



Knowles Junior School

Policy on The Use of Restrictive Physical Intervention with Children and Young People

Approved by Governors 31 March 2010



From Milton Keynes Safeguarding Children Board Procedures, August 2009

1. INTRODUCTION

The school is committed to the highest standard of protection of the children in our care. The focus of this policy is the effective management of challenging or inappropriate behaviour, and the appropriate use of restrictive physical intervention, when necessary, in these circumstances.

2. OBJECTIVES

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

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

2.3. For restrictive physical intervention to be used only as a last resort, to prevent injury to the child, others, or significant damage to property or to maintain good order and discipline.

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

3. DEFINITIONS

3.1. Restrictive Physical Intervention (RPI) is defined as “any method which restricts the movement of an individual by physical means, including mechanical means, holding and physical restraint.”

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

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

3.4. The term “Child(ren)” refers to all children and young people between the ages of 0 – 18 years and vulnerable young people up to the age of 19.

3.5. Management of behaviour refers to dealing with challenging/inappropriate behaviour

4. GENERAL

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

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

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

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

4.5. Every episode of restrictive physical intervention must be fully documented.

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

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

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

4.9. All agencies and schools within Milton Keynes must have their own clear, detailed and explicit policy, and procedures, on restrictive physical intervention and behaviour management, and a strategy for reducing restrictive physical intervention, appropriate to the environment, which are regularly reviewed and evaluated. Agencies own policies must be consistent with this Milton Keynes Safeguarding Children Board Policy on the Use of Restrictive Physical Intervention with Children & Young People. Agencies must inform children and their parents/carers of their policy and strategy.

4.10. Agencies are responsible for the health, safety and well-being of their employees, visitors and those within their care. Agencies have responsibilities to

assess risk related to restrictive physical intervention and must establish and maintain safe systems of work and ensure the provision of appropriate training and information about the children they are working with.

5. LEVELS OF INTERACTION TO MANAGE CHILDREN'S BEHAVIOUR

5.1. There are 3 levels of interaction which can be used as an attempt to manage children's behaviour:-

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

6. PREVENTATIVE STRATEGIES

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

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

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

- Behaviour Management/Care Plans or similar tools assist in identifying a child's specific needs, areas that have caused conflict in managing a child's behaviour and detail strategies that have been used to manage them. The plan will therefore give staff information about where issues of control may cause problems. This information will be most effective where children, staff, parents and other agencies are working in partnership to devise, monitor and regularly review plans. Where plans are in place it is important that these are followed.
- Good quality information and communication provide staff with possible trigger points that may predict and prevent conflict.

- Risk assessment should be based on the individual child and wider factors affecting them, e.g. the group dynamics, previous history.
- Plans and risk assessments should take account of specific needs for example children with disabilities or speech and language difficulties.
- Preventative strategies should aim to include an understanding of the context in which conflict may arise.
- Diverting attention may avoid conflict by giving the child space, offering opportunity for the child to back down without losing face, or for staff to negotiate, compromise and apologise where appropriate.

7. USE OF RESTRICTIVE PHYSICAL INTERVENTION

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

7.2. A range of legislation and guidance exists (see section 4) regarding the criteria under which restrictive physical intervention can be used in different settings. Each agency's own written policy must reflect the legislation and guidance applicable to the agency and should consider the risks and welfare issues for children, staff and others who may be affected. Restrictive physical intervention must only be used, when necessary, to:-

- Prevent risk, injury or danger to the child
- Prevent risk, injury or danger to others
- Prevent serious damage to property
- *Maintain good order and discipline (schools only - used only as a last resort and in accordance with the school's policy)*

7.3. The decision to use restrictive physical intervention lies with the staff present at the time and can only be made on the assessment of risk at the time. This must include the risk to staff from the use of, or failure to use, restrictive physical intervention.

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

7.5. If restrictive physical intervention is required, only that force necessary to prevent injury or damage must be used and must be proportionate to the risk presented.

8. DOCTRINE OF MINIMUM FORCE

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

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

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

9. PERMISSABLE RESTRICTIVE PHYSICAL INTERVENTION

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

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

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

9.4 Only approved restrictive physical intervention techniques must be used. The responsibility for approving a method of restrictive physical intervention lies with the governing body of the agency or organisation. In doing this the governing body must be satisfied that the method approved is safe and appropriate to the needs of the children and the agency and addresses the demands of day to day practice.

10. FOLLOWING USE OF RESTRICTIVE PHYSICAL INTERVENTION

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

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

physical intervention. Where not available, the child must be closely monitored by staff.

10.3. The child's parent/carer must be informed at the earliest opportunity and in accordance with the agency's own procedures.

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

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

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

10.7. Professional judgement will need to be made as to when to return the child to the group. It must not be done to humiliate or confer status on the child.

10.8. Following an incident all parties will need to talk about/debrief the restrictive physical intervention. The purpose of this is to:-

- Reflect upon and analyse the incident and understand why the restrictive physical intervention took place.
- Discuss what action could prevent this in the future
- Consider whether the child's individual needs, including diversity, have been considered and addressed
- Review the child's Behaviour Management/Care Plan or similar
- Identify any further post-incident support which may be required.

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

10.10. If a serious incident has occurred, a person with overall responsibility / manager may need to have a formal recorded meeting with the child to outline the unacceptable nature of the behaviour and future action that may be taken should this behaviour be repeated.

10.11. The child may wish to make a complaint following an incident or discuss the incident further with a member of staff, parent/carer or Independent Person. If a complaint is made the agency must follow their internal complaints procedure/MKSCB Allegations Against Staff, Carers & Volunteers procedure as appropriate.

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

11. RECORDING AND REPORTING

11.1. All agencies must develop their own agreed format and documentation for recording any incident, in accordance with the expectations outlined in 13.2. An incident must be clearly recorded in written format and reported by a member of staff involved in restrictive physical intervention within 24 hours. This will include ensuring that other staff are aware of any incidents that have taken place.

11.2. Staff will complete a written incident report which must include:

- The child(ren)'s details
- Time, date and duration
- Location
- Why the incident occurred
- Circumstances leading up to the incident
- Strategies employed to attempt to de-escalate the situation and prevent the incident occurring
- What actually happened
- Full names of staff involved
- Full names of all witnesses
- Who did what
- Reasons for the use of restrictive physical intervention
- Detail of holds used
- Detail of resolution
- Support provided following incident
- Record of any injury and any medical attention required
- Signature by the author

11.3. All staff involved in the restrictive physical intervention must produce a written report.

11.4. Every agency must maintain a record detailing every incident of restrictive physical intervention and a record of any sanctions imposed. Other records such as daily record sheets, communication logs, accident reports etc must also be completed as required by the agency.

11.5. The Incident report, following completion, will then be reviewed by the agency's Manager for evaluation and comment.

11.6. The Manager or a nominated member of staff will ensure the child's parents/carers have been notified and that a record of this has been made.

11.7. A copy of the incident report must be retained and available for later inspection.

12. MONITORING

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

12.2. The Manager, person responsible, or nominated person, will monitor each incident, this will include meeting with the child to ascertain their views and feelings following the incident, appropriate to age and level of understanding. This will be documented and placed on the child's file.

12.3. The Manager or person responsible will analyse and collate detail of incidents of restrictive physical intervention taking place in their agency in order to identify particular patterns involving individual staff, groups of staff and particular children.

12.4. Agencies must produce a quarterly report for Milton Keynes Safeguarding Children Board, providing a specified dataset of statistical and other information on the use of restrictive physical intervention. This information will be collated and presented to the Milton Keynes Safeguarding Children Board Quality Assurance Sub-Committee. Agencies may also be required to submit reports to other appropriate bodies according to local requirements.

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