

**A PROTOCOL FOR LOCAL
CHILDREN'S SERVICES
AUTHORITIES ON RESTRICTIVE
PHYSICAL INTERVENTIONS IN
SCHOOLS, RESIDENTIAL AND
OTHER CARE SETTINGS FOR
CHILDREN AND YOUNG PEOPLE**



**Association of Directors of Children's Services Health,
Care and Additional Needs Policy Committee Task
Group**

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Purpose of the Protocol

The purpose of this protocol is to offer guidance to local authorities on the use of Restrictive Physical Interventions (RPI) in schools, residential and other care settings for children and young people.

Defining Restraint, Restrictive Physical Intervention (RPI) and the use of Reasonable Force

Restraint refers to;

“The act of managing or exerting control by restraining someone or something.”

(Compact Oxford English Dictionary)

Physical Intervention and Restrictive Physical Intervention have been jointly defined by the Department for Children, Schools and Families (formerly the DfES) and the Department of Health.

“Restrictive physical interventions involve the use of force to control a person’s behaviour and can be employed using bodily contact, mechanical devices or changes to the person’s environment.”

(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; DfES LEA/0242/2002)

Guidance from the DCFS states that;

“There is no legal definition of when it is reasonable to use force. That will always depend on the precise circumstances of individual cases. To be judged lawful the force used would need to be in proportion to the consequences it is intended to prevent. The degree of force used should be the minimum needed to achieve the desired result.”

(DCFS The Use of Force to Control or Restrain Pupils (2007))

Legal context

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).

Underlying principles

Restrictive Physical Interventions should be only be used when a situation warrants immediate action. De-escalation techniques should always be used to avoid the need to employ a Restrictive Physical Intervention, unless the risk is so exceptional that it precludes the use of de-escalation.

The de-escalation techniques should be appropriate to the child or young person, acknowledging that the member of staff may not speak the child or young person's first language or that the child or young person may not have sufficiently developed language skills to be able to respond to verbal de-escalations.

The use of Restrictive Physical Interventions is also governed by the principles of ethical practice. The intervention should;

- be in the best interests of the child or young person,
- be reasonable and proportionate to the circumstances,
- use the minimum force necessary for the minimum time necessary,
- be based on a comprehensive risk assessment,
- have regard for other young people or adults present, and
- respect the safety and dignity of all concerned.

Schools and children's homes should seek to reduce the need for Restrictive Physical Interventions as far as is practicable. Several steps have been identified to achieve this:

- maintain a positive culture
- promote ethical practice
- maintain a child-centred approach
- understand high risk behaviour or violent behaviour
- promote an awareness in staff of their own reactions to aggressive or violent behaviour and the effect of their mood on others
- promote self control in children and young people
- use authority appropriately
- maintain a policy to manage behaviour positively
- promote positive relationships.

Planned Restrictive Physical Interventions

The behaviour of a small number of children and young people may give rise to concern before they are admitted to a school or establishment. Additionally some children and young people may develop such behaviours following admission. In these cases a written plan to manage the child or young person's behaviour must be developed which must include intervention strategies.

The plan must be developed and agreed by the team or multi-disciplinary team, if more than one service is involved, and ideally with the child or young person, his or her carers and advocates and anyone who has Parental Responsibility. The plan

should be compliant with the school's or establishment's broader strategies for dealing with behavioural difficulties.

Unplanned Restrictive Physical Interventions

Unplanned Restrictive Physical Intervention may become necessary when a child or young person behaves in an unexpected way. The child or young person may not have a behaviour plan and trained staff may not be on hand. Unless the situation is urgent, staff should seek assistance from appropriately trained staff. Even if such assistance is not available the duty of care still remains and any response must be reasonable, proportionate and use the minimum force necessary to prevent injury and maintain safety, consistent with the circumstances and with any training the staff may have received.

Restrictive Physical Interventions should only be carried out by identified members of staff who have been appropriately trained. However it is recognised that in schools and other education settings some members of staff have a statutory power to use reasonable force by virtue of their job.

Recording and reporting

All incidents of Restrictive Physical Intervention must be recorded as quickly as possible and in any event within 24 hours of the incident in a way acceptable to the regulatory authority. In schools the Headteacher or a person acting on his or her behalf must be informed at the earliest opportunity. In a children's residential unit the incident must be reported to the Registered Manager. Parents should also be contacted as soon as practicable.

