this area.

Any use of such measures must comply with section 93 of the Education and Inspections Act 2006

Withdrawal and seclusion can be effective parts of a management plan to support staff and pupils in resolving a potential crisis or assisting in re-establishing a safe and calm atmosphere after a crisis. Pupils may recognise this in trying to manage themselves and seek out such a facility if it is available. It must be recognised that (temporary) restriction of liberty in order to prevent a greater harm is acceptable.

What to consider when considering the use of withdrawal, seclusion or isolation

- Why is this thought to be the best option, what else has been tried?
- How do you know it is in the best interest of the child?
- Where appropriate, has a full account been taken of the child's SEND and impact on their behaviour and response to withdrawal or seclusion?
- Are procedures consistent, transparent and fair?
- Is the process for the use of withdrawal or seclusion clearly stated in the school/setting behaviour policy?
- Have parent/carers and child/young person's views been taken account of?

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BCP Council

Jan 2017, updated September 2020

- Is this action taking place with parental consent?
- Is this action within the individual's support plan?
- Is the facility to be used safe and appropriate e.g. child can be seen at all times, nothing is in the room which could cause harm to the child such as sharp edges, ligature points, is the room child friendly in terms of decor, furnishings, light?
- How do you ensure that the child is kept in seclusion for the minimal time necessary and the time spent there is constructive?
- Will the child understand why this method is being used and what has to change before they can leave this area?
- What has been learnt from previous occasions for this child and how effective or not this process has been?
- What will happen at the end of the period of seclusion i.e. by what mechanism will the child know when the seclusion period is ending and how will they be supported to return safely to usual spaces and routines?

Any use of isolation should be used with the greatest of caution and consideration as it can lead to risks to children or 'adverse implications for emotional development' as stated in the Mental Health code of Practice (2015) , complaints, allegations and even legal challenge if not applied strictly according to guidance.

The DfE's Behaviour and discipline in schools guidance (2014) states that 'It is for individual schools to decide how long a pupil should be kept in seclusion or isolation, and for the staff member in charge to determine what pupils may and may not do during the time they are there. Schools should ensure that pupils are kept in seclusion or isolation no longer than is necessary and that their time spent there is used as constructively as possible'.

Further guidance is awaited from the DfE at time of the review of this BCP guidance and it will be amended accordingly if and when this is available.

11. The Legal Position and key documents to inform practice

Section 15 of this document details additional legislation related to various service settings.

The '**Use of Reasonable Force: Advice for head teachers, staff and governing bodies' Guidance (July 2013)** from the DfE outlines situations and examples where reasonable force might be used. This non statutory guidance is based on Section 93 of the Education and Inspections Act 2006. This guidance acknowledges that complaints can be made about the use of physical force and states, 'Where a member of staff has acted within the law – that is, they have used reasonable force in order to prevent injury, damage to property or disorder – this will provide a defence to any criminal prosecution or other civil or public law action'.

Schools should apply the test of whether it was *necessary, reasonable, proportionate* to use the force to achieve the desired outcome. Schools should ask themselves how the physical intervention was in the *best interest* of the young person and did it prevent '*a greater harm*' by its use?

The above guidance states, 'Every school is required to have a behaviour policy and to make this policy known to staff, parents and pupils. The governing body should notify the headteacher that it expects the school behaviour policy to include the power to use reasonable force'.

It is always unlawful to use force as a punishment. This is because it would fall in within the definition of corporal punishment (abolished by Section 548 of the Education Act 1996).

The Education and Inspections Act 2006 (sect 93) gave special powers to school staff to use force (see 'duty of care').

93 Power of members of staff to use force

(1) A person to whom this section applies may use such force as is reasonable in the circumstances for the purpose of preventing a pupil from doing (or continuing to do) any of the following, namely—

(a) committing any offence,

(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.

(2) This section applies to a person who is, in relation to a pupil, a member of the staff of any school at which education is provided for the pupil.

(3) The power conferred by subsection (1) may be exercised only where—

(a) the member of the staff and the pupil are on the premises of the school in question, or

(b) they are elsewhere and the member of the staff has lawful control or charge of the pupil concerned.

(4) Subsection (1) 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 EA 1996.

(5) The powers conferred by subsection (1) are in addition to any powers exercisable apart from this section and are not to be construed as restricting what may lawfully be done apart from this section.

