



Borough of Poole Children & Young People's Services

THE USE OF PHYSICAL OR RESTRICTIVE INTERVENTION IN EDUCATIONAL SETTINGS & CHILDREN'S SERVICES

Agreed by: Children's Services Management Team May 2013
Review due: May 2016

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1. How to use this document

- 1.1. Sections 1 to 14 of this policy apply to all Borough of Poole maintained schools, educational settings, care settings and other Children's Services for children and young people.
- 1.2. The Policy will be available for other schools and Children's Settings for them to use or reference in their Behaviour Management Policies.
- 1.3. The Policy does not apply to under 5 year olds, and staff working with these young children. Safer Working Practice Guidance will be helpful to practitioners in this area of work and settings will have behaviour management policies and procedures to ensure best practice.
- 1.4. Section 15 details setting specific information for Schools and Educational Settings, Foster Care and Children's Social Care

1.5. Additional useful documentation can be found in the appendices.

2. Aims and Principles

2.1. The Local Authority's duty of care extends to those children and young people in educational and social care provision outside Poole, or in non-maintained schools within Poole. The LA is responsible for ensuring that the policies and practice within such schools and informal educational establishments are consistent with Department of Education, Department of Health and acceptable to the LA.

2.2. The Borough of Poole Local Authority (LA) aims to promote the use of effective intervention strategies in its work with children and young people. In some contexts and situations it is recognised that there are a very small number of children and young people for whom physical and restrictive intervention is likely to form part of the range of strategies necessary to meet their needs, to ensure their safety and the safety of others.

2.3. It is important to ensure that all adults working with children and young people are clear about their role in their setting, in order that their own rights, and those of the children or young people 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.

2.4. 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 any situation through calm, positive actions, communication at all times and offering clear options.

2.5. The Local Authority has a commitment to improving the quality and effectiveness of its practice. This is achieved through ongoing monitoring and evaluation of the effectiveness of systems and procedures within settings. Feedback from children and young people and their families, from staff and from other adults who visit those settings is essential. Systems available for feedback need to allow for open and honest reporting of concerns especially from the children and young people in whose interests we are acting.

2.6. The Local Authority will monitor and collect data from all Physical Intervention forms that are returned to them.

2.7. The Local Authority, as an employer, recognises its responsibility for the health and safety of staff at work. Staff at all levels need to be confident in their ability to meet their responsibilities in managing challenging behaviour. They also need to be safe.

2.8. Local Authority services to schools and other settings include adults who work with pupils on an individual basis, at home or in other venues. Where a member of staff employed by the Borough is working in an individual capacity

with a child or young person 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.

2.9. The Local Authority recognises the importance of multi-agency working to ensure consistency at all levels and expects individual setting policies to reflect this. This policy which is the policy of the Borough of Poole may also be adopted or referred to by other agencies. The policy also has the support of the LSCB

2.10. The Local Authority will commission services and provision for children and young people and in doing so will consider whether that service might have a need for their own behaviour management policies. The Local Authority will make this policy available to anyone working with Poole children to adopt or refer to. Commissioned Services or providers who use physical intervention with children and young people will make reports of these incidents to the Local Authority. This will most frequently be in special day or residential education or social care settings where regulations make clear the need to record and report on any incidents.

3. Policy Objectives

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

3.2. This Policy will follow Government guidance and support and encourage best practice by providing guidance to adults working with children and young people on the circumstances in which physical and restrictive intervention may be used.