As a minimum the written record should include:

- the names of the staff and children or young people involved
- the date, time and duration of the intervention
- the reason for using a physical intervention, rather than using an alternative strategy
- the nature of any de-escalation used seeking to prevent the need to intervene physically

- the type of physical intervention used
- whether or not anyone was hurt, if so the action taken
- whether or not anyone was distressed, if so the action taken
- the views of the child or young person.

Recording Restrictive Physical Interventions serves several purposes, including:

- compliance with statutory requirements
- monitoring the welfare of children and young people
- monitoring staff performance
- identifying training needs
- contributing to service audits and evaluations
- details of how and when the incident was reported to parents / carers.

An example of a recording form is appended to this document that Local Authorities may wish to adopt.

Following up and de-briefing

As soon as possible after the incident the member of staff should be de-briefed by an appropriate manager. In a school this might be the Headteacher and in a social care setting, the Registered Manager or the person responsible for Restrictive Physical Intervention training. The de-brief should allow for reflection and the relevant manager should be prepared to deal with the emotions raised by the incident. The de-brief enables learning to take place and contributes towards professional development.

The response of the child or young person should be sought and he or she should also be allowed to reflect on the incident. The risk assessment should be reviewed.

Monitoring

Monitoring depends on good recording of episodes of Restrictive Physical Intervention and the use of a database may be advisable. Senior managers should monitor episodes of Restrictive Physical Intervention both individually and by

establishment. However narrative records will always be important for monitoring practice.

In schools, responsibility for monitoring the use of Restrictive Physical Interventions lies with the Head teacher who should provide an overview report at least annually of the incidence and management of RPI in the school to the Governing Body. In turn, the Governing Body, should also be aware of its duties to safeguard children and young people and should pay due regard to the Local Safeguarding Children Board's policies and procedures.

In residential establishments monitoring will take place as required by the Children's Homes Regulations. Local authorities may have additional requirements involving oversight by Elected Members and the Local Safeguarding Children Board.

Monitoring serves two purposes. At the individual level it allows for improved practice with the individual young person, whilst at the strategic level it has the potential to influence policy and practice.

Training

Whilst it is acknowledged that in schools and other education settings certain members of staff by virtue of their job have a legal right to use reasonable force, staff who may be called upon to use Restrictive Physical Interventions with children or young people should be appropriately trained. It can be dangerous to both children, young people and staff to use Restrictive Physical Interventions without training. The training should be placed within the ethos of the establishment and should stress that de-escalation is the preferred option. Ideally staff should be given time to develop relationships with the children and young people before they might have to use Restrictive Physical Interventions. Training should cover the use of release or break away techniques to cover the occasions where a child or young person has taken him or herself to the floor. The training should include managers as well as staff, all of whom should be medically fit to carry out Restrictive Physical Interventions.

Training is typically made up of five components:

- Induction training which will include dealing with challenging situations, the ethos of Restrictive Physical Interventions, principles and practice.

- Practitioner training which will include the management of challenge and the use of Restrictive Physical Interventions with children and young people.
- Trainer training to enable experienced workers to train others in their own place of work.
- Training managers to ensure they are able to fulfil their role in the use of Restrictive Physical Interventions with children and young people.
- Refresher and update training.

There is no national database of training providers and there are several hundred organisations which offer Restrictive Physical Intervention training. There is no mandatory accreditation scheme although the British Institute of Learning Disabilities (BILD) runs a voluntary scheme.

Procedures with elevated levels of risk

Some procedures are known to carry elevated levels of risk. The DfES document “*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*” (LEA/0242/2002) associates elevated levels of risk with techniques which:

- use clothing or belts to restrict movement
- hold someone who is lying on the floor or forcing them onto the floor
- restricts breathing or impedes the airways
- places someone in seclusion, where people are forced to spend time alone in a room against their will
- extend or flex the joints or put pressure on the joints, neck, chest abdomen or groin areas.

It is strongly recommended that such techniques should not be used. However if all other strategies and techniques have been tried and have proved inadequate, procedures with elevated levels of risk may be used in episodes of planned Restrictive Physical Intervention:

- following a thorough assessment of risk
- following a thorough evaluation of the child or young person’s needs
- by appropriately trained and skilled staff
- with the approval of senior managers.

The use of certain pain compliance techniques such as rib or thumb distraction may be justified in exceptional circumstances as part of approved breakout or break away techniques or when confronted with a weapon. However, the routine use of pain compliance techniques is not acceptable and indeed some techniques such as nose distraction and basket holds have been banned.