(6) In this section, “offence” includes anything that would be an offence but for the operation of any presumption that a person under a particular age is incapable of committing an offence.

Keeping Children Safe in Education Section 2

Specific guidance for education settings – 154-159 (2020) this is a brief review and refers to more specific guidance as quoted in this guidance.

Human Rights Act 1998

All services must abide by this act and the European Convention on Human Rights (ECHR) The unnecessary or inappropriate use of force may constitute an assault and may also infringe the rights of a child or young person under the Human Rights Act.

Equality Act 2010

All settings and services must ensure that they comply with the Equality Act 2010 which requires that they do not discriminate against individuals in relation to protected characteristics.

The DfE guidance Mental health and Behaviour in Schools (November 2018) provides non-statutory advice to help schools support pupils whose mental health problems manifest themselves in behaviour.

Reducing the Need for Restraint and Restrictive Intervention HMGov 2019 is guidance for children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings. However, the principles and advice in this guidance could be considered as good practice for all groups.

Positive environments where children can flourish, Ofsted 2018 is a guide for inspectors about physical intervention and restrictions of liberty. In the introduction they state that ‘restraint is permissible’ but go on to qualify this ‘we expect adults to be skilled and confident in finding the best ways to keep children safe; ways that promote their rights, respect their dignity and help equip them for the future’.

12. Recording & Reporting

There are two recording and reporting mechanisms that are relevant:

- a) Recording and reporting of all restrictive physical interventions.
- b) Health & Safety reporting of an incident where an injury occurs

Incidents involving physical intervention require a physical intervention report. If someone involved sustains an injury, then both reporting processes should be completed. Academies will follow their own procedures.

If a particular pupil has a support plan (for behaviour, SEN or other) that indicates regular use of physical contact or restrictive support to meet their growth and development needs, it would not be necessary to record such events Their support

plan should be signed off by parent/carer and all known risks documented and the plans to meet those risks. If that same pupil required the use of restraint, it should be recorded and reported to parents/ carers.

Employees have a legal duty to report any matter in which safety is compromised. Any physical violence directed towards adults working with children or young people needs to be reported and recorded even if individuals feel able to tolerate levels of aggression. Reporting of incidents enables them to be reviewed so that in the future preventative measures can be put into place to avoid the continuation or escalation of aggression. It also addresses the need of children and young people to develop more appropriate behaviours in response to difficulty.

The use of physical or restrictive intervention needs to be recorded as soon as possible after the event. There may be a need at a later stage to demonstrate that decisions about the intervention used were appropriate, given the circumstances.

Each setting is required to keep contemporaneous written records of all incidents where physical or restrictive intervention has been used. Basic details should be recorded, where possible on the same day, but always within 24 hours of the incident.

The following key details should be recorded before the relevant staff leave the premises or as soon afterwards as is practicable:

- An overview of the circumstances leading to the use of physical intervention, including analysis of possible triggers to the behaviour that was challenging.
- The intervention(s) used to prevent escalation and once the behaviour has escalated.
- The length of time that each intervention was used before calming/release.
- How the situation was resolved.
- How the use of restraint was in the best interest of that young person
- The staff members involved.
- Any injury caused to any individual.
- Any need for follow up action and any implications for managing a similar future incident (see also 'Review of the incident' below).
- Contact with parents/carers

Reports should be cross-referenced to more detailed records of the incident, and records of subsequent reviews and the actions to be taken following review. A specimen form for recording the use of physical or restrictive intervention is provided (see appendix C). A copy of this form should be placed on the child or young person's file. Different services may have additional recording procedures and will make these clear to adults working in the relevant settings.

Children and young people who receive a restrictive or physical intervention should be assessed for signs of injury or physical or emotional distress following the intervention. Such assessments need to take into account their ability to recognise and communicate their response to harm. Any necessary medical examination must be carried out by appropriately trained staff.

Records must be made of any bruising or marking caused as a result of physical intervention, including the context in which the bruising occurred. Any injuries

reported by the child must also be recorded, whether or not there are visible marks. The extent of any marking or reported injuries must be recorded by 2 members of staff, not just one.

The local authority strongly advises that parents/carers be informed without delay when a school or academy has had to use a restrictive physical intervention, **unless** it has been specifically recorded in the child's behaviour plan that parents have requested to be informed on a regular but not necessarily immediate basis **or** If there is a known risk that a child may experience further harm as a result of the information going to the home. If a child in Local Authority care is injured during a restraint, the Social Worker needs to be informed immediately.