3.3. It will 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.

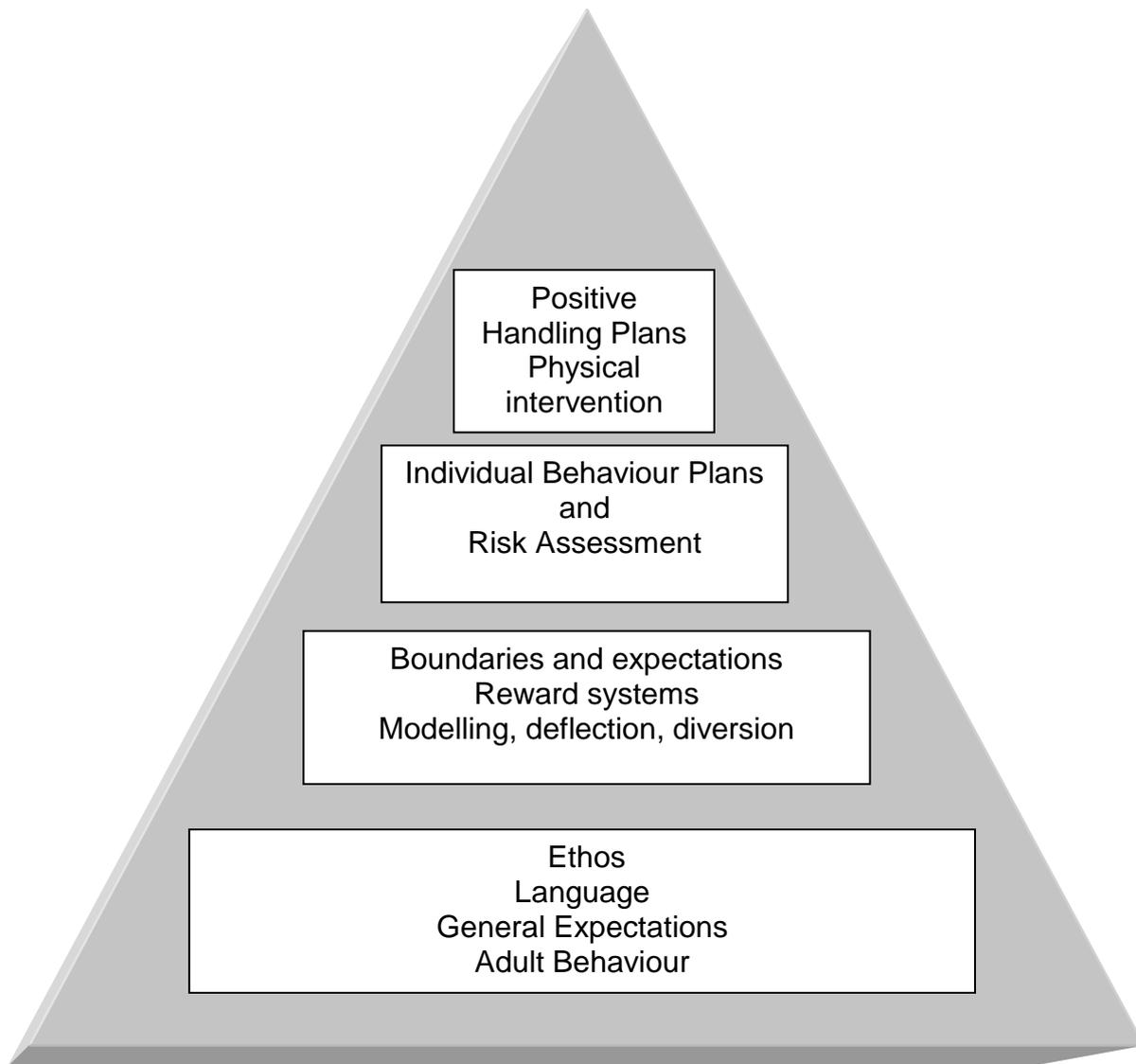
3.4. It will emphasise that the use of force will always act as a last resort and will only be seen as appropriate when appropriate alternative strategies have been explored.

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

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

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

4.1. The pyramid below represents the staged process of intervention for behavioural difficulties. The majority of pupils in our schools and informal education provision will have their needs catered for at the lower end of the pyramid. This policy refers specifically to Individual Behaviour plans and their associated risk assessments and especially to Positive Handling Plans and Physical Intervention as a last resort.



Behaviour management for all children

4.2. All adults working with children and young people need to develop basic skills in dealing with challenging behaviour and situations. They will be supported to have an understanding of which actions are likely to defuse a situation rather than exacerbate any difficulties.

- 4.3. Behaviour policies for each children's service and setting will set out the agreed responses to specific behaviours.
- 4.4. Each setting will be aware of the resources they have available for managing behaviour, including the use of designated safe spaces (See [Appendix D](#)) and be clear in which scenarios different approaches are most constructive.
- 4.5. All adults working with children and young people need to understand their role in applying the behaviour policy for their setting. Children and young people 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.
- 4.6. Where a child or young person's behaviour does not respond to the normal range of strategies used to manage problem 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, emotional needs, skill levels, emotional maturity). The aim should be to seek to reduce the necessity for escalation and thus avoid physical intervention.
- 4.7. It is important to recognise that challenging behaviour serves a function for the individual engaged in that behaviour. The behaviour may signify that they do 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. Challenging behaviour may also be an indicator that the child or young person is experiencing difficulty in another area of their life and a holistic assessment of the young person's needs is important, rather than a focus on managing behaviour.

5. Individual behaviour plans

- 5.1. 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 be incorporated as part of an individual education or other plan. It will contain reference to the following:
 - a) a functional analysis of the behaviour
 - b) intervention planning
 - c) monitoring and review arrangements

See [Appendix A](#) for further details

- 5.2. 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

- 6.1. 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 use of safe spaces) or support will be needed in different situations in order to ensure that an individual's behaviour will not threaten safety.

6.2. 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.

6.3. In some circumstances it may be necessary to avoid a particular activity because of the level of risk posed to the child / young person or others. However, adults working with children and young people will need to be mindful of the potential for 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.

6.4. It is best practice to involve all of the services working with a child or young person in this risk assessment and planning

See [Appendix B](#) for sample risk assessment form. It is acknowledged that some services will have their own risk assessment forms appropriate for use in this task.

