

## Policy and Guidelines for the Use of Physical Restraint in School and Care Settings

Refresh April 2012 Children, Schools & Families

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#### **FOREWORD**

The purpose of this document is to provide support and guidance for all staff in the management of challenging situations, in schools, pupil referral units or social care settings. The following documents have been taken into account in the production of this document:

- The Health and Safety at Work Act 1974
- Guidance on the Use of Restrictive Physical Intervention for Pupils with Severe Behavioural Difficulties (LEA/0264/2003)
- Education Act 1996, Section 550A
- Local Authority and Social Services Act 1970, Section 7
- 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
  (EA/0242/2002)
- Working Together to Safeguard Children A guide to Inter Agency Working to Safeguard and Promote the Welfare of Children (HM Government – 2010)
- Education and Inspections Act 2006, Section 93
- How to Provide Safe Services for People with Learning Disabilities and Autistic Spectrum Disorder (July 2002 – Department of Health)
- The Use of Force to Control or Restrain Pupils (DCSF 11/07) Section 246 –Apprenticeships, Skills, Children and Learning Act 2009
- The Use of Force to Control or Restrain Pupils (DCSF April 2010)
- The Use of Reasonable Force (DFE June 2011)

It is essential for schools, residential and other settings to produce their own policy which relates to their own circumstances. Though such a document should be consistent with this policy, policies need not be lengthy and reference can be, and should be, made to this policy and/ The Use of Reasonable Force (DFE June 2011) as appropriate. A model school / service / setting policy is included as an appendix.

Whilst this policy cannot cover every situation that may occur, it is hoped that the guidance offered will create a supportive framework within which all employees feel secure in the actions they may have to take. It should be noted that the Local Authority will fully support staff who can demonstrate that they have understood and complied with the relevant management procedures contained herein.

This up-dated guidance was developed by, Sandy Chapman, Senior Manager Social Inclusion & SEN Support Services, Tim Davis Team Leader for Behaviour Support Service, and John Haydney, Lead Home Manager (Social Care). This revision is issued following consultation with teaching and non teaching professional associations, CAPH, CASH and the Cornwall Quality Assurance & Safeguarding Children Unit.

Trevor Doughty
Director of Children, Schools and Families

#### **SECTION 1: INTRODUCTION**

#### Context

- 1.1 The policy and advice set out in this document provide a framework of principle within which staff judgements should be made and specific incidents addressed. These guidelines are designed to:
  - Provide, together with the DFE / DH joint guidance, a framework within which schools / settings can develop their own policies;
  - Promote a coherent, consistent and co-ordinated approach across different schools / settings and, where appropriate, with other agencies;
  - Form a basis for monitoring the implementation of policies within the Directorate;
  - Provide advice to schools / settings on how to monitor and evaluate their own use of restrictive physical interventions (positive handling) so that practice is improved both locally and across the Local Authority.

The document has been written with the aim of being consistent with other Local Authority documents and complies with:

- Section 246 –Apprenticeships, Skills, children and Learning Act 2009
- The Use of Reasonable Force (DFE June 2011)
- Education and Inspections Act 2006, Section 93
- Guide for heads and school staff on behaviour and discipline DFE –Jan 2012 up-date
- Guidance for governing bodies on behaviour and discipline DFE –Feb 2012 up-date
- Working Together to Safeguard Children A Guide to Inter Agency Working to Safeguard and Promote the Welfare of Children 2010
- SAFEGUARDING CHILDREN The second joint Chief Inspectors' Report on Arrangements to Safeguard Children 2005
- DH DfES and Home Office Keeping children safe
- The Government's response to The Victoria Climbié Inquiry Report and Joint Chief Inspectors' Report Safeguarding Children 2003
- DH DfES and Home Office Keeping children safe
- The Government's response to The Victoria Climbié Inquiry Report and Joint Chief Inspectors' Report Safeguarding Children 2002
- DfES letter dated 24 April 2001 to Chief Education Officers in England "Positive Handling strategies for pupils with severe behavioural difficulties"
- The intention is to ensure that all schools and other settings should provide a safe working environment for young people, staff and visitors.

1.2 Staff need to be aware that as part of their employment obligations, they owe a duty of care to their children in order to maintain an acceptable level of safety. The conduct of young people can on occasions require physical intervention. Written guidelines cannot anticipate every situation: the sound judgement of staff at all times therefore remains crucial. It is, however, the intention that the guidance in this document should offer both young people and staff a level of protection.

Use of Reasonable Force Guidance (June 2011) replaced and superseded DfES Circular 10/98, DCSF Circular 11/07. and DCFS advice *The use of force to control and restrain pupils –Guidance for schools in England* and is found at:

http://media.education.gov.uk/assets/files/pdf/u/use%20of%20reasonable%20force%20%20%20advice%20for%20headteachers%20staff%20and%20governing%20bodies.pdf

Key points include:

- School staff have a legal power to use force and lawful use of the power will provide a defence to any related criminal prosecution or other legal action.
- Suspension should not be an automatic response when a member of staff has been accused of using excessive force.
- Senior school leaders should support their staff when they use this power.

Reasonable force may also be used in exercising the statutory power, introduced under section 45 of the Violent Crime Reduction Act 2006 (and re-enacted by Section 242 of the ASCL Act 2009), to search pupils without their consent for weapons. This search power may be exercised by head teachers and staff authorised by them, where they have reasonable grounds for suspecting that a pupil has a weapon. Reasonable force may be used by the searcher. Where resistance is expected school staff may judge it more appropriate to call the police or if they have one, their Safer School Partnership (SSP) Officer. From September 2010, the power to search pupils without their consent was extended to include alcohol, illegal drugs and stolen property (prohibited items).

For further information:

http://media.education.gov.uk/assets/files/pdf/s/screening%20searching%20and%20confiscation%20%20%20advice%20for%20headteachers%20staff%20and%20governing%20bodies.pdf

#### **1.3** Key Information

A member of staff who has used appropriate physical restraint will have a reasonable defence to any legal action against them, if:

 the purpose of the physical intervention was to avert an immediate danger of injury to any person, or an immediate danger to the property of any person ("person" includes the pupil), or to prevent the committing of a criminal offence, or where a young person's conduct leads to behaviour that prejudices good order and discipline.

#### AND

- No more force was used than was reasonably necessary in the circumstances.
- 1.4 Provided that they follow these guidelines, staff should therefore not hesitate to act in an emergency. Indeed, teaching staff and Care staff within Residential Establishments have a legal obligation to safeguard the welfare of children in their care. Conditions of employment of teachers' .61.8/61.9 Health, safety and discipline 61.8 Promote the safety and well-being of pupils. 61.9 Maintain good order and discipline among pupils. together with the Children's Act 2004 –Safeguarding responsibilities.
- 1.5 Staff should satisfy themselves that the action they are proposing to take would be considered justifiable by the wider audience of their professional colleagues. This is not to say that the use of physical restraint will never be questioned by others children / young people, parents / carers and possibly the police.