Records should demonstrate that the Manager/school leader monitors trends and patterns about individual children, individual staff and groups of staff.

The view of the child should be taken account of by the manager or school leader including those who communicate non-verbally (Ofsted 2018).

13. Review of the incident

Debrief and review will help evaluate the effectiveness of the approaches used. They will also help to clarify the child or young person's needs. Specific strategies will need to be varied according to individual circumstances and the context in which they are being used.

In most settings the use of physical or restrictive interventions will be rare. In these settings, following a physical intervention, a review should be carried out once everyone involved has had a chance to calm but close enough to the incident to ensure an accurate recall of events. Those involved in the intervention should be given separate opportunities to talk about what happened in a non-judgemental way. Children, young people and their parents/carers and advocates where involved will be given appropriate opportunities to contribute. The aim of a review is to discover what happened and why, to assist in planning for the future, not to apportion blame or punishment.

In those settings where physical and restrictive interventions are more frequent, full reviews may not occur after every intervention. However, the aims of the review will be achieved through the recording and debriefing processes in place in the setting.

Reviews should aim to assess:

- The effectiveness of primary prevention measures in reducing the likelihood of challenging behaviour;
- The effectiveness of secondary prevention measures in de-escalating a developing situation;
- The effectiveness of positive handling strategies, including physical intervention, in bringing a situation to a safe conclusion;
- The longer-term impact on the individual and others including other children present and the staff involved in the incident of the use of physical or restrictive intervention;

- The contexts in which challenging behaviour is less likely to occur – what is different?
- The potential consequences of not using a restrictive intervention;
- Any changes to the individual's circumstances or to the environment that may require the individual's plan to be modified.
- It is important that lessons are learned from instances where restraint has had to be used, including any patterns and trends and how use of restraint might be avoided in future.

When a physical intervention has been sanctioned for a child or young person and is likely to be used on a regular basis, the use of that intervention should be reviewed not less than every half-term. Reviews should be carried out more frequently if the behaviour is especially challenging or if the intervention appears to exacerbate the behaviour.

For some children the complexity of their needs means that if the level of intervention has stayed constant and not increased that represents success. Nevertheless, it is important to ensure that the use of physical or restrictive intervention never becomes routine.

14. Complaints and Allegations

Parents, young people and children have a right to complain about the actions taken by local authority staff or any adults in charge of them. Allegations can be made from a variety of sources, not just from the parent, young person or child involved.

The full involvement of those with parental responsibility following an incident of physical intervention should minimise the likelihood of complaint.

Complaints

Agencies and organisations will have their own representation and complaints procedures to address concerns that the way in which the service has been delivered is not satisfactory. Service users should be able to easily access these procedures and should be supported to use them if they are dissatisfied. Service users are encouraged to comment on the service, and this should feed into service development.

Service users and parents need to be aware that if they have a concern, they should raise it with their link person in the school or setting, or with the link person's line manager or the designated representation or complaints person.

Allegations

Staff should be aware of Pan Dorset Safeguarding Children's Partnership Procedures 5.2 **Allegations Against Staff, Carers and Volunteers**. Keeping Children Safe in Education (KCSIE) part 4 is relevant for education settings. These Procedures are provided to give guidance on managing allegations against people who work with children.

The above guidance will be relevant where there is an allegation or concern that any person who works with children, in connection with his/her employment or voluntary activity, has:

behaved in a way that has harmed a child, or may have harmed a child; possibly committed a criminal offence against or related to a child; or behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

Further detail about the types of behaviour this might include and that it encompasses behaviour in professional's private lives is detailed in the procedures.

15. Staff Training

The emphasis in training and development should be to promote positive behaviour and support those whose behaviour is challenging. Staff and parents should be enabled to develop the understanding and skills to support children and provide a consistent approach. The prevention of escalation of crisis situations and reducing and minimising the need for restraint through positive behavioural support should be central to the training. Communicating skills, how to build positive relationships and taking account of views and experiences of children should be part of the training. Identifying triggers and understanding specific contributory factors e.g. SEND are also important. Safe implementation of physical intervention and planning tools are essential.