Recommendations

The Association of Directors of Children's Services' Health, Care and Additional Needs Policy Committee's Task Group recommends that each local authority:

1. agrees a policy on the use of restraint that applies to maintained schools, children's residential homes and other care settings for children and young people;
2. undertakes risk assessments in settings where Restrictive Physical Interventions of the highest level of risk are used in a planned way, or where they may be used in unplanned emergency situations;
3. promotes de-escalation techniques as the preferred option and ensures that where Restrictive Physical Interventions are used as a last resort they are reasonable, proportionate and used for the minimum time necessary, using the minimum force necessary;
4. ensures that the Restrictive Physical Intervention techniques used are non-pain compliant and are based on a variety of approaches that are appropriate to the young person's needs and understanding and propensity towards violent or aggressive behaviour;
5. ensures that staff are appropriately trained in Restrictive Physical Interventions by a training provider accredited by the British Institute of Learning Disabilities (BILD) or another recognised accreditation body which is acceptable to the regulatory authorities;
6. maintains a system of rigorous recording, monitoring and evaluation of incidents of Restrictive Physical Interventions at operational and strategic levels, especially where elevated levels of risk exist;
7. determines and adopts a process to involve the Local Safeguarding Children Board to resolve how and when incidents of RPI especially those involving elevated levels of risk may be referred through safeguarding procedures and which may result in formal strategy meetings.

THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS IN SCHOOLS, RESIDENTIAL AND OTHER CARE SETTINGS FOR CHILDREN AND YOUNG PEOPLE

An example of a Restraint Recording Form



**Association of Directors of Children's Services Health,
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RESTRAINT RECORDING FORM

Child's / Young Person's Name:	Date:	Time:
Report compiled by:	Restraint witnessed by:	
Location of incident:		

PLEASE MAKE SURE THAT AN INCIDENT REPORT HAS BEEN COMPLETED AND ATTACHED TO THIS FORM, THEN GIVEN TO THE HEADTEACHER / SERVICE MANAGER

1. De-escalation techniques used:

2. Why was the decision made to use restraint?

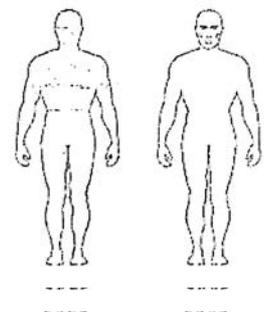
Was it:

- a) To prevent child / young person from committing a crime? []
- b) To prevent child / young person from causing injury to him/herself? []
- c) To prevent child / young person from causing injury to others? []
- d) To prevent child / young person from causing damage to property? []
- e) To prevent child / young person from causing serious disruption? []
- f) To prevent child / young person from running away? []
- g) Other? (Please specify) []

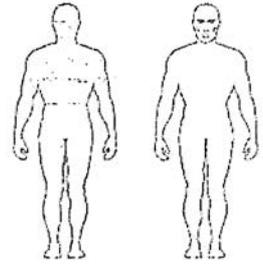
3. Description of physical restraint holds used:
(Please include the approximate time span of any holds)

4. Why was the restraint ended?

5. Did the child / young person suffer any injuries as a result of this incident?
Injury location and description



6. Did staff or others suffer any injuries as a result of this incident?
Injury location and description



POST INCIDENT INFORMATION (To be completed after form has been submitted)

7. Was any post-incident support offered and given to the child / young person?
- | | |
|--|-----|
| a) De-brief with Tutor / TA / Pastoral manager | [] |
| b) De-brief with member of Leadership Team / Service manager | [] |
| c) Other (please specify) | [] |
| d) Offer declined by child / young person | [] |
8. Was any post-incident support requested by and given to member of staff / other adult?
- | | |
|--|-----|
| a) De-brief with colleague | [] |
| b) De-brief with member of Leadership Team / Service Manager | [] |
| c) Occupational Health Counselling | [] |
| d) Not requested | [] |
9. Report read and discussed with child / young person Yes [] No []
- Child / young person agrees with content Yes [] No []

If no, what is the child's/young person's view? / If yes, does the pupil have any comment?

10. Parent/Carer informed of incident? (It may be most appropriate for a member of the Leadership Team or Service Manager to make this phone call, but please check that this happens).
- Yes [] No []

11. **Signature of person reporting to parent/carer(s)**

Signed _____ Print name _____ Date _____

12. **Signature of person submitting incident report**

Signed _____ Print name _____ Date _____

13. **Signature of Headteacher / Service Manager**

Signed _____ Print name _____ Date _____

Entered in Serious Incident Book

Log Number

Copies must be placed in Child's/Young Person's File and to Headteacher/Service Manager