You will however be deemed to have acted reasonably and will therefore receive management and Local Authority support if you follow these quidelines

#### WORKING PRINCIPLES

- Where physical intervention is a likelihood, a plan should be devised. (An example of a planning pro-forma is attached as Appendix 2) (Behaviour Management Plan) and/or a Child in Care risk assessment within the Care plan
- Physical intervention should be a last resort and only undertaken when all other means of gaining order have failed
- Staff should not place themselves at risk of being the subject of a false allegation. To minimise risk avoid being alone with any child / young person if possible
- Schools / settings which adopt these guidelines should set them in the context of other policies; these being whole school / setting positive behaviour management, child protection, health and safety, and disciplinary policies/ procedures

- Schools /Care and other provider settings should carry out an individual risk assessment on children / young people who are more likely to require physical restraint and for staff who manage children / young people with challenging behaviour. Risk assessment should be carried out in accordance with Local Authority policy. The European Education Consultancy Risk Assessment software is recommended, and in addition a Specimen Risk Assessment Pro-forma for assessing and managing foreseeable risks for children / young people who present challenging behaviours can be down loaded from: http://www.teachernet.gov.uk/docbank/index.cfm?id=5334
- Physical intervention must never be part of the rewards and sanctions system of any setting whether in school or other Care settings.
- All staff should seek to promote an atmosphere of calm consistency and order so that children / young people and staff feel secure
- All staff are expected to have an awareness of the needs of different cultures and to respond appropriately
- When the safe environment of the school / Care setting is challenged by the violent or dangerous behaviour of a child / young person, staff need to achieve a prompt and safe resolution of the situation as a minimum goal
- The professional practice of staff in such situations needs to be clearly understood by all staff, children / young people and their parents / carers. Such practice should be consistent and considered and all actions taken must be fully recorded in a standard format which is readily accessible to staff and managers
- Every school / Care setting should have a 'named member of staff' who has received appropriate training and can offer further advice and arrange appropriate training for colleagues. Large schools / Care settings should seek formal training for more than one member of staff (see Section 7). In residential settings all staff should be formally trained and have a named link officer.
- 'Risk Assessment' health and safety guidance and software is available in all schools. The European Education Consultancy Whole School Management of Health and Safety Assessment Checklists should be used. Assistance with this can be sought from the Health, Safety and Wellbeing duty safety officer on 01872 323138.

The named member of staff in each school /Care setting should acquaint all staff on the contents of this policy on an annual basis

If order has broken down with an individual or a group and all reasonable efforts to diffuse the situation have failed (including, where appropriate, contacting parents / carers as part of agreed risk assessment and individual behaviour management plans), schools / settings are advised to contact the police for assistance.

#### **SECTION 2: PHYSICAL CONTACT WITH CHILDREN**

- 2.1 It is unnecessary and unrealistic to suggest that staff should only come into physical contact with children / young people in emergencies. Younger children / young people particularly may need reassurance and comfort in certain situations. Staff must bear in mind however that even perfectly innocent actions can be misconstrued.
- 2.2 Regaining control is not the only circumstance when there may be physical contact between staff and children / young people. It is intended that these guidelines should deter inappropriate physical contact between care-providing adults and children / young people. Staff should respond to children / young people in a way that gives expression to appropriate levels of care, and to provide comfort to ease a child / young person's distress.

However, it is recognised that staff need to ensure that any physical contact is not open to misinterpretation by a child / young person or parent / carer. It is recommended that parents / carers are made aware of all policies relating to behaviour management.

The following guiding principles are suggested:

- The level and type of physical contact should reflect the educational and social needs of the child / young person; eg physical contact is likely to occur in some PE and drama activities as well as for children / young people who require a personal assistance programme; \*
- Specific consideration should be given to the needs of children / young people in schools and especially Residential settings who may have suffered abuse and / or neglect. Physical contact should not respond or lead to expectations or anxieties of any form. This information should be borne in mind when planning programmes to be implemented. This applies especially to children / young people who require a personal assistance programme; \*
- In responding to a child / young person who indicates a need for physical contact / comfort, due consideration should be given to these guidelines;
- There should be no general expectations of privacy for the physical expression of affection or comfort in any circumstances. Staff must not to be alone with a child / young person in such a situation. If in

the unlikely situation you are alone with the child then every safeguarding aspect should be adhered to ensuring risk is reduced for both parties, i.e. ensuring door are left open and other staff made aware of the situation.

2.3 Children / young people may be successfully re-engaged in their activities by an arm on the shoulder or by leading or guiding them back to their seat or activity. Similarly a child / young person may be diverted from destructive behaviour. Again, some children / young people engaged in an argument or a fight, which in itself is not likely to cause serious harm but is nonetheless disruptive and detrimental to the well-being of other children / young people, may be successfully diverted by using positive behaviour management techniques.

If physical intervention is unavoidable, it is important that the degree of force used is appropriate to the situation. It is appropriate to use physical prompts and guidance when positive verbal prompting has been unsuccessful.

- 2.4 However, it needs to be restated that physical intervention is a last resort. Staff should be mindful of the fact that close physical proximity to children / young people who are in a highly agitated state can make matters worse and increase the level of risk (see 3.8, 3.9).
  - \* A Personal Assistance Programme may be in place for a child / young person with a physical disability or medical need as well as a Risk assessment for Children in Care.

#### **SECTION 3: GUIDELINES FOR GOOD PRACTICE**

A framework for physical restraint of children / young people now follows.

#### Context

- 3.1 Section 93 of the Education and Inspections Act 2006 and **DFE Guidance June 2011** enables school staff to use such force as is reasonable in the circumstances to prevent a pupil from doing, or continuing to do, any of the following:
- Reasonable force can be used to prevent pupils from hurting themselves or others, from damaging property, or from causing disorder.
- In a school, force is used for two main purposes to control pupils or to restrain them.
- The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.

The following list is not exhaustive but provides some examples of situations where reasonable force can and cannot be used.

Schools can use reasonable force to:

- remove disruptive children from the classroom where they have refused to follow an instruction to do so
- prevent a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others
- prevent a pupil from attacking a member of staff or another pupil, or to stop a fight in the playground.

#### Schools cannot:

use force as a punishment - it is always unlawful to use force as a punishment.

The staff to which this power applies are also defined in Section 93 of the Act as:

All members of school staff have a legal power to use reasonable force<sup>1</sup>. This power applies to any member of staff at the school. It can also apply to people whom the Headteacher has temporarily put in charge of pupils such as unpaid volunteers or parents accompanying students on a school organised visit.

<sup>1</sup> Section 93, Education and Inspections Act 2006

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

#### For Residential Settings NATIONAL MINIMUM STANDARDS FOR CHILDREN'S HOMES STANDARD 22

(Relevant aspects relating to Children's Homes not covered elsewhere in this document.) Sections:

- **22.1** Staff respond positively to acceptable behaviour, and where the behaviour of children is regarded as unacceptable by staff, it is responded to by constructive, acceptable and known disciplinary measures approved by the registered person.
- 22.4 The consequences of unacceptable behaviour are clear to staff and children and any measures applied are relevant to the incident, reasonable and carried out as contemporaneously as possible.
- **22.5** Sanctions and physical restraint are not excessive or unreasonable.
- 22.6 Physical restraint is only used to prevent likely injury to the child concerned or to others, or likely serious damage to property. Restraint is not used as a punishment, as a means to enforce compliance with instructions, or in response to challenging behaviour which does not give rise to reasonable expectation of injury to someone or serious damage to property.

If you do not feel able to intervene you should seek assistance. Immediately (Each school / setting should devise their own system by which assistance can be called)

#### **3.2** Kev Information

In using physical restraint, the level and duration of the restraint will always be the minimum necessary to restore safety.

Knowledge of the child / young person is a key factor in the judgements that will be made.

#### SAFE HANDLING PRINCIPLES

- **3.3** The principles of safe handling are based on twin assumptions:
  - A situation is about to exist in which people or property will be in serious danger of assault, injury or damage;
  - All efforts to avoid the need for physical intervention have been taken. The physical restraint of a child / young person must be considered as a last resort attempt to cope with the particular situation.
- 3.4 It is not the purpose of these guidelines to explain particular handling techniques. However, handling techniques can be addressed through training. Those methods adopted by a school or setting must:
  - Form part of a clearly agreed and understood policy approved by British Institute of Learning Disabilities (BILD)
  - Accord with the criteria set out in Methods (below).