All staff who will be required to employ restrictive physical interventions should have specialist training. Staff should only employ those physical interventions for which they have had training except in emergencies. It is recommended that regular measures be taken in the setting to ensure that staff retain their skills and remain confident in their ability to use positive handling techniques, including physical intervention.

Heads of settings, Head Teachers and heads of service are expected to maintain an up to date record of the training that staff have received, including refresher training.

It is important that any training promotes good pupil staff relationships and a preventative methodology. It should emphasise that restrictive and physical intervention should be used as a last resort and is designed to keep adults and service users safe.

When planning training that focuses on responses to challenging behaviour, it is the responsibility of managers to ensure that trainers are appropriately qualified and accredited.

16. Specific Setting Guidance

Schools and Educational Settings

The full Department for Education guidance document – *The use of Reasonable Force – Advice for head teachers, staff and governing bodies* (July 2013) can be downloaded at <http://www.education.gov.uk/publications>.

The following is the Local Authority setting specific guidance for educational settings and a brief summary of the DfE guidance.

The Use of Physical or Restrictive Intervention in Educational Settings

BCP Council

Jan 2017, updated September 2020

Reasonable force is defined in the DfE guidance as ‘the broad range of actions used by most teachers at some point in their career that involve a degree of physical contact with pupils’. Force is generally used to control or restrain.

This power applies to any member of staff at the school. It can also apply to people whom the head teacher has temporarily put in charge of pupils such as volunteers or parents accompanying students on a school organised visit.

Reasonable force can be used to prevent pupils hurting themselves or others, damaging property or causing disorder. The guidance gives some examples of when ‘reasonable force’ can be used.

There is no legal requirement to have a separate school policy on the use of force. Schools should set out in the behaviour policy the circumstances where force might be used and the power to use reasonable force. Schools do not have to have parental consent to use reasonable force. It is good practice for schools to speak to parents about serious incidents involving the use of force and to consider how best to record such serious incidents. Schools are strongly advised to inform parents as soon as possible if their child has been restrained by force.

Educational establishments should keep contemporaneous written records of all incidents where physical or restrictive intervention has been used. This may be in a bound incident book with numbered pages should be used to record details, where possible on the same day, but always within 24 hours of the incident. Other schools are likely to have electronic recording means.

The DfE guidance states that, ‘Schools need to take their own decisions about training. The head teacher should consider whether members of staff require training in order to carry out their responsibilities and should consider the needs of the pupils when doing so.’

Accredited training courses are available such as ‘Team Teach’ for use in mainstream and special schools. The training that Team Teach provides is consistent with the guidance in this policy and meets the requirements for accreditation through ICM and BILD. Team Teach offers appropriate packages for schools and educational settings that focus upon positive handling techniques and de-escalation of risk. The training follows a core curriculum but takes into account the specific needs of the setting concerned. Their website offers more detail and can be viewed at www.teamteach.co.uk.

The LA, and all schools, share a responsibility to inform a receiving school wherever possible, of a pupil identified as being at risk of displaying extreme behaviour. It is anticipated that risk assessments will be incorporated into a general system for identifying and clarifying very individual complex needs at the point when placement decisions are made for specialist provision. The aim is to allow any necessary planning and training to take place before the child starts at a new school, or as soon afterwards as is practicable.

In circumstances where a pupil whose behaviour is identified as challenging is joining a mainstream school or specialist provision, it is important to recognise that behaviour is context dependent. The impact of the particular environment will have an effect on the level of risk. It will therefore not be possible to cover every eventuality until the pupil is at school, and so an additional risk assessment will need to be carried out after placement and when the child has had a chance to settle in.

Risk assessments and positive handling plans should be put in place for all pupils who might need a physical restraint or restrictive intervention, and any planned use of physical intervention should be compatible with a pupil's 'Education, Health and Care Plan', if they have one, and properly documented in school records.

As far as is practically possible it is the school's responsibility to ensure that staff who come into contact with such pupils are aware of handling plans and risk assessments, in particular they need to know the most effective de-escalation techniques and triggers which might provoke a violent or challenging reaction.

The school may need to designate staff to be called if incidents related to a particular pupil occur.

Staff should be aware of the school's policy as part of their induction process.

An up to date record of all staff permanently authorised to make physical interventions should be kept.