7. Positive Handling Plans

7.1. 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 positive handling 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.

7.2. It is however crucial 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 C](#)). This should be preceded by an in depth risk assessment. Some agencies will want to manage this planning process using different formats.

7.3. Any physical intervention recommended in a positive handling plan needs to be justified through evidence of:

- 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

- 7.4. 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.
- 7.5. 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 or restrictive intervention.
- 7.6. 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 contra-indicated because of personal characteristics or health/medical factors.
- 7.7. A Positive Handling Plan identifies the specific intervention that will be sanctioned for use, and under which circumstances.
- 7.8. 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.
- 7.9. Each plan should include clear criteria for when a particular physical intervention, including the use of safe spaces, 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.
- 7.10. 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. The aim should be to seek to reduce the necessity for physical intervention.
- 7.11. Reviews of Positive Handling Plans and their impact on the child's well being and responses to these interventions on their challenging behaviour should continue to include details of environmental changes, the views of the child, those with parental responsibility and other agencies. The benefit of other teaching opportunities and the provision of particular resources or

activities should be repeatedly revisited to help the individual to learn to meet their own needs through more appropriate behaviour.

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

8.1. All settings and service areas will have a mechanism for agreeing who will be authorised to use physical intervention. The factors to consider include: staff training; legislative requirements; needs of the children and needs of the setting or service area.

9. The use of physical intervention

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

9.2. 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.

9.3. 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 the necessity for physical intervention, and to seek on an ongoing basis to reduce the frequency of use, or intensity of that intervention.

9.4. 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. Staff are not expected to work their way through a hierarchy of increasingly restrictive interventions.

9.5. 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.

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

9.7. 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 take more control of their own behaviour.

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

9.9. 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.

- 9.10. 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.
- 9.11. 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 on themselves or others.
- 9.12. Physical intervention is not appropriate for some young people with particular 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. It should only be used with due care where there are medical concerns.
- 9.13. 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.

10. The Legal Position

- 10.1. Section 15 of this document details additional legislation related to various service settings.
- 10.2. There is no legal definition of when it is reasonable to use force. That will always depend on the precise circumstances of individual cases. However to be judged lawful the degree of force must be the minimum to achieve the desired result and proportionate to the consequences that it is intended to prevent.
- 10.3. Use of force cannot be justified to prevent trivial misbehaviour. How trivial the behaviour is depends on circumstances, for example a child breaking a pencil may not be regarded as trivial if the pencil is used as a weapon to poke another child in the eye. (The positive handling plan is a useful tool in clarifying these difficult legal situations).
- 10.4. 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).

11. Recording

11.1. There are two recording and reporting mechanisms that are relevant:

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

11.2. Incidents involving physical or restrictive intervention require a physical intervention report ([see Appendix E](#)). If someone involved sustains an injury then both reports must be completed and submitted.

11.3. 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.

11.4. 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.

11.5. 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.

11.6. The following key details should be recorded before the relevant staff leave the premises:

- i. An overview of the circumstances leading to the use of physical intervention.
- ii. The intervention(s) used.
- iii. The length of time that each intervention was used before calming/release.
- iv. The staff members involved.
- v. Any injury caused to any individual.
- vi. The child's well-being, response to the intervention and their views.
- vii. Any need for follow up action.

11.7. 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 form for recording the use of physical or restrictive intervention is in [Appendix E](#). A copy of this form should be placed on the child or young person's file, and a further copy sent to the address on the form following the use of such intervention. Different services may have additional recording procedures and will make these clear to people working in the relevant settings.

11.8. 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 or young person 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.

- 11.9. Parents/carers should be informed promptly of the use of physical interventions unless it has been specifically recorded in the child or young person's behaviour plan that parents have requested to be informed on a regular but not necessarily immediate basis. If a child in care is injured during a restraint the Social Worker needs to be informed immediately.

12. Review of the incident

- 12.1. 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.
- 12.2. In the majority of 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 and young people will be given appropriate opportunities to contribute. The aim of a review is to discover what happened and why in order to assist in planning for the future, not to apportion blame or punishment. However, in some situations there may be disciplinary actions needed where interventions have been used inappropriately.
- 12.3. 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.
- 12.4. Reviews should aim to assess:
- i. The effectiveness of primary measures in reducing the likelihood of challenging behaviour.
 - ii. The effectiveness of secondary measures in de-escalating a developing situation.
 - iii. The effectiveness of positive handling strategies, including physical intervention, in bringing a situation to a safe conclusion.
 - iv. The longer term impact on the individual and others of the use of physical or restrictive intervention.
 - v. The contexts in which challenging behaviour is less likely to occur – what is different?
 - vi. The potential consequences of not using a restrictive intervention.
 - vii. Any changes to the individual's circumstances or to the environment that may require the individual's plan to be modified.
- 12.5. 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/ 6 weekly. Reviews should

be carried out more frequently if the behaviour is especially challenging or if the intervention appears to exacerbate the behaviour.