### Reasonable force is not defined in DFE Guidance June 2011 however relevant considerations are:

- The term 'reasonable force' covers 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 usually used either to control or restrain. This can range from guiding a pupil to safety by the arm through to more extreme circumstances such as breaking up a fight or where a student needs to be restrained to prevent violence or injury.
- 'Reasonable in the circumstances' means using no more force than is needed.
- As mentioned above, schools generally use force to control pupils and to restrain them. Control means either passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of a classroom.
- Restraint means to hold back physically or to bring a pupil under control. It is typically used in more extreme circumstances, for example when two pupils are fighting and refuse to separate without physical intervention.
- School staff should always try to avoid acting in a way that might cause injury, but in extreme cases it may not always be possible to avoid injuring the pupil

#### RISK EVALUATION

- 3.5 In order that the restraint of a child / young person should calm the situation, and not lead to greater injury or an escalation of violence, if the circumstances allow the following factors need to be taken into account in evaluating the risks involved and in determining the techniques to be employed in any particular situation:
  - The age, and relative physiques and known medical conditions of both the adult restrainer and the child / young person;
  - The genders of staff and child / young person;
  - The knowledge of the child/Young Person's care plan and risk assessment
  - The presence of a second (or other adult) available to assist, supervise and become involved in intervention;
  - The scope to secure the presence of a second (or further adults);
  - Spectacles, hearing aids, jewellery and clothing being worn by the child / young person and the adult restrainer;
  - The restrainers' or other members of staff's capacity to act calmly and systematically;
  - The location of the incident and the potential for the restraint to be carried out safely;
  - Knowledge of the child / young person's previous experience of restraint and their predicted reactions, including any previous incidents with the staff on duty;
  - The presence of any weapons;
  - The known or perceived use of drugs.
- 3.6 Staff working in situations where there is a reasonable likelihood that they may well have to employ techniques of physical restraint should consider whether their clothing, jewellery and hairstyle add to the risk of injury to themselves or others. Please refer to European Education Consultancy Risk Assessment staff who manage children with challenging behaviour.
- **3.7** Key Information

Any physical intervention involves a degree of risk: the assessment of the level of risk is a calculation that must be made before deciding to intervene. Think clearly and carefully before acting.

#### **METHODS**

- 3.8 Any physical intervention employed must involve the minimum force necessary for the minimum amount of time and must meet the following criteria:
  - Handling must not involve deliberately or inadvertently striking the child / young person;
  - Handling must not involve 'punitive' acts; ie deliberately inflicting pain on the child / young person (for example, cannot involve joint locks or finger holds);
  - Handling must not restrict the child / young person's breathing (for example, must not involve throat or neck holds or pressing the child / young person's face into soft furnishings);
  - An adult must avoid touching the genital area, the buttocks or the breasts of the child / young person;
  - Handling must avoid the adult putting weight upon the child / young person's head, spine or abdominal area.

A panel of experts<sup>2</sup> identified that certain restraint techniques presented an unacceptable risk when used on children and young people. The techniques in question are:

- the 'seated double embrace' which involves two members of staff forcing a person into a sitting position and leaning them forward, while a third monitors breathing
- the 'double basket-hold' which involves holding a person's arms across their chest
- the 'nose distraction technique' which involves a sharp upward jab under the nose.
  - Non of these techniques are taught as part of Team-Teach training
- **3.9** During any incident of restraint an adult must seek as far as possible:
  - Seek to lower the child / young person's level of anger or distress during the restraint by continually offering verbal reassurance (if appropriate) and avoid generating fear of injury in the child / young person;
  - Cause the minimum level of restriction of movement of limbs consistent with the danger of injury (eg will not restrict the movement of the child / young person's legs when they are on the ground unless flailing legs are likely to injure or be injured);

<sup>2</sup> Physical Control in Care Medical Panel - 2008

- Take account of the danger of accidental injury during the restraint by using a method appropriate for the environment in which it is taking place;
- Ensure that in situations where a group of staff is involved, work together as a team, with one member taking the lead; avoid personal risk;
- Not employ another child / young person in assisting with the restraint;
- Try to avoid moving the child / young person during the restraint. Experience has shown that this can prove problematic and is only justifiable in situations when remaining in the original location would be more physically dangerous. Wherever possible staff are advised to remove the audience during such an incident;
- Taking children / young people to the floor has elevated risks to staff and children / young people and should only be considered as part of a previously agreed Individual Behaviour Management Plan/Care Plan.

#### RECORDING EVENTS AND ACTIONS

3.10 Governing bodies / schools /residential settings should establish arrangements to ensure that all incidents of restraint are logged by the member(s) of staff involved as soon as possible after the event. This should take the form of a special 'log book' or file which has numbered and bound pages. Cornwall Team-Teach have published a log book and this is available through Cornwall's Team-Teach training. The information should also be included in the child / young person's file.

<u>From September 2010</u>, the governing body, including the management committees of Short Stay Schools, were advised that a procedure should be in place for recording, and reporting <u>to parents</u>, significant incidents where a member of staff has used force on a pupil. DFE June 11 advises:

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. It is up to schools to decide whether it is appropriate to report the use of force to parents.

In deciding what is a serious incident, teachers should use their professional judgement and also consider the following:

 the pupil's behaviour and level of risk presented at the time of the incident

- the degree of force used
- the effect on the pupil or member of staff the child's age

If it is likely that reporting an incident to a parent will result in significant harm to the pupil, significant incidents should be reported to the local authority.

Good practice already in place in many schools / Residential settings indicates having a standard format for recording any incident; not just the physical restraint of a child / young person.

- **3.11** The entry in such a book must be made by the member(s) of staff concerned who should sign and date it. The report should include:
  - Name of child / young person
  - Day / date / time
  - Name of person completing the form (printed and signed)
  - Names of all involved
  - Where and when the staff involved were trained and authorised
  - Location
  - Activity
  - What led to the incident?
  - Steps taken to avoid the incident
  - What exactly happened a brief factual account
  - Was the behaviour deliberate / reckless / racial / health and safety risk?
  - Was the child / young person warned before any physical intervention?
  - Was any holding mild / firm / restrictive?
  - Named techniques used
  - Were the techniques effective?
  - Length of contact in minutes
  - Details of any injuries to the child / young person / staff
  - Details the contacts made afterwards (including parents / carers)
  - Detail how the incident was resolved
  - What could be done differently next time?
  - Detail the debrief with the staff involved and parents / carers where applicable
  - Who was the incident reported to, Parents/Carer, Care Standards (Ofsted), Social Worker,
  - Detail how the Individual Behaviour Management Plan/Care Plan risk assessment has been implemented or reviewed as a result of the incident?
  - Review date

The threshold for "significance incidents" being achieved will likely involve any of the following factors:

- a. An incident where unreasonable use of force is used on a pupil would always be a significant incident.
- b. Any incident where a significant degree of force has been used (e.g. physically pushing a pupil out of a room) would be significant.
- c. The use of a restraint technique is significant.
- d. An incident where a child was very distressed (though clearly not over reacting) would be significant. The incident book should be readily available for inspection by Ofsted, officers of the Local Authority and / or the governing body.

A suggested format suitable for use in recording incidents is set out in Appendix 1.

3.12 It is an expectation that some children / young people with special educational needs may need more frequent physical intervention. In those cases a Behaviour Intervention Plan or Individual Behaviour Management Plan (often part of an Individual Education Plan or an Individual Safety Plan from the European Education Consultancy Risk Assessment software package) would have been agreed with parents / carers. Therefore, in such cases it would be impracticable to complete a separate record for every incident and schools may need to consider a different recording system, depending on circumstances. Residential establishments would need to refer to the Care Plan and relevant risk assessment management plan.

Where injuries occur, the Local Authority guidelines for health and safety must be followed. If a child / young person is injured parents / carers must be informed at the earliest opportunity and accident report forms must be completed (use HSW5 accident report form), this may also require contacting Ofsted.