Head teachers and managers are responsible for the safety and wellbeing of their staff, and for ensuring that they have the training and skills necessary to carry out their duties. Steps should be taken to minimise the impact of emotional stress on staff and so to ensure that they maintain their own capacity to respond objectively in stressful circumstances.

Staff who have been involved in an incident of physical intervention should be offered the opportunity of a debrief. The outcome of any debrief should be recorded on the personal file of the member or members of staff concerned.

It is important that all staff and visitors are confident to monitor and report the use of physical intervention. It is recognised that there will be occasions when the use of physical intervention is called into question. It is crucial that such incidents are discussed openly and honestly in order to highlight shortcomings in policies and agreed plans, and to highlight any training needs or issues where staff may need more support in responding to challenging behaviour.

The risk of injury can be increased by inappropriate dress. Head teachers and managers should provide clear guidance on acceptable dress, including wearing of watches and jewellery and how hair is worn. Arrangements should be made for reasonable reparation for damage to personal items (clothing, spectacles etc) that arise from staff carrying out their duties.

The setting may also offer training to parents alongside staff to promote consistent approaches and aid communication between home and the setting, where this is thought to be appropriate.

Complaints should be dealt with under the school's complaints procedure.

The DfE guidance has further details regarding, 'What happens if a pupil complains when force is used on them.'

16.2 Children's Homes

Children's Homes Regulations 2015 set out the requirements expected in Homes, upon which these settings are judged by Ofsted and other inspection bodies. The National Minimum Standards document does likewise.

The Care Planning, Placement and Case Review (England) Regulations 2010 are relevant to Children placed in children's homes and in foster care. They confirm that the care plan should be provided to the relevant persons. Those making decisions about the use of restraint should therefore be in possession of the circumstances around a particular child, including where the care plan may refer to restraint.

Individual support planning, risk assessment and record keeping are all expected. Building high quality relationships is seen as an essential part of the management of young people.

Appropriate staff training in all aspects of managing young people is expected.

The law allows for the use of reasonable force when judged appropriate, proportionate and necessary for keeping staff and service users safe; preventing injury or harm, both physical and emotional; significant destruction of property. Unlike educational settings, causing disruption would not reach the threshold for use of force.

Staff are empowered to use force to prevent a young person absconding where there is a clear belief that 'a greater harm' is being prevented. The strongest message on this came from Sir Herbert (now) Lord Laming's report and advice to Directors of Social Services (1997). This was re-iterated more recently after the Rotherham and Oxford enquiries.

Fostering services

Fostering service providers are governed by the Fostering Services (England) Regulations 2011. Regulation 13 requires fostering services to have a written policy about acceptable measures of control, restraint and discipline. The regulations are complemented by statutory guidance, including the National Minimum Standards in Fostering Services (the NMS). Together these form the basis of the regulatory framework under the Care Standards Act 2000 (CSA).

Appendix A - A Framework for Intervention with Challenging Behaviour

Assessment of underlying need

When the normal range of strategies for intervention in response to difficult behaviour do not work, it is necessary to look more closely at the behaviour that is causing concern. The aim should be to identify what from the child or young person's point of view is the perceived or actual positive outcome. This may not always be obvious, and the pupil themselves may not be consciously aware of what they are gaining through their difficult behaviour.

The first step is to carry out an assessment of underlying need. This is done through carrying out an in-depth analysis of the what precedes and follows the behaviour of concern. The aim is to identify factors in the environment and in other people's responses to the behaviour that make the behaviour more or less likely to be repeated. In this way it can be possible to identify what 'function' the behaviour serves.

Intervention planning

Once the positive outcome of the behaviour is identified, support arrangements need to be put in place that recognise that the behaviour is rooted in a key learning, emotional or physical need.

Any school-based intervention needs to combine the elements below. Reference to the BCP SEND Graduated Response
[:http://www.poolefamilyinformationdirectory.com/kb5/poole/fis/advice.page?id=oKYeu h972QE](http://www.poolefamilyinformationdirectory.com/kb5/poole/fis/advice.page?id=oKYeu h972QE)

1. Proactive Intervention – moving things forward. - managing mood and expectations.
 - Changing systems and expectations and reorganising the classroom to remove or reduce the impact of difficulties in the learning/social environment;
 - Improving the pupil's capacity to change by teaching them the skills they lack and providing support to enable them to cope better with difficulty;
 - Providing motivation to increase the likelihood that the child will apply the new skills they have learned;
 - Create an atmosphere of optimism and 'fail safe' culture in the classroom.