- 12.6. For some children and young people 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.

13. Complaints and Allegations

Complaints

- 13.1. Parents, young people and children have a right to complain about the actions taken by local authority / education staff. Complaints can be made from a variety of sources, not just from the parent, young person or child involved.
- 13.2. The full involvement of those with parental responsibility following an incident of physical intervention should minimise the likelihood of complaint.
- 13.3. 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.
- 13.4. 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

- 13.5. Managers and staff should be aware of Pan Dorset Inter-Agency Safeguarding Procedures Chapter 3.9 '[Managing Allegations Against People Who Work With Children](#)'¹. This Procedure is provided to give guidance on managing allegations against people who work with children. It is relevant in relation to behaviour management policies as there will be times when allegations related to the use of behaviour management will be made.
- 13.6. Chapter 3.9 should be used when 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.

¹ Available on the Bournemouth and Poole LSCB website.

There is 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.

13.7. 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 safeguarding lead.

13.8. This section does not seek to replicate Chapter 3.9, but it is important to know that if an allegation or disclosure is made, the person receiving this should not investigate it, but make a note of what has been said, ensure the child or young person's immediate safety and report the allegation to the Designated Safeguarding Person in the school / organisation. The Designated Safeguarding Person will consider whether the allegation meets the threshold above and if it does, they will contact the Local Authority Designated Officer (see contact details in [Appendix F](#)) before doing anything further so that the appropriate action can be taken to safeguard the child and to undertake appropriate investigation into the allegation.

13.9. The Local Authority Designated Officer's role is to:

- Be involved in the management and oversight of individual cases which meet the threshold set out above;
- Provide advice and guidance to employers and voluntary organisations;
- Liaise with the police and other agencies
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

13.10. For the purpose of this Policy, it is sufficient that those working with children and young people understand the role of LADO in allegations and the threshold for their involvement. Concerns below the threshold for allegations will be treated as a complaint.

14. Staff Training

14.1. All staff that 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.

14.2. 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.

14.3. In line with the Borough's policy, it is important that any training promotes a preventative methodology and emphasises that restrictive and physical intervention should be used as a last resort.

14.4. 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.

14.5. The British Institute of Learning Disabilities (BILD) has established a system of accreditation and have a web site (www.bild.org.uk) where training organisations and accredited courses are displayed. The Borough strongly recommends following a training package that has been accredited through BILD.

14.6. Details of training courses available through the Borough of Poole, which are relevant to the use of physical and restrictive intervention, including early preventative measures, and risk assessment, are published on the Borough's CPD website. For further advice see contacts in [Appendix F](#).

Specific Setting Guidance

15. Schools and Educational Settings

15.1. The full Department for Education guidance document – [*The use of Reasonable Force – Advice for head teachers, staff and governing bodies*](#) (March 2012). The following is the Borough of Poole Local Authority setting specific guidance for educational settings and a brief summary of the DfE guidance.

15.2. 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.

15.3. The guidance makes it clear that all members of a school staff have a legal power to use reasonable force.

15.4. 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.

15.5. 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. **It is always unlawful to use force as a punishment.**

15.6. There is no legal requirement to have a school policy on the use of force. It is good practice to 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. No school should have a policy of 'no physical contact'. 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.

15.7. It is up to schools to decide whether it is appropriate to report the use of force to parents. The DfE guidance outlines the factors that should be taken into consideration when making these decisions.

- 15.8. Poole Borough Policy, in line with best practice, notes that currently schools and educational establishments are required to keep contemporaneous written records of all incidents where physical or restrictive intervention has been used. A bound incident book with numbered pages should be used to record basic details, where possible on the same day, but always within 24 hours of the incident (books are available from teamteach.co.uk/shop). A copy of Poole Physical Interventions Record Sheet ([Appendix E](#)) should be sent to the Strategy Manger for SEN (see [Appendix E](#))
- 15.9. In circumstances where physical intervention is being considered for the first time in a Poole educational setting as a planned form of intervention with a specific pupil, it is advised that schools contact the Strategy Manager SEN at Children, Young People and Learning for further guidance (see [Appendix F](#) for details).
- 15.10. 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.'
- 15.11. Within Poole Montacute School currently offers a 1 day Team Teach course for staff of mainstream schools (see [Appendix F](#) for contact details). Team Teach training is also available from other providers including the Team Teach Organisation. The training that Team Teach provides is consistent with the guidance in this policy and meets the requirements for accreditation through BILD. Team Teach offers a number of appropriate packages for schools and educational settings focussing on 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. Team Teach can be contacted at www.team-teach.co.uk.
- 15.12. The Special Schools and Quay School in Poole have selected Team Teach as their preferred training model for training on physical intervention.
- 15.13. The Borough of Poole informs schools when a pupil who has been identified as being at risk of displaying extreme behaviour is due or is likely to be placed there. 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 or young person starts at a new school.
- 15.14. 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 or young person has had a chance to settle in. See [Appendix B](#) for sample risk assessment form.

- 15.15. Risk assessments and positive handling plans should be put in place for all pupils who might need a physical restraint, and any planned use of physical intervention should be compatible with a pupil's statement of special educational need and properly documented in school records.
- 15.16. 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 reaction.
- 15.17. The school may need to designate staff to be called if incidents related to a particular pupil occur.
- 15.18. Pupils who are at risk should be taught how to communicate in times of crisis and strategies to use in a crisis, (such as communication passports and non-verbal signals to indicate the need to use a designated quiet area). Staff need to be aware of these strategies.
- 15.19. Staff should be aware of the school's policy as part of their induction process.
- 15.20. An up to date record of all staff permanently authorised to make physical interventions should be kept.
- 15.21. Head teachers and managers are responsible for the safety and well being 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.
- 15.22. 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.
- 15.23. 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.
- 15.24. Complaints should be dealt with under the school's complaints procedure.
- 15.25. If an allegation of abuse is made against a member of staff the school needs to follow guidance set out in Pan Dorset Inter-Agency Safeguarding Procedures Chapter 3.9 '[Managing Allegations Against People Who Work With Children](#)'².

² Available on the Bournemouth and Poole LSCB website.

15.26. The DfE guidance has further details regarding, [‘What happens if a pupil complains when force is used on them.’](#)

15.27. Should concerns be expressed in regard to a Team-Teach hold an advanced trainer will be available for advice and if required reference will be made to an advanced trainer from outside of the Borough.

16. Foster Care

16.1. Foster carers are trained in behaviour management and de-escalation skills and have available to them a number of resources for advice and support.

16.2. Information shared with carers prior to placement should identify any known risks in relation to behaviour and the carers will have a household safe care plan which sets out how they will maintain safety of everyone in the household. Risk assessment and multi-agency individual behaviour plans will assist the carer.

16.3. It is not expected that foster carers will be involved in physical intervention, but there will be situations where they have to do so to prevent injury. They are offered guidance about this in their training and handbook. There is a reporting procedure available, both to report the incident and the welfare of the child or young person and to report the welfare of the carer.

16.4. The Fostering Service will ensure that any incidents are followed up with a review of the risks / interventions and whether support / services provided are sufficient.

16.5. In the rare circumstances that assessments and plans indicate the need for foster carers to use physical intervention as part of a Positive Handling Plan, training will be provided.

17. Social Care

17.1. Social workers, social work assistants and sessional workers employed by social care will all work with children and young people who may have behavioural difficulties.

17.2. Planning the work to be undertaken with a child or young person will be informed by the principles of this policy. Multi-agency behaviour plans and risk assessments will assist practitioners to understand the risk, identify triggers and know the best de-escalation techniques to use with a child or young person.

17.3. Where risks are identified as high, it may be appropriate for two workers to be present in visits to undertaken pieces of work.

17.4. It will be unusual that social care practitioners are expected to use physical interventions, and where they are training will be provided.

Appendix A – A Framework for Intervention for Challenging Behaviour

This Appendix is school-oriented but will help other professionals working with children and young people.

Functional Assessment

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 positive outcome the behaviour is leading to. 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 a functional assessment. This is done through carrying out an in depth analysis of the behaviour, and what goes before and after it. 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. Interventions will include:

Proactive Intervention – moving things forward

- Changing systems and expectations and reorganising the context such as the classroom, playground or daily routine to remove or reduce the impact of difficulties in the learning/social environment.
- Improving the child's capacity to change by teaching them the skills they lack.
- Providing support to enable them to cope better with difficulty.
- Providing motivation to increase the likelihood that the child or young person will apply the new skills they have learned.
- Addressing issues outside of the classroom setting.

Reactive Intervention – stopping things getting worse

- Identifying reactive strategies - actions to take to respond to the behaviour in the short term, giving time for long term measures to take effect.

Long-term nature of interventions

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 child, but not prepare them for times outside of any protected environment.
- Teaching new skills will be effective only if the child has the confidence and motivation to apply them, and they are effective for the child'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.

Four elements of Planning

Any intervention needs to combine four elements:

1. Changing the environment and the behaviour of others

Make changes in the context, such as the class, school or other setting and other people's behaviour that take into account the impact on the child or young person of:

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

2. Teaching new skills

Recognise that the child does not have the necessary skills to cope with the demands being placed upon them and so needs additional teaching or access to experiences that will help them to develop their skills. Teaching may be needed to develop:

- Academic Skills
- Communication skills
- Coping Skills
- More appropriate skills to reduce problem behaviour

3. Providing motivation

Identify 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

4. Reactive strategies

Identify short term responses to problem behaviour that will

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

RISK ASSESSMENT GRID (A)**Name of Assessor(s):****Area of need:** emotional, behavioural and social/ communication and interaction**Name:****Class/Tutor group:****Year Group:****Date:**

	Access/space	Furniture	Equipment	Seating arrangements	Groupings	Other
Classroom						
Toilet						
Cloakroom/ Changing room						
Sports Hall, Gym						
Canteen/dining hall.						
Playground						
Internal thorough-fares						
External thorough- fares						
Other e.g. swimming pool/ time out room/ Transport Team						

Copies to: Headteacher, Parent/Carer, SENCo, Class/Subject Teachers, Child [where appropriate] Copies to other staff at the discretion of the Head teacher, including those involved in transport, e.g. Escorts.

Appendix C
Borough of Poole
Positive Handling Plan (PHP)

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

In Poole every pupil who has been physically restrained on more than one occasion has 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 PBMP was started..... Date of this update.....

1. Summary of range of challenging behaviours exhibited to date:

2. The purpose of the challenging behaviour:

3. Triggers leading to / causing the challenging behaviour:

4. Teaching targets for more effective behaviours:

-
-
-
-
-
-

5. Environmental changes to support effective behaviour:

6. The programme of positive reinforcement and appropriate sanctions:

7. Early warning signs of challenging behaviours:

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

9. Further personal intervention techniques that we may need to use in the future:

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

Appendix D

Safe Spaces

1. Scope

Safe Spaces are known to be in use in special schools and mainstream schools.

2. Definitions

Time out – a way to re-direct someone to a calmer environment and the person does this with verbal prompting and support from staff.

Seclusion – where a person is forced to spend time alone in a room against their will. A reactive strategy used during periods of distress where an individual is at risk of harming others and the only alternative would be prolonged Restrictive physical intervention.

Safe space – is the preferred term used for the room in which seclusion will occur. ‘Safe space’ refers to any space with the door closed that provides safety for the child and others. The child has a temporary period of loss of liberty.

3. Legal Considerations

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

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

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

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

Additionally;

- In schools Restrictive Physical Intervention may be justified:
 - to prevent the committing of any offence, or
 - to maintain good order and discipline.
- In social care settings Restrictive Physical Intervention may be justified:
 - to prevent the running away of any child or young person “lawfully detained” (usually a child or young person remanded to local authority accommodation).

4. Principles

The principles set out in the wider Physical Intervention Policy apply.

Safe spaces are to be used only as a behaviour management strategy. It is never to be used, threatened or portrayed as a punishment or used for staff convenience.

Children and young people will have the right to be free from unreasonable, unsafe or unwarranted use of safe spaces.

Safe spaces are to be used only when a child's behaviour presents an imminent risk of harm to self or others and where less restrictive interventions have not been effective.

Where safe space is used, there should be a programme to reduce its use; for the child to develop independence in managing their own emotions and behaviour.

The use of a safe space will be for minimum time and if a child has not settled within 20 minutes an alternative strategy should be sought. If the safe space is used beyond 20 minutes there should be a justification of why this was the best approach.

Medical conditions may preclude the use of safe spaces for particular children and this must be considered before their use.

5. Areas used as Safe Spaces

Some settings will have purpose built or purchased safe spaces. It has not been possible to identify evidence-based specifications for these areas, but the following are basic expectations:

- Child will be able to see out
- Staff member who is supporting the child will remain in the room, where it is safe to do so. Where it is not safe they will be outside, observing continually and will be able to see in.
- No specific size specification is available, but it would be good practice to have enough space that the child can lie down in the area
- Safe spaces may have handles or zips configured in a way that prevents the child gaining sufficient leverage to open the door against the wishes of the supporting adult, the child will be evacuate in the event of an emergency.
- Safe spaces should be considered from a safety perspective. No access to electrical or mechanical equipment should be possible and it may prove necessary to have light switching for the room externally positioned.
- The furniture in the room should be kept to a minimum, but might include cushion-matting, bean bags or cushions.
- Drinking water can be available in a child's drink bottle
- The room should afford minimum stimulation.

6. Decision-making

The Head of a school is responsibility for delegating responsibility to all or some staff within schools to use physical intervention, including the use of safe spaces. Schools will include the use of safe spaces in their behaviour policies.

7. Parental involvement

Parents will be involved in the planning to manage behaviour in schools, including the use of reasonable force through physical intervention.

The use of safe spaces will be discussed in this planning. Where the need for the use of the safe space is not anticipated, but is then needed parents will be informed and the behaviour plan reviewed to include the use of safe spaces, where needed.

Parents will be notified of every incident of physical intervention undertaken in a setting. . To alleviate anxiety schools may choose to allow parents to see the designated safe space and have its use explained to them.

8. Monitoring the effectiveness of Safe Spaces / Impact on child

There will be continuous observation of the child by an adult.

The impact of the use of safe spaces will be reviewed after every incident and it is hoped that the safe space will have a positive effect on a child or young person being able to manage their behaviour. Where the use of safe spaces is seen to have a detrimental effect its use will be reviewed and alternative measures sought.

Evidence of safe spaces being effective might be that the child or young person uses the safe space independently as a time out space.

9. Reporting

The physical intervention reporting form will be used in all schools to record incidents, including the use of safe spaces. These will be collated in the Education Psychology Service and reviewed to understand how physical intervention is being used and to provide support and challenge alongside scrutiny.

Informed by

BILD - website

National Autism Guidance on 'Use of Restrictive Physical Interventions in NAS Schools and Services Policy'

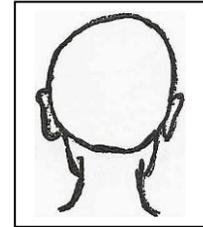
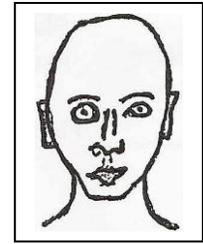
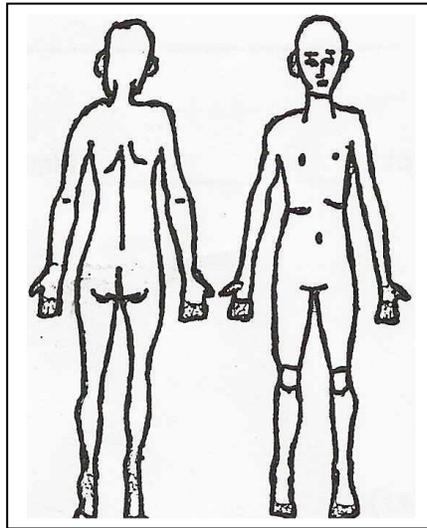
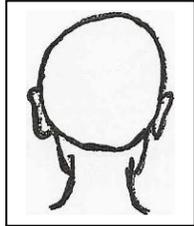
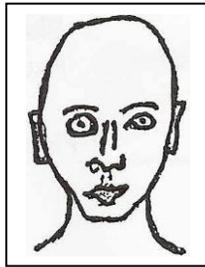
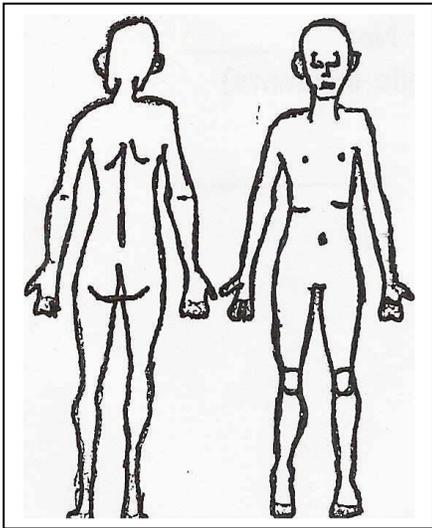
ADCS – 'Protocol for local children's services authorities on restrictive physical interventions in schools, residential and other care settings

Appendix E

Poole Intervention Record Sheet

SEND COMPLETED FORM TO MARY CHAMBERLAIN, CYPIS, DOLPHIN CENTRE, POOLE.

Student Name:		Physical Intervention Book Entry No:	
Day:	Date:	Time:	School/Location:
Setting:			
Trigger (Cause of upset):			
Behaviour:			
Staff Action:			
Outcome/Consequences:			
Tick if this is a new behaviour: <input type="checkbox"/>			
Possible strategies to employ if the incident is repeated:			
What do you think would have happened had you not intervened?			
Do amendments need to be made to the pupil's Behaviour Support Plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please comment here:			
If other forms were completed please state what they were and their numbers:			
Staff member completing the form:		Training (Adv/foundation)	
Other staff involved:	Name_____	Training (Adv/foundation)	
	Name_____	Training (Adv/foundation)	
	Name_____	Training (Adv/foundation)	
Non/Accidental Injury to Student: (delete as appropriate)	Non/Accidental Injury to Staff: (delete as appropriate)		



Indicate location of injury to staff

Physical Intervention used:

Pupil Name: _____

If any of the following interventions are used, tick box/boxes to indicate.

Physical Intervention and Outcome

Note: **PI** (Physical Intervention)/**RPI** (Restrictive Physical Intervention)–see Physical Intervention Policy

Type of Physical Intervention or support strategy	Specific Technique used	Duration mins: secs	Type of Physical Intervention or support strategy	Specific Technique used	Duration mins: secs
Friendly hold			Breakaway Technique	Clothing hold response	
Restrictive Physical Intervention	Single Elbow		Calming down time/time to refocus	Bite response	
	Front Ground Recovery			Hair grab response	
	Figure 4 (1 person)			Neck grab response	
	Double Elbow				
	T Wrap				
Other	Safe Space				

Note: All must be recorded in the Physical Intervention Book (kept in staff room)

Additional action/comments by Principal/Head of School:

What behaviour was the child/young person presenting that warranted restraint? (Please tick appropriate boxes)

- At risk of injury to self or others
- At risk of significant damage to property
- Compromising good order and discipline
- At risk of committing a criminal offence

Name of person who checked the child for injuries: _____

Parents informed by: Direct contact Phone Book Letter

Additional comments

Head of Behaviour support Signature: _____ Date: _____ PLEASE

Appendix F

Information and Guidance on Physical Intervention

Borough of Poole contacts

Name	Role	Telephone / E-mail/other contact details
Dave Cooper	Team Teach Advanced Tutor Montacute School	01202 693239 Dave.cooper@montacute.poole.sch.uk
Mary Chamberlain	Strategy Manager SEN	01202 262259 m.chamberlain@poole.gov.uk
Julie Murphy John McLaughlin Jill Aiken	Local Authority Designated Officer	John McLaughlin j.mclaughlin@poole.gov.uk 01202 714677 Jill Aiken jill.aiken@poole.gov.uk 01202 714747 Julie Murphy juliemurphy@poole.gov.uk 01202 633694
Karen Mayo	Representations and Complaints Children's Services, Borough of Poole	01202 714740

APPENDIX G

Equality Impact Assessment screening record

Service:

Borough of Poole Children's Services

Title of strategy, policy or service:

The use of physical or restrictive intervention in educational & children's services settings

Type of strategy, policy or service (delete below as appropriate):

Existing:

New/proposed:

Changing/Update/ revision

Q1 – What is the aim of your strategy, policy, project or service?

To provide clarity to those working across Children's Services about the use of physical or restrictive intervention in educational and other settings.

Q2 – Who is the strategy, policy, project or service going to benefit?

It will benefit children and young people as Children's Services staff will be following clear guidance.
It will benefit families who understand what is happening in the care of their children.
It will support staff to understand their role and responsibilities and offer them protection from unfounded allegations.
It will benefit the Borough by providing clarity of expectations in the use of physical or restrictive intervention

Q3 – For each equality group, does or could the strategy, policy, project, or service have an impact?

Group	Negative	Positive/ No impact	Don't know
Age	<input type="checkbox"/>	Positive	<input type="checkbox"/>
Disability	<input type="checkbox"/>	Positive	<input type="checkbox"/>
Gender Reassignment	<input type="checkbox"/>	No impact	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	No impact	<input type="checkbox"/>
Race	<input type="checkbox"/>	No impact	<input type="checkbox"/>
Sex	<input type="checkbox"/>	No impact	<input type="checkbox"/>

Sexual orientation	<input type="checkbox"/>	No impact	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	No impact	<input type="checkbox"/>
Relationships between groups	<input type="checkbox"/>	Positive	<input type="checkbox"/>
Other socially excluded groups	<input type="checkbox"/>	Positive	<input type="checkbox"/>

Q4 – Does or could the area being looked at help to promote equality?

Group	Negative	Positive/ No impact	Don't know
Age	<input type="checkbox"/>	Positive	<input type="checkbox"/>
Disability	<input type="checkbox"/>	Positive	<input type="checkbox"/>
Gender Reassignment	<input type="checkbox"/>	No impact	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	No impact	<input type="checkbox"/>
Race	<input type="checkbox"/>	No impact	<input type="checkbox"/>
Sex	<input type="checkbox"/>	No impact	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	No impact	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	No impact	<input type="checkbox"/>
Relationships between groups	<input type="checkbox"/>	Positive	<input type="checkbox"/>
Other socially excluded groups	<input type="checkbox"/>	Positive	<input type="checkbox"/>

Q5 – Do you have any feedback from equality groups that influence, affect or shape this strategy, policy, project or service? Is it ...

Group	Negative	Positive/ No impact	Don't know
Age	<input type="checkbox"/>	<input type="checkbox"/>	Not collated
Disability	<input type="checkbox"/>	<input type="checkbox"/>	Not collated
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	Not collated
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	Not collated
Race	<input type="checkbox"/>	<input type="checkbox"/>	Not collated
Sex	<input type="checkbox"/>	<input type="checkbox"/>	Not collated
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	Not collated
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	Not collated
Relationships between groups	<input type="checkbox"/>	<input type="checkbox"/>	Not collated
Other socially excluded groups	<input type="checkbox"/>	<input type="checkbox"/>	Not collated

Q6 If the answer to questions 3 - 5 are negative or don't know you must consider doing a full EQIA. If you do not intend to carry one out explain why

The policy is based on the premise of minimal intervention, and where intervention is needed it is planned and shared. Individual plans will consider the impact for each

child or young person which will capture any issues around disability or social exclusion.

This screening identifies that at present there is no collation of feedback on physical intervention from equality groups and this may need to be built into future work in this area.

Q7 – Who was involved in the screening?

Jill Aiken

Screening approved by: Mary Chamberlain

Date: May 2013