### **Recording & Reporting Summary**

Level or severity of incident	School/Setting Incident Log Book	Copy of Incident Log sent to
		Senior Manager Social Inclusion & SEN Support*
		Or
		if Residential Setting – Lead Home Manager
1) Incident dealt with using/following existing IBP, IBMP, Care Plan or Individual Safety Plan and was resolved without distress to child/young person and member(s) of staff	No (note frequency & duration in IBP,IBMP,CP ISP)	
2) Incident required action in addition to existing IBP,IBMP or Care Plan but was resolved without distress to child or young person.	Yes	
Incident was not planned for and action undertaken led to:	Yes	
<b>3a)</b> no apparent injury or distress to child/young person and member(s) of staff		
<b>3b)</b> no apparent injuries but need to identify and analyse trends and patterns	Yes	
<b>3c)</b> significant level of force during restraint was required or duration of restraint exceeded 15 minutes which may need to be justified	Yes	
<b>3d)</b> injury or distress to child and/ or member(s) of staff	Yes	Yes
<b>3e)</b> other agencies being involved e.g. police, ambulance	Yes	Yes –If residential setting- Ofsted Reg 30(1) schedule 5 notification
<b>4.)</b> Incident led to Ground or Prone holds being used	Yes	Yes

All incidents 3c,3d, 3e, & 4 above must be reported to the Head teacher and Governor with Safeguarding responsibility or manager/ head of setting. This information should be reviewed along with all other statistical returns and may form the basis of a request for further Local Authority support. The Local Authority will undertake periodic reviews of Incident logs as part of C, S & F rolling review programme.

#### **Witness Statements**

Immediately after the incident has been resolved, the headteacher / head of centre/Residential Centre Manager/senior member of staff should be verbally appraised of the situation.

- 3.13 Except in the circumstances set out in 3.15, where the incident is of a serious nature and it is likely that further action might follow, statements may need to be taken from witnesses. This should be carried out by a senior member of staff as soon as possible after the incident who did not have any direct involvement with the incident.
- **3.14** When taking a witness statement from another child / young person, contact Children, Schools and Families Personnel before proceeding. The following points should be considered:
  - Avoiding the risk of collusion;
  - Having a guiet place in which to record the statement;
  - The language skills of a child / young person witness, an advocate may be required to assist the young person and should always be considered.
- 3.15 If after the initial reporting of the incident the headteacher / head of centre/Residential Manager or senior member of staff consider that the school / Care setting's guidelines for the use of physical restraint have not been followed, or it is felt that a criminal offence may have occurred, the incident itself should not be pursued further but referred for action in accordance with child protection procedures set out in the South West Child Protection Procedures at <a href="https://www.swcpp.org.uk">www.swcpp.org.uk</a>.

In the case of Residential Establishments the Senior Manager (Resources) should be immediately informed, this would also include Out of Authority Placements where the placing officer would need to be informed.

Further guidance in these circumstances should be sought immediately from the Cornwall Quality Assurance & Safeguarding Children Unit, the appropriate Personnel Department and the Head of Service – Social Work for Children, Schools and Families.

#### **Management Considerations**

3.16 All incidents involving the physical restraint of a child / young person must be reported to a senior member of staff and the headteacher / head of centre/Residential Manager & Parents as soon as possible and they should receive a report as soon as practicable thereafter (see also 3.13). All senior staff involved must record details of their involvement of every stage, together with details of all follow-up action.

At an appropriate time, the child / young person and staff involved should have an opportunity to discuss the matter with a relevant member of the senior staff, consideration for an advocate should always be taken and recorded as to the reasons why not if the option is not taken up. In all settings, follow-up actions need to be appropriate to the age and abilities of the child / young person. In principle the headteacher / head of centre/Residential Manager should discuss details of the event with the child / young person, whose view of the incident should be reported as soon as possible after it has occurred. Parents / carers should always be informed of what has happened to the child / young person and offered an opportunity to discuss this with the headteacher / head of centre/residential manager or senior member of staff (see 4.3).

An incident involving the use of physical restraint should be an unusual occurrence in a school /Residential setting. Careful thought needs to be given to debriefing for those adults and children / young people who witness the event.

**3.17** Consideration should also be given to the possible effects that restraining a child / young person has on a member of staff. Apart from suffering physical injury staff may need time to recover in a quiet place with support from a colleague.

Members of staff should be advised to contact their Professional Association or Trade Union before making a formal statement.

#### **SECTION 4:** ROLES & RESPONSIBILITIES

### ALL STAFF NEED TO KNOW THE SCHOOL / RESIDENTIAL CENTRE AND OTHER SETTING POLICY ON THE USE OF PHYSICAL RESTRAINT

#### **4.1** Communication

It is very important that every school / Residential and other setting, regardless of size or context, establishes a clear and consistent route through which any incident involving physical restraint is recorded and communicated, and to whom.

#### Nursery and Primary Schools

All incidents should be reported to the headteacher (unless of course he / she is the restrainer) and in many cases it is envisaged that the headteacher (or deputy headteacher) will have been summoned before physical restraint is needed.

#### Secondary Schools

All staff should know to whom they should report incidents of physical restraint and where this person is located. There should be a 'reporting on' system so that the headteacher is fully informed as soon as practicable and prepared for the possible consequences of staff using physical restraint.

#### Special Schools/ PRUs or SSS

Again, clear lines of communication are essential, depending on the size of the school / setting.

#### Children Social Care Settings

It is very important that every establishment ensures that all staff are aware of the recording and communication process and establishes a clear and consistent route through which any incident involving physical intervention is recorded and communicated, and to whom.

#### 4.2 <u>Informing Parents and Carers</u>

#### Communicating the school's approach to the use of force

- Every school is required by law 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.
- There is no longer a requirement to have a policy on the use of force but it is good practice to set out, in the behaviour policy, the circumstances in which force might be used. For example; it could say that teachers will physically separate pupils found fighting or that if a pupil refuses to leave a room when instructed to do so they will be physically removed.
- Schools do not require parental consent to use force on a student.
- Schools should not have a 'no contact' policy. There is a real risk that such a policy might place a member of staff in breach of their duty of care towards a pupil, or prevent them taking action needed to prevent a pupil causing harm.
- By taking steps to ensure that staff, pupils and parents are clear about when force might be used, the school will reduce the likelihood of complaints being made when force has been used properly.

It is suggested that each parent is informed when significant force has been used on their child. In this case "parent" has the meaning given by section 576 of the Education Act 1996, and so will include people having day-to-day care of the child and the local authority where a child is the subject of a care order. But the section 576 definition is widened to include the local authority as a "parent" in the case of children who are looked after under section 20 of the Children Act 1989 even though the local authority does not have parental responsibility for these children.

(Para 63) The Secretary of State's view is that in this case, significant harm is where a child is chastised inappropriately and/or excessively. A school might already be aware that a particular parent is likely to respond inappropriately in response to an incident involving their child and the school may have already instigated safeguarding procedures. The risk of significant harm in these circumstances would be heightened for pupils who are vulnerable because of their special educational needs, disability or other medical reasons.

The school's procedure on Recording and Reporting should indicate who is responsible for reporting to parents and for deciding whether to report to the local authority instead. The procedure should also set out the timescale within which the report should be made, bearing in mind that the duty is to make the report as soon as is practicable. The person who makes the report to the parent need not be the person who compiled the report.

Wherever possible, it is best to telephone parents as soon as possible after the incident before confirming details in writing. It is also good practice for parents to be given a copy of the school's policy on the use of force and information on post-incident support.

Residential Establishments should ensure that such information is contained within their 'prospectus' welcome pack and explained to Young People and Parents when initially being introduced to the establishment.

#### 4.3 Induction and Monitoring

On joining the school /Residential Establishments and other settings, all new staff should have an explanation of the policy on physical restraint included in their induction programme.

### Whilst on duty, relief staff will be subject to the same departmental policies as contracted staff

Consideration should also be given to how supply teachers and other temporary relief staff are informed of school /Residential Establishments and other settings policy on physical restraint or whom they can call upon for support. It would be advisable that training is delivered as part of the formal in-service programme.

In the event of an allegation involving supply teachers Children, Schools and Families Personnel should be informed immediately

The school /Residential and other setting's recording system should be used to monitor the use of physical restraint in order to check that all staff apply the school / setting's policy in a consistent manner.

#### **4.4** Professional support

Staff are free to discuss their actions with a professional colleague if they so wish and should seek further advice from a Professional Association or Trade Union. Initially, the discussion / debriefing should be with a senior member of staff.

#### **4.5** Review

It is strongly recommended that schools /Residential Establishment and other settings review their policy on physical restraint with the whole staff, six months after its introduction and thereafter on an annual basis.

All staff should be asked to contribute to reviews and should be fully informed of the outcome.

Schools / Residential Establishments along with other settings are strongly advised to retain evidence of this review cycle for OfSTED and Local Authority monitoring.

**4.6** Supply agencies in Cornwall will be sent copies of this policy and there is an expectation that their staff will be informed.

#### **SECTION 5: CHILD PROTECTION**

#### INTRODUCTION

Procedures set out in the South West Child Protection Procedures require headteachers (or chairs of governors) and managers within Residential Establishments to consult with the Quality Assurance & Safeguarding Children Unit following the receipt of an allegation that a member of staff may have abused a child. This does not necessarily mean that a child protection investigation will take place.

The following guidance is intended to assist headteachers, governing bodies and managers in making decisions as to whether the reported action or behaviour should be dealt with in accordance with the child protection procedures.

#### Context

It is not intended that this guidance should deter routine physical contact between staff and children / young people. Physical contact may be necessary on occasions to restrain or protect a child / young person. Staff should feel able to provide appropriate comfort to ease a child / young person's distress, although in such situations consideration should always be given to the wisdom of being alone with the child / young person (see Appendix 3).

Physical contact should not be in response to, or be intended to arouse sexual expectations or feelings.

The age, gender, culture and particular needs of the child / young person should also be considered in deciding proper physical contact.

In touching a child / young person the member of staff should always be aware of the possibility of invading the child / young person's privacy and should respect the child / young person's wishes and feelings.

#### Guidance

#### **Physical Injury**

The following actions set out in (a), (b) and (c) below will be considered as unacceptable professional conduct. They could also include a potential criminal offence and may need to be investigated through child protection procedures. However, it is expected that in deciding whether to consult with the Quality Assurance & Safeguarding Children Unit the head teacher / manager would take account of the circumstances surrounding the incident. In the first instance the headteacher / manager must seek advice from Cornwall Quality Assurance & Safeguarding Children Unit who will be able to assist in determining the appropriate course of action.

If the headteacher / manager decides not to consult he / she will need to consider what other action may need to be taken (eg disciplinary action, informal warning) and record this accordingly.

- a) A member of staff slaps, punches, pinches or hits a child / young person
- b) A member of staff hits a child / young person with an object or implement
- c) A member of staff deliberately pushes a child / young person

#### Allegation against a Headteacher or Manager

When it is suspected that a headteacher or manager has failed to follow the Local Authority guidelines for the use of physical restraint, Children, Schools and Families Personnel should be contacted. Advice will be given as to whether it will be necessary to initiate child protection procedures.

#### **SECTION 6: DEALING WITH COMPLAINTS**

- Any complaint arising from the use of physical restraint must be fully considered in light of existing routes of investigation; ie:
  - a) Statutory routes which must include child protection (Social Care);
  - b) Other routes including disciplinary procedures (Personnel);
  - c) BeeLine, Advocacy, Childline etc.
- 6.2 Once routes outlined in 6.1 above are exhausted or not applicable, the matter should be dealt with in accordance with the school / setting's normal complaints procedure.

Child protection procedures are set out at: <a href="www.swcpp.org.uk">www.swcpp.org.uk</a> and advice should be sought from the Single Referral Unit (0300 123 1116).

#### 6.3 Handling pupil complaints when force is used against them

- All complaints about the use of force should be thoroughly, speedily and appropriately investigated.
- 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.
- When a complaint is made the onus is on the person making the complaint to prove that his/her allegations are true it is not for the member of staff to show that he/she has acted reasonably.
- Suspension must not be an automatic response when a member of staff
  has been accused of using excessive force. Schools should refer to the
  "Dealing with Allegations of Abuse against Teachers and Other Staff"
  guidance where an allegation of using excessive force is made against a
  teacher. This guidance makes clear that a person must not be suspended
  automatically, or without careful thought.
- Schools must consider carefully whether the circumstances of the case warrant a person being suspended until the allegation is resolved or whether alternative arrangements are more appropriate.
- If a decision is taken to suspend a teacher, the school should ensure that the teacher has access to a named contact who can provide support.
- Governing bodies should always consider whether a teacher has acted within the law when reaching a decision on whether or not to take disciplinary action against the teacher.
- As employers, schools and local authorities have a duty of care towards their employees. It is important that schools provide appropriate pastoral care to any member of staff who is subject to a formal allegation following a use of force incident

#### **SECTION 7: TRAINING**

- 7.1 The level of training in the use of physical restraint will vary from school to school / setting to setting depending on the particular establishment and patterns of child / young person behaviour. Within residential establishments all staff will be trained essentially due to the changing nature of the client groups and behaviour. It is recommended that at least one member of staff in every school should attend the Local Authority training course which will be available at a nominal charge. In Social Care settings all staff will be trained in Team Teach however the use of physical intervention will vary, depending on the particular setting and patterns of client behaviour. All staff should be fully conversant with the school / Residential Establishment and other setting's guidelines for the use of physical restraint and should share good practice in an open manner. Staff should also be shown how to record details of any incident involving physical restraint.
- 7.2 Any in-service training on the use and techniques of physical restraint must only be given as part of a programme which puts its use within a full context of care and control. This training should include:
  - Creating a positive climate;
  - Involving children / young people themselves in pre-emptive work, discussing the issues of acceptable behaviour;
  - Dealing with hostility to avoid spiralling tension;
  - Defusing aggression;
  - Managing aggression in a non-violent manner;
  - All aspects of administration including completion of forms and gathering of evidence.
- 7.3 Cornwall Local Authority will continue to deliver training in behaviour management. In addition, the Local Authority now has a team of trainers who are licensed to provide training in 'TEAM TEACH' which is the Local Authority's preferred approach to positive handling strategies. Training will be provided at a Local Authority level and by request at a whole school level or establishment level. Head teachers and managers may wish to access other forms of positive handling training; it is advised to ensure that any form of physical restraint (positive handling) training has been fully accredited by the British Institute of Learning Disabilities (BILD) as well as authorised by the Authority.

For further information regarding training please contact:

TIM DAVIS Team Leader Behaviour Support Service or Sandy Chapman, Senior Manager Social inclusion & SEN Support Services 01872 327511

**7.4** Schools /Residential Establishment and other settings must keep an up to date record of all training undertaken and all staff trained in Restrictive Physical Intervention approaches.

#### **7.5** Public Liability Insurance

The public liability / employers liability policy indemnifies all employees against claims from third parties or fellow employees. As long as staff are working within the scope of their duties and in the course of their employment, they will not be held personally responsible for any action of negligence. Cornwall Council will take over the defence of any action.

Therefore, those members of staff who are trained to train others in positive handling strategies are deemed to be qualified by a nationally accredited organisation are indemnified in the event of any claim being made against them.

#### Frequently asked questions

### Q. I'm worried that if I use force a pupil or parent could make a complaint against me. Am I protected?

A. Yes, if you have acted lawfully. If the force used is reasonable all staff will have a robust defence against any accusations.

#### Q. How do I know whether using a physical intervention is 'reasonable'?

A. The decision on whether to physically intervene is down to the professional judgement of the teacher concerned. Whether the force used is reasonable will always depend on the particular circumstances of the case. The use of force is reasonable if it is proportionate to the consequences it is intended to prevent. This means the degree of force used should be no more than is needed to achieve the desired result. School staff should expect the full backing of their senior leadership team when they have used force.

#### Q. What about school trips?

A. The power may be used where the member of staff is lawfully in charge of the pupils, and this includes while on school trips.

#### Q. Can force be used on pupils with SEN or disabilities?

A. Yes, but the judgement on whether to use force should not only depend on the circumstances of the case but also on information about the pupil concerned.

## Q. I'm a female teacher with a Year 10 class - there's no way I'd want to restrain or try to control my pupils. Am I expected to do so?

A. There is a power, not a duty, to use force so members of staff have discretion whether or not to use it. However, teachers and other school staff have a duty of care towards their pupils and it might be argued that failing to take action (including a failure to use reasonable force) may in some circumstances breach that duty.

### Q. Are there any circumstances in which a teacher can use physical force to punish a pupil?

A. No. It is always unlawful to use force as a punishment. This is because it would fall within the definition of corporal punishment, which is illegal

# APPENDIX 1: SUGGESTED FORMAT FOR INCIDENT REPORT (NUMBERED PAGES)

This form is to be completed by the member of staff involved in the incident, where appropriate, with support from a senior colleague and in accordance with the school / Residential Establishment and other setting 'Positive Behaviour Policy and Guidance' and Local Health and Safety policy. It should be noted that this is a legal document and is designed to protect the interests of children / young people and staff. Any incident involving handling a child / young person as a result of a crisis MUST be recorded within 24 hours and given to the Headteacher or Cornwall Council Residential Services Manager.

Child/ Young P's Name:					Date of Birth/NC Year Group:						
Class:					Tutor:						
Date of Incident:					Time of Incident:						
Reported by:					Location:						
Staff involved:											
Others present:											
Antecedent (situa	tion p	rior to	incident and	deta	ils of incide	ent)					<u>;</u>
Behaviour (descri	be the	actua	l behaviour o	of tho	se concern	ed)					
(4,555).						Juj					
Assault on (	Child	/ You	ng Person				Injury	to /	Adult		
Serious assault / p	olice ir	nvolve	ment		Accidenta	al					
Physical Harm					Deliberat	e assa	ult by p	upil			
Dama	ige to	Prop	erty				Absc	ond	ing		
Accidental					Within the grounds						
Intentional					Off premises						
Sexua	lised	Behav	viour		Substance Abuse						
All categories					All catego	ories				H	
									0: 55		
THREATENING BEHAVIO	DUR								Staff	Pu	pils
Verbal abuse towar	ds										
Physically threaten	ing be	haviou	ır towards								
			Accider	nt/In	jury to Pu	ıpil					
During incident		First /	First Aider		Hospital				GP		
During handling		Body	Map used		Accident Log Of			Other			
Pos	sitive	Hand	ling Strateg	y {In	accordanc	e with	policy o	guid	ance}		
Held by 2 or more Friendly			Friendly ho	ld				e of four hold			
Holding only Si			Single elbow			Wrap – for smaller child					
			Double elbe	OW	Shield						
Cradle Hold Kne			Kneeling ho	old		Wrap to floor					
Inside double elbow Position – s				standi	nding/sitting/kneeling/prone						
<u>L</u>											

**NUMBERED PAGE** 

Follow Up	Conseque Action Taken		aies Used		Identify any v	/isible inju	ries
Individual counselling Removal from area	R o p	Removal of orivilege etter nome					
		You	ng Person/	Pupil Cor	mment		
		D	ebrief of St	aff Invol	ved		
:	Senior Staff (	Comment	~ Further	Action Re	equired ~ Less	ons Learnt	
Does this chi	ld / young per	son have a	behaviour i	mprovem	ent plan / IEP /	IBP?	Y / N
Is one neede	d / or needs a	mending?					Y / N
Agenc	ies informed	:			Comment		
Police Involve	ement						
Social Care							
Safeguarding	Unit						
Parents							
Local Authori	ty						
Other							
lle e el :	/ Carri		For office	use only	<b>/</b> :		
Head teacher Manager (Re				Copies to			
				School /	Residential		

Establishment or other Setting Incident no:

Child Incident no:

Blank Page (Space for further comments)	NUMBERED PAGE

#### Suggested Restraint Incident Report Book (Front Page)

This book consists of a set of incident reports bound with numbered pages, alongside this summary record sheet. An incident report form in this book should be filled in after a critical incident in which a child / young person has had to be held, in accordance with established school / setting policies and procedures. Reference to relevant care plans and risk assessments to be included This book should be held securely but staff should have access to it.

The purpose of this summary record sheet is to see at a glance patterns in terms of children; staff; times; and places. This is to assist in proactive planning in order to take every precaution to avoid such incidents.

Child's Name	Date / time	Location	Why Held	Main hold used	Staff involved	Beh. Plan in place Y / N	Child debriefed	Staff debriefed

# APPENDIX 2 – SUGGESTED FORMAT OF BEHAVIOUR MANAGEMENT PLAN

### **Behaviour Management Plan** (Including Positive Handling Strategies) Name of Client: Date of Birth: Trigger Behaviours (describe common behaviours / situations which are known to have led to positive handling being required. When is such behaviour likely to occur? Topography of Behaviour: (Describe what the behaviour looks/sounds like? Preferred Supportive Strategies: (other ways of CALMing such behaviours) (Describe strategies that, where and when possible, should be attempted before positive handling techniques are used) eg Verbal advice and support Reassurance Planned ignoring CALM talking / stance Take up time Time out offered Choices / Limits / Consequences Transfer Adult Negotiation Distraction (known key words, Humour Success Reminder object, etc) Others **Preferred Handling Strategies:** (describe the preferred staff responses/holds, standing, sitting, ground, stating numbers of staff, what "gets out" that can be used when holding etc) **De-briefing process following incident:** (what care is to be provided)? **Recording and notifications required: Signatures** Manager / Designated member of staff:.... Parents / Carers: Date: ...../ ....../

Renewal Date: ...... / ....... / ..........

<sup>\*</sup>Acknowledgements to Pencalenick School, Truro for this form

# APPENDIX 3: EXAMPLES OF CARING, SUPPORTIVE AND THERAPEUTIC CONTACTS

CARING RESPONSES					
(a)	Greetings		Handshake, hand on hand, arm on shoulder and spontaneous hug!		
(b)	Personal Care		Washing hands / face, brushing / combing hair, cleaning wounds on head / limbs		
			Assistance with toileting, clothing, cleaning and general washing and drying for the very young and as appropriate for some young people with special needs with due respect for personal privacy and dignity		
			Assistance with mobility for some young people as required		
Supportive Responses					
(a)	Accident Prevention		Holding forearms or elbows, eg to support balance		
			Supporting body, head and limbs for disabled young people to meet individual need		
			Adjusting equipment and outer clothing		
(b)	Skill Promotion		Correcting hand, finger, arm and body position in the use of instruments, tools and implements		
			Correcting body position in the acquisition of a sporting skill, eg holding a racket or performing a headstand in gymnastics		
			Preventing inappropriate body movements and facilitating appropriate ones for some young people with special needs		
			Physical prompting techniques in modelling behaviour		

THERAPEUTIC RESPONSES					
(a)	Comforting Contact		Holding hands, hands on shoulders, arms around shoulders		
			Sitting on one's lap (as appropriate to the child / young person's age, gender and needs)		
(b)	Therapeutic Contact		Physiotherapy		
			Hydrotherapy		
			Holding techniques		
			Halliwick method (swimming)		
			Sherbourne technique (movement)		
			Administration of medication		
Non	ACCEPTABLE RESPONSES				
Avo	id		Contact with parts of the body other than shoulders, arms and hands in all but exceptional circumstances, eg staff working with physical disabled pupils. Teachers responsible for physical education should refer to BAALPE - Safe Practice in Physical Education. Another exception would be sitting a young child / young person on one's lap		
Avo	id id any contact		Contact when a child / young person is in a reactive emotional state unless essential for reasons of safety.  When alone with a child / young person unless it is clearly relevant		
			(a) to teaching a skill eg individual instrumental tuition; or		
REM	IEMBER		<ul> <li>(b) to the need for dignity of disabled young people eg when helping with toileting the way our behaviour is experienced and interpreted may not match our intentions, however well meaning! Children / young people should always be helped to understand the purpose of physical contact</li> </ul>		

# APPENDIX 4: MODEL SCHOOL / SETTING POLICY ON THE USE OF FORCE TO CONTROL OR RESTRAIN CHILDREN AND YOUNG PEOPLE

#### **INTRODUCTION**

This policy is based on guidance outlined in DFE (July 2011) Use Of Reasonable Force. The circular refers to the Education and Inspections Act 2006 which clarifies the position regarding the use of physical force by teachers and other staff working in schools, to control or restrain pupils. Staff should also refer to the whole school positive behaviour policy on behaviour and discipline.

#### PART I

Staff should refer to the Local Authority policy 'Guidelines for the Use of Physical Restraint in Schools and Social Care Settings' for more detailed advice. This is available in:

### INDICATE WHERE THE COUNTY POLICY IS STORED IN THE SCHOOL or SETTING

**At NAME OF SCHOOL / SETTING.** School / Setting we believe that the use of reasonable force is only necessary to prevent a pupil from:

- Committing a criminal offence
- Injuring themselves or others
- Causing damage to property, including their own
- Engaging in any behaviour prejudicial to maintaining good order and discipline at the school or among any of its pupils, in the classroom during a teaching session or elsewhere, such intervention would only occur if normal positive behaviour management had not worked.

Headteachers and Managers need to clarify which adults are empowered to use restraint. They can nominate here, specific members of non teaching staff to apply physical restraint or assume that 'staff' referred to in this policy applies to all employed adults on site. All teachers are empowered to restrain.

The use of restraint should always be a last resort. If practical before intervention, a calm warning or instruction to stop should be given and every effort should be made to achieve a satisfactory outcome without physical intervention. In all circumstances help must be sent for, even when immediate intervention is necessary.

Restraint can take a variety of forms, many of which are outlined in DFE (July 2011) Use Of Reasonable Force and in the Local Authority guidelines referred to above. Staff should always avoid touching / holding a pupil in a way that might be considered inappropriate. Force, where used, should always be reasonable. There is no definition of 'reasonable force'; it should always be proportional to the circumstances of the incident. It should be used only to control or restrain and never with the intent to cause pain or harm. It must, therefore, be the minimum needed to achieve the desired result. In any action, due regard has to be taken to the age, understanding and sex of the child / young person.

Regular changeovers of staff should where possible occur during a protracted holding episode, the child / young person must continue to be given opportunities to calm and de-escalation strategies should be attempted. Team Teach techniques seek to avoid injury to the child / young person, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the child / young person remains safe. Any adjustments to professional technique are examined in the recording and reporting phase of the procedures in light of any issues arising out of a crisis episode.

The school / setting accepts and understands that in accordance with the law corporal punishment is forbidden.

#### PART II

Where restraint has been necessary, the incident must be reported to a senior colleague NAME THEM IF POSSIBLE and logged. A report should be written and filed using the Local Authority forms which can be obtained from:

### OUTLINE HERE THE PLACE WHERE THE FORMS ARE STORED IN SCHOOL / SETTING

In the event of an injury occurring, the appropriate H/S61 or HSW5 must be completed and the accident reporting procedures must be followed. Parents / carers of the children / young people involved will always be advised of an incident and it may be necessary for it to be followed up by other disciplinary action or pastoral support.

One (perhaps more in a large school)

Head teachers to decide

member(s) of staff will be provided by the Local Authority with training on the use of restraint

and will be expected thereafter to arrange guidance for all other staff members both teaching and non-teaching. All parents / carers must be made aware this policy. All new members of staff, part time staff and supply staff will be expected to read this policy.

A policy on restrictive physical intervention (positive handling) should be an integral but discrete element of the school / setting's individual behaviour management policy. Should schools / settings wish to devise their own policy it is recommended that it should be organised into sections covering the following:

- introduction
- school / setting expectations
- positive behaviour management
- risk assessment and planning for use of restrictive physical intervention (positive handling)
- use of restrictive physical intervention in unforeseen and emergency situations
- post-incident support
- reporting and recording use of restrictive physical interventions
- monitoring use of restrictive physical interventions
- responding to complaints
- staff training.

#### <u>Issues for schools / settings to address:</u>

- 1. Which staff other than teachers, will be authorised to use restrictive physical intervention (rpi) in your school?
- 2. By what process will staff be elected and authorised to use rpi in your school?
- 3. In what situations would the school consider it appropriate for teachers and other authorised school staff to use rpi?
- 4. What kinds of actions would be viewed as using reasonable physical intervention in your school?
- 5. What kind of actions involving use of physical intervention would be viewed as unwarranted, excessive or punitive in your school?
- 6. What course of action will be taken in the event of staff failing to comply with this policy?
- 7. How will the school involve parents / carers and others who know the child / young person in the process of developing individual behaviour management plans?
- 8. What process is to be used to agree and ratify individual behaviour management plans for use in school?
- 9. How will individual behaviour management plans be recorded?
- 10. What action does the school intend to take to assess and manage the risks presented by children / young people?
- 11. What action will the school take to assess techniques and methods for implementing planned use of physical intervention?

- 12. What kinds of unforeseen or emergency situations might staff find themselves in within your school? What techniques will the school / setting acknowledge for use in these situations? How would such incidents be reported?
- 13. Who will provide staff and children / young people with support after incidents?
- 14. Who will check for injuries, provide first aid and arrange for medical aid?
- 15. Who will report injuries to HSE?
- 16. How are incidents to be reported, recorded and notified?
- 17. How will the school monitor and evaluate the use of physical intervention?
- 18. How will incident monitoring inform risk assessment and management?
- 19. How will complaints be investigated and by whom?
- 20. How will you choose who should be trained in your school?

#### **Preferred Practice**

#### <u>DO</u>

- Wherever possible <u>plan appropriate positive intervention</u> and involve parents / carers and colleagues.
- Know the procedures within the school / setting's guidelines for the use of physical restraint.

A copy of these are available from ......Discuss these with a senior member of staff if you are unsure of any point.

- Be aware of children / young people who have been physically restrained before and what happened.
- <u>Send for adult help</u> early if things begin to get out of hand and restraint seems likely.
- <u>Assess</u> the situation <u>before acting</u>.
- Stay calm do not over-react.
- Use minimum restraint for minimum time until the situation is calm.
- Report the incident to the headteacher or senior member of staff as soon as possible and complete a report form.
- <u>Consult</u> your Line Manager, Professional Association or Trade Union if you have any concerns.
- Remember your <u>professional obligations</u> to all children / young people in your care.

#### DO NOT

- <u>Place yourself at risk</u>: do not attempt to restrain a child / young person who obviously carries a "weapon".
- Attempt to restrain a child / young person when you have lost your temper.
- Allow the situation to get out of control.
- <u>Use unreasonable force</u>.
- Place yourself at risk of false allegation: avoid being alone with any child / young person.

#### **APPENDIX 5: ADVICE SHEET**

#### PHYSICAL INTERVENTIONS - POSITIONAL ASPHYXIA

Deaths during and following restraint continue to occur in the UK in a variety of workplace settings. It is essential that all staff are made aware of the potential dangers associated with restraints, understand their mechanisms and can recognise their early signs.

#### **BACKGROUND**

A number of adverse effects (including some deaths) have been reported following the application of restraints. These deaths have been attributed to positional asphyxia (asphyxiation resulting from an individual's body position). Adverse effects of restraint include being unable to breathe, feeling sick or vomiting, developing swelling to the face and neck and development of petechiae (small blood-spots associated with asphyxiation) to the head, neck and chest. This advice sheet serves to remind staff of the dangers of restraint and signs of impending asphyxiation.

#### MECHANICS OF BREATHING

In order to breathe effectively, an individual must not only have a clear airway but they must also be able to expand their chest, since it is this that draws air into the lungs. At rest, only minimal chest wall movement is required and this is largely achieved by the diaphragm and the intercostal muscles between the ribs. Following exertion, or when an individual is upset or anxious, the oxygen demands of the body increase greatly. The rate and depth of breathing are increased to supply these additional oxygen demands. Additional muscles in the shoulders, neck, chest wall and abdomen are essential in increasing lung inflation. Failure to supply the body with the additional oxygen demand (particularly during or following a physical struggle) is dangerous and may lead to death within a few minutes, even if the individual is conscious and talking.

#### **POSITIONAL ASPHYXIA**

Any position that compromises the airway or expansion of the lungs may seriously impair a subject's ability to breathe and lead to asphyxiation. This includes pressure to the neck region, restriction of the chest wall and impairment of the diaphragm (which may be caused by the abdomen being compressed in a seated kneeling or prone position). Some individuals who are struggling to breathe will 'brace themselves' with their arms: this allows them to recruit additional muscles to increase the depth of breathing. Any restriction of this bracing may also disable effective breathing in an aroused physiological state.

There is a common misconception that, if an individual can talk, they are able to breathe. This is not the case. Only a small amount of air is required to generate sound in the voice box, a much larger volume is required to maintain adequate oxygen levels around the body, particularly over the course of several minutes during a restraint. A person dying of positional asphyxia may well be able to speak prior to collapse.

When the head is forced below the level of the heart, drainage of blood from the head is reduced. Swelling and blood spots to the head and neck are signs of increased pressure in the head and neck which is often seen in asphyxiation.

A degree of positional asphyxia can result from any restraint position in which there is restriction of the neck, chest wall or diaphragm, particularly in those where the head is forced downwards towards the knees. Restraints where the subject is seated require particular caution, since the angle between the chest wall and the lower limbs is already partially decreased. Compression of the torso against or towards the thighs restricts the diaphragm and further compromises lung inflation. This also applies to prone restraints, where the body weight of the individual acts to restrict the chest wall and the abdomen, restricting diaphragm movement.

#### RISK FACTORS FOR POSITIONAL ASPHYXIA

Any factors that increase the body's oxygen requirements, (for example, physical struggle, anxiety and emotion), will increase the risk of positional asphyxia. A number of specific risk factors are listed below:

- Restriction of or pressure to the neck, chest and abdominal
- Prolonged restraint after physical struggle causing fatigue
- Restraint of an individual of small stature
- Any underlying respiratory disease (eg asthma)
- Obesity
- Alcohol or drug intoxication (alcohol and several other drugs can affect the brain's control of breathing and an intoxicated individual is less likely to reposition themselves to allow effective breathing)
- Unrecognised organic disease
- Psychotic states
- Recent head injury

 Presence of an 'excited delirium state', a state of extreme arousal often secondary to mania, schizophrenia or use of drugs such as cocaine, characterised by constant, purposeless activity, often accompanied by increased body temperature. Individuals may die of acute exhaustive mania and this may be precipitated by restraint asphyxia.

A COMBINATION OF CHEST WALL AND ABDOMINAL RESRICTION IN A SEATED, KNEELING OR LEANING FORWARDS POSITION IS PARTICULARLY DANGEROUS.

ANY SEATED HOLDS THAT CAUSE SUCH RESTRICTIONS TO OCCUR SHOULD NOT BE USED IN ANY CIRCUMSTANCES.

IN CONTROLLING AN INDIVIDUAL IN A SEATED POSITION, PARTICULAR CARE MUST BE GIVEN TO KEEPING THE SEATED ANGLE AS ERECT AS POSSIBLE.

SUBJECTS MUST BE METICULOUSLY OBSERVED AND MONITORED ACCORDING TO THE ADVICE ON THIS SHEET.

#### **IMPORTANT WARNING SIGNS ACTIONS** ✓ An individual struggling to breathe ✓ Immediately release or modify the restraint as far as possible to effect the ✓ complaining of being unable to breathe \* immediate reduction in body wall restriction ✓ Evidence or report of individual feeling sick/vomiting ✓ Immediately summon medical attention and provide appropriate first aid in line ✓ Swelling, redness or blood spots to face with unit policy or neck ✓ Not breathing? Administer rescue ✓ Marked expansion of the veins in the neck breaths ✓ Subject becoming limp or unresponsive No pulse? Start CPR ✓ Change in behaviour (BOTH) **✗** Complete report ESCALATIVE AND DE-ESCALATIVE) ★ Attend post incident de-briefing ✓ Loss of or reduced levels of consciousness ★ Respiratory or cardiac arrest \* Some subjects may complain of being unable to breathe to get staff to release the restraint. Staff should never presume that this is the case and should release or modify

**NB**: Subjects may complain of being unable to breathe to get staff to release a restraint. Staff should never presume this to be the case and should release/modify the restraint to reduce body wall restriction.

#### **ACKNOWLEDGEMENTS**

the restraint to reduce the amount of body

wall restriction.

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## APPENDIX 6: SAMPLE SCHOOL/SETTING PROSPECTUS STATEMENT

Restrictive Physical Interventions (RPI) / Team Teach
We pride ourselves at \*\*\*\*\*\*\*\*\* on providing a safe learning environment for
our pupils. Sometimes, some of our children may get anxious or agitated – we
will do our best to help pupils to calm down using communication skills,
distraction techniques and removing triggers where possible.

However, there may be times when children need more help to calm down – this may require staff physical support to ensure the pupil's own safety, the safety of other pupils and staff, or that property is not seriously damaged. This can require physical interventions. At \*\*\*\*\*\*\*\*\*, we have trained in the Team Teach approach to manage challenging behaviour. Most of our teaching and non-teaching staff have been trained in the use of this approach and we have \*\*\*/staff/tutors in school who carry out initial training, ongoing refresher training, and advise staff on managing behaviour.

All incidents where children need to be held to help them to calm down are recorded in school and parents are informed as a matter of course. Children who are likely to need help in this way will have an Individual Behaviour Management Plan that will be discussed with you and consistently followed by all school staff. We will also ask you to share this information with other people/agencies supporting your son/daughter, e.g. transport, respite, link family, etc.

# APPENDIX 7: SAMPLE POST INCIDENT LETTER TO PARENT(S)/CARER(S)

Dear Parent/Carer

Today your son's/daughter's behaviour became extremely challenging and as such posed a health and safety risk to themselves, other children and /or staff. Staff supported him/her by following their agreed Individual Behaviour Management Plan to reduce the risk and help him / her to calm down and regain control of themselves.

Although we followed their Individual Behaviour Management Plan and tried everything we could to calm them down, at some point during the incident it was necessary to use Team Teach techniques to hold them safely – we tried everything we could to avoid this, but it was decided that it was the best risk reduction option for everyone involved, including your son/daughter.

Your son/daughter has been checked by the school nurse and/or school staff with a First Aid qualification and monitored since the incident, but we would ask that you keep an occasional eye on them for the next few hours to ensure they are O.K. - breathing should be regular and complexion should be normal. Should you have any concerns about your child's health, please seek medical advice.

Should you wish to discuss the incident or how it was managed please contact school/setting on \*\*\*\*\*\*\*\*\*\* and the Headteacher/Head of Centre will be happy to talk to you about it.

Please sign and return the slip below to school/setting as soon as possible. Please be assured that your son/daughter's health and safety is our highest priority and we will do all we can to safeguard their welfare whilst managing to the best of our ability such challenging behaviour. Yours sincerely.

	Headteacher/Head of Centre			
Behaviour	Behaviour Management			
I confirm that during an in-	at I have received a letter about my child being restrained cident.			
Please tick t	he following boxes as appropriate:-			
I would like	me into school to discuss this further someone from school to ring me to discuss this further about the way in which my child's behaviour is managed at			
Signed				
Parent/Carer of	Date			

If you would like further copies of this document, please contact:

Sandy Chapman
Senior Manager Social Inclusion & SEN Support Services
Children, Schools and Families
Room 414
Sedgemoor Centre
Priory Road
St Austell
PL25 5AB
01872 327511
schapman@cornwall.gov.uk

If you would like this information in another format please contact:

Cornwall Council County Hall Treyew Road Truro TR1 3AY

Telephone: **0300 1234 100** 

Email: <a href="mailto:enquiries@cornwall.gov.uk">enquiries@cornwall.gov.uk</a>

www.cornwall.gov.uk