2. Reactive Intervention – stopping things getting worse
 - Identifying reactive strategies - actions to take in response to the behaviour in the short term, giving time for long term measures to take effect.

It is important to recognise that intervention will not be effective in the long term if the strategies are used in isolation:

- Changing systems and expectations may protect the pupil, but not prepare them for times outside of any protected environment;
- Teaching new skills will be effective only if the pupil has the confidence and motivation to apply them, and they are effective for the pupil's individual needs;
- Reward systems alone will not work unless the pupil knows what to do differently;
- Reactive strategies will solve a problem in the short term, but do not address the root cause of a difficulty and rarely result in long term change; they can also end up reinforcing problem behaviour.

Plans for intervention need to include provision for:

3. Changing the environment and the behaviour of others

Making changes in the class or school and other people's behaviour that take into account the impact on the child of:

- The effect of the physical and sensory environment, school organisation and routines;
- The impact of medical problems, learning, social, emotional or communication difficulties on expectations, and how tasks should be presented and demands set;
- The interpersonal relationships between the child and others;
- Gaps in experience or reduced opportunities to develop skills.

4. Teaching new skills

Recognising that the pupil does not have the necessary skills to cope with the demands being placed upon them and, therefore, needs additional teaching or access to experiences that will help them to develop their skills. Coaching programmes may be needed to develop:

- Academic Skills;
- Communication, social and co-operative working skills;
- Coping Skills – rethinking and reprogramming of responding to stressful situations;
- More appropriate skills to reduce problem behaviour.

5. Providing motivation

Identifying systems of rewards, and manipulating outcomes for the pupil in order to:

- Increase the likelihood of appropriate patterns behaviour being adopted;
- Eliminate or reduce the frequency of problem behaviour;

- Allow time for new skills to be consolidated.

6. Reactive strategies

Identifying short term responses to problem behaviour that will

- Ensure safety;
- Address immediately presenting problems;
- Allow take up time for longer-term strategies to take effect.

Appendix B

Positive Handling Plan (PHP)-example

Name..... Dob.....

Every pupil who has been physically restrained on more than one occasion should have an individual management programme in place. This programme is prepared by the classroom teacher in consultation with the class team, senior teachers and wider agencies if appropriate. The plan is reviewed and updated as the need for physical restraint changes and when we review the IEP.

Date PHP was started..... Date of this update.....

Summary of range of challenging behaviours exhibited to date:

The function of the challenging behaviour (for the child/young person):

Triggers leading to / causing the challenging behaviour:

Coaching targets for more effective/alternative behaviours:

Environmental changes to support effective behaviour (to meet SEND or take into account other vulnerabilities):

The programme of positive feedback and reinforcement and appropriate sanctions:

Early warning signs of challenging behaviours:

Range of personal intervention techniques that have been needed to date:

Further or alternative personal intervention techniques that we may need to use in the future:

Defusing and calming strategies to employ when the early warning signs are exhibited:

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Appendix C

Serious Incident Record When restraint has been used.

Name of pupil:	Gender: M/F
The name(s) of other staff or students that witnessed the event	

The circumstances, of which you were aware, that led to the incident:
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Please use this guide to give details- please try to be accurate and concise:

- The student's behaviour and responses (include verbal and non-verbal)
- Anything relevant that was actually said by all parties involved
- Steps taken to defuse and de-escalate (Team Teach 95%)
- The dangers perceived (who was at risk from whom/ what?) and, if used, the reason for using physical intervention;
- Degree of force used and details/description of restraint technique used (e.g. T wrap/with chair or floor supports; single elbow walking/sitting; figure of four /double elbow. Defensive or disengage techniques for body hugs/ hair pulls/bites/kicks and punches.
- How long restraint was applied for and total duration of incident and the outcomes
- How was the episode resolved?
- Please state how the restraint was in the best interests of this pupil.
- Details of injuries, if any.

Follow -up action required/taken by the Head of Service/Head teacher (delete as appropriate):

Health & Safety/RIDDOR form completed and copied to Local Authority

Child Protection procedures/ LADO referral:

Racial incident record

Parent/Carer contacted

Police or others informed

Risk assessment and positive handling plan requested for student

Other (give details)

Signature of member of staff reporting

Signature of Head Teacher

Date:

Date: