

The Use of Restrictive Physical Intervention

Health & Safety Management Standard

Issue 5 (February 2026)

Introduction

This document contains corporate standards and guidance on the control and restraint of children and young people, including the use of force, in schools and other settings. It is the responsibility of Key Managers and employees to ensure that all instances of physical intervention are undertaken in line with this document (and any other guidance referred to herein) in any area/premises under their control.

This document is guidance for school and settings. Where the word 'must' is used, it is expected that these aspects of guidance be adopted in practice. Where 'should' has been used, it is done so to promote 'best practice' at discretion of settings mentioned below.

Background

The Policy has been developed from Guidance regarding changes to the law: **The Use of Force to Control or Restrain Pupils (DCSF, April 2010)**, "Restrictive interventions, including use of reasonable force, in schools (DfE, April 2026)", "Reducing the Need for Restraint and Restrictive Intervention" (HM Government, June 2019).

Chiefly this policy refers to changes in Government Guidance as well as local Leicester City Council procedures to the reporting and recording of RPI. Details on recording physical interventions are stipulated in this Policy. Further support relating to the use of ICT systems in doing so are set out in the 'EPIF user support guide.'

This policy represents a significant change in the expectations of 'maintained' settings or those which abide to Leicester City Council's advice.

This Policy puts de-escalation strategies first, but recognises that the need to use force does arise and deals with these situations. It will improve outcomes for children and young people as well as parents and staff. All Local Authority settings (including schools) must have a policy in this area.

Full details are given in this Guidance. Existing school procedures must be reviewed to ensure they reflect the expectations contained within this document. This includes re-considering behaviour policies (concerning physical intervention) and ensuring that they adhere to the 'New' electronic physical intervention form (EPIF) to notify, report and record of the use of RPI in their settings which are set out below.

Restrictive Physical Intervention guidance (revised)

The Use of Reasonable Force to Control or Restrain Children and Young People

All 'settings' where the local authority is the employer are required to comply with this guidance. It also applies to independent settings that have a traded agreement with Leicester City Council's (LCC) Corporate Health and Safety Team where the traded agreement requires the adherence to LCC policy. Settings include: Residential, Nursery, Infant, Junior, Primary, Secondary and Special Schools, other residential settings, Pupil Referral Units, Playgroups, etc.

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Related National Documents:

Mental Capacity Act (2015)
Equalities Act (2010)
Children & Families Act (2014)
SEND Code of Practice

MH Government (2019)
Reducing the Need for Restraint and Restrictive Intervention

DfE (2026),
Restrictive Interventions, including use of reasonable force

Section 93 of the Education and Inspections Act 2006

Section 246 of the Apprenticeship, Skills, Children & Learning Act 2009

DfES: Managing Medicines in Schools and Early Years Settings

DfES: LEA/0242/2002
- Guidance on the Use of Physical Intervention for Staff Working with Children and Adults Who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders

DfES: LEA/0264/2003
- Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties

DH: Children Act 1989 Guidance and Regulations Vol. 4 - Residential Care
DH: Children's Homes National Minimum Standards - Children's Homes Regulations

1. Introduction

- 1.1. This Guidance is applicable to all Leicester City Council Schools and other settings (which include Nurseries, Primary Schools, Secondary schools, Special schools, Hospital Schools, Faith Schools and Pupil Referral Units). Other settings that are not 'maintained' but do adhere to Leicester City Council Corporate Health and Safety through contractual agreed terms (such as some Academy Schools).
- 1.2. The aim of this Guidance is to inform settings of their rights, responsibilities and obligations as Leicester City Council employees (including non LCC settings who contractually agree to LCC standards). The Guidance is not permissive and must be adhered to, to ensure safeguarding and good practice standards when supporting children and YP with challenging behaviour.
- 1.3. It supports settings to understand what to do before, during and after the use of physical intervention and signposts the necessary reporting systems to fulfil their obligations.
- 1.4. In this Guidance the term pupil is used to refer to children and young people as appropriate in all the settings to which it applies.
- 1.5. Each setting **MUST** have its own current behaviour guidance in place. An effective and credible use of force guidance must stand alongside or be embedded within this behaviour guidance. The Local Authority expects all settings to implement and adhere to the Guidance in this document in order that legislative requirements and recognised guidance relating to good practice is adhered to. **Schools must never seek to inhibit the ability of staff to use force by adopting a 'no contact' policy.**
- 1.6. The intention of this document is to provide settings with Guidance on the circumstances in which physical intervention may be appropriately used, procedures that must be in place and the techniques that are considered to be suitable. Successful inclusion of more pupils in mainstream settings increases the need to assist all staff in preserving good order and discipline within an environment conducive to meeting the needs of all pupils. It is vitally important that staff, pupils and parents understand these procedures and the context in which they apply.
- 1.7. Furthermore, it is intended to ensure that staff are clear about their role when they are working with children in order that both their own rights and those of children are protected.

2. Statutory and Legal Framework

- 2.1. It is important to intervene at an early stage of challenging behaviour in order to avoid situations where control is lost and damage may occur, both emotional and physical, to the pupil, member of staff or property. Sir Herbert Laming made this clear in the guidance *'The Control of Children in the Public Care Interpretation of the Children's Act 1989 (1997).'* He commented that sometimes "the last resort" policy looked suspiciously like an "excuse for doing nothing." In this guidance Sir Herbert Laming was also clear that "harm" was not limited to severe physical injury as some had suggested. A reasonable parent would attempt to protect children against moral harm and try to prevent them from placing themselves at risk from indulging in criminal behaviour. Professional carers who are responsible for other people's children are expected to act as reasonable parents. They owe a duty of care.
- 2.2. However, the law requires that force is used as a last resort and practical methods to de-escalate a situation must be considered first (DfE (2013), Use of Reasonable force: Advice for Headteachers and governing bodies).
- 2.3. Section 93 of the Education and Inspections Act 2006 replaces section 550A of the Education Act 1996 and enables all school staff to use reasonable force.
- 2.4. This Guidance focuses on physical control and intervention (positive handling strategies) and circumstances when it is appropriate to use minimum physical force to prevent pupils moving into serious danger. If appropriate, initial action might be to alert the pupil to the consequences of their actions. However, in some circumstances this may not be practical or appropriate and therefore physical intervention may be appropriate. These circumstances may include when a pupil may not be capable of understanding the impact of their actions on themselves or others.
- 2.5. Physical intervention is an action of last resort and is not a substitute for behaviour management strategies. Settings are required by law to have a clear behaviour policy.
- 2.6. Physical intervention is qualitatively different from other forms of physical contact. There will be occasions where the context of the teaching/parenting approach and the individual needs of the pupil may require some form of physical contact. For example, staff working with pupils with severe and complex learning difficulties may use physical prompting in order to manually guide a pupil through those parts of an action that the pupil finds difficult.

Specific guidance in relation to pupils with special needs is given in Section 6.

- 2.7. Physical intervention must only be used as a last resort and never as a matter of course. It must never be used as a sanction or punishment as this is illegal. It can be used proactively as a planned approach towards meeting an individual need or in case of an emergency when there seems to be a real possibility that significant harm would occur if intervention were withheld.
- 2.8. Circumstances requiring the Use of Physical Intervention/Restraint

Section 93 of the Education and Inspections Act 2006 enables school staff to use reasonable force to prevent a pupil from:

- a. committing a criminal offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil)
- b. causing personal injury or damage to property or
- c. prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during teaching session or otherwise.

The staff to which this power applies are:

- i. any member of staff at the school
- ii. any other person whom the head has authorised to have control or charge of pupils. This can also include people to whom the head has given temporary authorisation to have control or charge of pupils such as unpaid volunteers (for example parents accompanying pupils on school-organised visits)

2.9 Reasonable Force

The Local Authority acknowledges that there is a fine line to be drawn between advice that will be helpful to clarify where reasonable force might be used as the last resort, and advice that may precipitate violent reactions in pupils. The purpose of this Guidance is to ensure that this is clearly understood and that physical intervention using reasonable force is only used as a last resort.

Although there is no legal definition of reasonable force, guidance from the DfES draws attention to two relevant considerations:

- The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it. For example, physical force could not be justified to prevent a pupil from committing a trivial misdemeanour, in a situation that clearly could be resolved without force
- The degree of force used must be in proportion to the circumstances of the incident and the seriousness of the behaviour and the consequences it is intended to prevent. Only the minimum force needed to achieve the desired result should be used

Whether it is reasonable to use force, and the degree of force that could reasonably be employed, might also depend on the age, understanding and sex of the pupil and ultimately would be a decision for the courts.

Unacceptable uses of force

It is illegal to use force on a pupil for the purpose of punishment.

Pupils should not be restrained in a way that affects their airway, breathing or circulation, for example, by covering the mouth and/or nose, or applying pressure to the neck region or abdomen. The use of force can be dangerous, particularly where it occurs on the ground. If a pupil is unintentionally held on the ground, staff should release their holds or re-position into a safer alternative or standing position as quickly as possible.

Where appropriate, the pupil should receive a medical assessment and treatment for any injuries as soon as possible. For any form of restraint, including seated and standing, there is a risk of physical and psychological harm, and it should be avoided where possible.

2.10 Types of incident where the use of force would be reasonable

The DfES identifies three broad categories of incidents where the use of force may be appropriate:

- ***Where action is necessary in self-defence or because there is an immediate risk of injury.*** Everyone has the right to defend themselves against an attack provided they do not use a disproportionate degree of force to do so. Likewise, if a pupil was at immediate risk of injury or on the point of inflicting injury on someone else any member of staff would be entitled to intervene
- Where there is ***a developing risk of injury, or significant damage to property***
- Where a pupil is ***behaving in a way that is compromising good order and discipline***

Examples of situations that fall within one or more of the above categories are:

- A pupil attacks a member of staff or another pupil
- Pupils are fighting
- A pupil is engaged in, or is on the verge of committing, deliberate damage or vandalism to property
- A pupil is causing or may cause injury or damage through rough play or misuse of dangerous materials or objects
- A pupil is running in a corridor or on a stairway in a manner which might cause an accident to themselves or possible injury to others
- The pupil absconds from a class or tries to leave the setting and may be at risk through doing so

2.11 Authorisation of Personnel and Training

All members of school staff are authorised by law to use force. Headteachers can also decide whether to authorize, for a limited time, volunteers at the school although this should be in exceptional cases only. Such individuals must be given clear instruction on when the power can be used and on the school's policy and practice.

The Key Manager/Headteacher must inform all staff (particularly supply staff) of the policy on behaviour management and physical intervention.

Training and guidance will be required on a repeating basis on this matter. In addition to identifying which staff must receive this training, the Key Manager/Headteacher must ensure that all staff receive de-escalation training. Settings should seek to maintain a list of suitably qualified trainers. In particular, settings must ensure that all new staff are made aware of the physical intervention policy and are appropriately trained.

The Key Manager/Headteacher must maintain an up-to-date list of authorised people and ensure that these individuals know who they are, what strategies they may use and the limits to actions they may take.

The Headteacher or delegated

senior member of staff is advised to do the following:

- as part of a staff induction, set out staff members responsibilities in relation to the school policy on use of force and
- ensure that all authorised staff know that they have the power to use force.

3. Promoting Good Practice

- 3.1. Where a team undertakes the management of pupils, whether it is in a residential or school setting, it is essential to develop a set of procedures. These should be aimed at preventing difficult behaviours and include learning about complex emotions including anger and frustration.
- 3.2. Irrespective of whether incidents occur during work with individuals or groups of pupils, ~~early~~ emphasis must be on managing the incident through de-escalation using non-physical, non-threatening, aggression-free strategies. Only in the event of the failure of clearly defined protocols to bring control to the situation, or imminent danger to persons or property, should physical intervention be considered. These principles are explored further below.
- 3.3. Where settings are catering for children with severe emotional and behavioural difficulties or challenging behaviour, all staff must be provided with written guidance on permissible methods of physical intervention. In some settings, this will be specific as part of an agreed individual education plan or “handling strategy” agreed with parents. Other settings may consider this practice.

4. Physical Intervention Procedures

4.1 Good Practice:

These relate to the responsibilities of staff before, after and during the use of physical intervention

Pre-requisites:

- Staff working with children/YP who may require the use of RPI must endeavour to understand the full developmental history of a child so that the appropriate techniques can be discussed professionally, concerning their suitability of use. Royal College of Psychiatry, British Psychological Society & Royal College of Speech and Language Therapists (2007) note that with individuals who have experienced forms of trauma (sexual and physical), the use of RPI can be re-traumatising and thus cause psychological harm and distress that may be both significant and long-lasting. Prior to the use of any intervention, staff working with children and YP must be able to evaluate the suitability and appropriateness of where RPI be used for that individual and identify the best techniques or alternatives to be used instead. These decisions must be reflected in a positive handling plan (as a risk assessment) so that all staff working with these services users are able to respond appropriately, in a pre-planned and agreement manner
- Staff working with children/YP must be suitably trained in the use of physical interventions (and de-escalation techniques) that are stipulated in the person's Risk Assessment, Positive Handling Plan or that they need to use in order to keep them safe. (More guidance on this can be found in section 6.

4.2 In all instances when a restrictive physical intervention is required, staff must make a 'dynamic risk assessment' – an on the spot decision which quickly weighs up the likelihood of serious injury or damage posed by the risk associated to the behaviour. Preferably the use of a restrictive physical intervention will follow the strategies outlined in the individual's Positive Handling Plan, though it is acknowledged that situations spontaneously arise that may not have been considered or be planned for. In these instances, and all instances when a restrictive physical intervention may be used, staff must only use RPI in a manner that is: **reasonable, proportionate and necessary**. For RPI to be used, these three tenants must be fulfilled:

- Reasonable: The member of staff has considered the risks and likely outcomes of a risky situation. They considered that outcomes of not using RPI are poor and may lead to others being harmed or serious disrupted. Due to this have they considered that a situation must 'stop,' with the use of RPI being a strategy to do so.
- Proportionate: When RPI is used, it is done on the basis that the force used matches the force exhibited by an individual. It can also be proportionate to the risk being displayed. If, for example, there was a genuine threat of serious injury or to life more force could be used to 'make safe' the individual. The use of excessive force by professionals, relative to the risk, may result in either, or both, a complaint and legal procedure. It is important to distinguish the use of proportionate force in reference to compliance. The use of force is only proportionate to gaining 'compliance' if the lack of compliance shown by an

individual places them, or others, at a risk of injury or harm.

- Necessary: When RPI is used it is done on the basis that it is necessary. This means that alternative solutions and strategies have been exhausted or are not appropriate (for example, if there is an immediate and severe threat to life or risk of severe injury that requires instant action, de-escalation strategies may prevaricate time and therefore the ability for professionals to keep individuals in their care safe).

For action to be necessary it must also be 'reasonable' and 'proportionate' to the risk being displayed.

4.3 Whenever possible, summon a second member of staff. The importance of the presence of a colleague is twofold:

- Another member of staff may be able to reduce the risk of the member of staff or pupil suffering bodily harm - a solitary person is in a very exposed position if, for example, a fight is in progress.
- There is a witness if allegations of assault are subsequently made by a pupil or parents.

4.4 Consideration of gender issues must be made in relation to how a pupil is held, and who holds the pupil.

4.5 Remove, as far as possible, onlookers and observers who are not essential to the control of the situation.

4.6 Staff must be made aware of a child's holistic needs so that they can be culturally sensitive (for example some children may find touch unwelcome) and mindful of sensory preferences which may make them more adverse to touch as part of a SEND or medical condition.

4.7 Staff must be made aware of the developmental history of a child where there may have been instances of abuse (sexual, physical and emotional) meaning that the use of restraint could be re-traumatising, causing distress and psychological harm. **If there are children/young people/services users accessing settings that have had such adverse experiences, it is essential that they are safeguarded by the sharing of information with relevant staff who support that individual. Information regarding traumatic experiences cannot in this instance be withheld, all parties supporting that child/service user/YP are part of the 'need to know basis.'**

4.8 Always attempt to maintain the dignity and self-respect of the pupil both during and after the restraining process.

4.9 Keep talking to the pupil throughout the incident repeating that the restraint will stop as soon as it ceases to be necessary (unless an individual protocol is in place).

4.10 Try to ensure a calm and measured approach to the situation. Never give the impression that you are acting out of anger or frustration or are trying to punish the pupil - whilst keeping their temper under control and avoiding committing any act of punitive violence.

- 4.11 The pupil's release from restraint must be planned, agreed and gentle (consider their Positive Handling Plan). Close supervision of the pupil following a restraint will be necessary. Immediately after a restraint the child/YP must have a calm space made available to them as well as activities which help to distract and calm them further. Staff must be available to monitor them, giving the child space or, if required by the child, be supported more closely to provide reassurance and help the child self-regulate.
- 4.12 When the child is calm and ready, they must be supported to understand what happened through a 'Restorative Approach.' This should help the child to understand the thoughts, feelings and actions of both themselves and others who were affected. They must have the opportunity to 'put things right' with the support of staff.
- 4.13 Refer staff and/or pupil to a first aider for first aid or as appropriate for further medical attention (e.g. GP, casualty, etc.). These issues must receive immediate attention and be thoroughly recorded at the time.
- 4.14 Consideration must be given to requesting a medical examination for the pupil or any staff affected by the incident.
- 4.15 The pupil may refuse a medical examination. Details of the events and any injuries must be noted on the pupil's file as soon as they are apparent or diagnosed by a GP
- 4.16 Within 24 hours, **as soon as possible**, a designated member of staff must ensure that the pupil's parents/carers/placing social worker are advised of the use of restraint. At times when Bank Holidays or Weekends follow an incident, staff must report the use before the closure of their setting. **24 hours is a maximum period**, of which the report must be made.
- 4.17 The incident must also be reported, within 24 hours, electronically
[REDACTED] *This may be referred to as the EPIF (Electronic Physical Intervention Form).*
- 4.18 Ensure that a record of the incident is completed immediately afterwards. As a minimum standard, the restraint must be reported electronically. This is most important in all cases and it is particularly important to ensure and supply staff in your setting are aware of this.
- 4.19 If other pupils are distressed, they must also be offered support as well as staff who may have been affected.
- 4.20 A Headteacher/Key Manager can insist that a member of staff should leave work if there are medical/psychological concerns *arising from the incident and its effects on the member of staff*. The Health and Safety Management Standard 'Assaults on Staff' (interpreted as appropriate for different settings) may be applicable in some circumstances (see Appendix 7).
- 4.21 Headteachers/Key Managers may wish to consider whether other support may be helpful in assisting a member of staff emotionally affected by an incident involving physical restraint. This would include staff both directly and indirectly involved in the incident. Health and safety procedures outline the actions which must be taken for affected staff post-incident. This may include staff debriefings,

time-out, access to counselling, insurance information and so on.

- 4.22 Following an incident, debriefing must be offered to staff and pupils, including those witnessing the event.
- 4.23 Debriefing children and YP must take place at a time that is convenient for all parties concerned, when emotionally 'fit to do so.' This must be seen as an opportunity for parties to repair relationships and understand what has happened through explorations of thoughts, feelings and actions rather than a period of implementing punishments.
- 4.24 In addition to reporting the intervention electronically, senior leaders within services (such as Headteacher, Service Managers) may request an additional account of incidents so a more considered approach may also be used.
- 4.25 During the use of all physical techniques, staff observing or using the hold **must** be aware of the physical condition of the child/young person/service user. They will need to observe: breathing, changes to colouration of the skin (cyanosis), the position of the body (especially neck and spine in ground holds) or audible calls of pain or to 'stop.' In instances where children complain that they cannot breathe the staff using the hold must assume this to be true and release safely from the hold. Further re-assessment of the dangers and risks to the Child/YP must be made alongside their on-going condition.

5. *Ground Recovery Holds Procedure (*advance techniques)

- 5.1. Ground recovery holds must only be carried out by staff certificated to an advanced level. This certificate must be re-accredited annually. They must also hold a current advanced first aid qualification. It must be made clear that staff using the holds have been trained by an appropriately accredited trainer and have not had the techniques cascaded to them from other sources or colleagues.
- 5.2. The use of ground hold techniques must only be trained for specific use for one child/YP or service user. They must not, for example, be trained as a technique to be used with all children/YP/service users as for 'foundation' or 'intermediate holds.' Instead, the techniques must be trained as part of a solution focused discussion by professionals and trainers in support of an individual. The development of this technique into an agreed plan of action must be informed by the child/YP/service users' needs and potential risks.
- 5.3. Staff using ground holds must also be supervised by a colleague or have access to supervision by someone who is certified as a 'Trainer' of Advanced Restrictive Physical Interventions. Supervisions should be held within 1 week of the use of an advanced technique. These must be used to check the well-being of staff, the safety of techniques used (physical demonstrations/practice may be required) and the needs of the child and staff. These supervisions must be used as an opportunity to find further ways of reducing risk and the frequency of behaviours that may require an RPI.
- 5.4. In instances when Ground Holds aren't used for certain children, staff must still hold supervisions at least monthly to discuss successes and alternative strategies which may be working for that child/YP/service user. These must be formally recorded into their positive handling plan or risk assessment. These sessions can be used to practice

the ground hold and rehearse procedures linked to its user so that staff skills meet the best possible standard and therefore lower the risk of injury when the techniques are next used

- 5.5. All critical incidents involving ground recovery holds must be reported to the local authority using the online form:
[https://my.leicester.gov.uk/service/Physical Intervention Record](https://my.leicester.gov.uk/service/Physical_Intervention_Record)
- 5.6. It is required that all services using ground recovery techniques submit their monitoring forms at the end of every 1/2 term to the local authority. Nil returns are required as these provide valuable information too. This is to ensure the local authority is fulfilling its statutory duties. [mailto: corporatehealthandsafetyteam@leicester.gov.uk](mailto:corporatehealthandsafetyteam@leicester.gov.uk)

The data must be accompanied with a 'contextualised assessment report' which may refer to individuals being involved in physical interventions or reasons for the overall decrease/increase in frequency, e.g.

- One child has been held 5 times. He has been extremely distressed due to the Police involvement with his family.
- Or
- The general figures have increased due to more challenging behaviours being presented.

6. Positive Handling Plans

- 6.1 A 'Positive Handling Plan' (PHP) is used to refer to the measures the setting has agreed in supporting and managing a particular pupil who behaves in ways that could pose risk, to themselves and others. This plan may be referred to in settings by other names, such as individual plan, support plan or care plan, etc. (A checklist for positive handling plan is provided. See Appendix 5). It provides an opportunity to regularly review, discuss and make provision concerning the needs of children supported by RPI. It must be considered to be a 'working document' which is reviewed at least termly (no more than 12 weeks apart) but can be adapted and annotated in the time prior to this. When ground holds are used, a review must be after each incident.
- 6.2 The emphasis of a positive handling plan must be the reduction of risk. Through the use of proactive strategies adults can attempt to minimize the likelihood of increased risk. The plan must recognise that 'crisis' (where a restrictive intervention may be used) may have a detrimental impact on the individual. The PHP must consider foreseeable difficulties that may arise in from certain strategies. It's aim is to use reduce the frequency, duration and intensity of behaviours that challenge
- 6.3 It is essential that all staff that work with or are likely to come into contact with a child or YP with a PHP are made aware of the plan and its risk reduction techniques. This is applicable to staff who may or may not be employed on a permanent basis by the setting. It will include 'supply' or 'agency' staff or adults that given responsibilities that relate to the care of children/YPs for example, adults 'helping' on a school trip. In such instances, leaders and managers of the setting should further consider the most appropriate deployment of staff in relation to the needs of the child/YP and the risk assessment/PHP
- 6.4 Whilst staff aim to reduce risk through formal planning, circumstances arise which have

not been foreseen and planned for where a RPI may be required. In these instances, staff can use a Dynamic Risk Assessment (an 'on the spot' decision that weighs the likely outcomes of using or not using an RPI). This incident will then be included when the PHP is reviewed and updated.

- 6.5 Where a pupil has been 'held' by physical intervention or it is anticipated that this action may be needed in the future a 'Positive Handling Plan' must be prepared and shared with those that have parental responsibility and the child.
- 6.6 A child must be provided with a 'child centred version' of the plan so that they are aware of who will help them, how and where. It will support the child to have an awareness of their own thoughts, feelings and behaviours which may require them to be supported through RPI.
- 6.7 All review meetings must have parties present that can act as 'advocates' or 'champions' for the child supported by RPI (these can be professional staff within the organisation). They must provide 'the pupil voice' so that decisions can be made in the child's best interests.
- 6.8 The PHP must include a description of both the proactive and restrictive practices that staff may be required to use. These must all be in a person-centred context and be linked to other therapeutic type interventions that are used to address the functional needs of the individual concerned in the plan
- 6.9 The PHP must not only outline the proactive and reactive strategies used to lower risk, but also guide staff to support an individual after crisis. It may not be appropriate for them to return to the activities they were participating in prior to the 'crisis' and high risk behaviours.
- 6.10 For the PHP to be purposeful, other adjustments must be made that facilitate the needs of individuals named within them, they may for example need 'safe places' and areas/activities/adults which support them to calm with close monitoring.
- 6.11 Whilst staff are obligated to action the steps outlined in a PHP, there may be staff members who are, due to preexisting medical conditions, unable to safely deliver a RPI at a critical time. Due to this, managers and senior leaders must carefully consider the needs of their staff in relation to the likelihood that the planned physical responses stipulated in the PHP make cause further injury or distress to their staff's condition. In these circumstances, the employer is obliged to consider the appropriate of staff and may re-deploy individual staff members in relation to their own medical needs and the risks posed by a child/YP or the use of an RPI.

7. Individuals with Special Educational Needs & Disabilities including those accessing residential settings

- 7.1 Pupils with special educational needs within Leicester are educated in a range of settings such as mainstream schools, special schools, etc. Some of these pupils may present disturbing, distressing and challenging behaviour, which can result in self-injury, injury to others or damage to property. Behaviour management must be informed by the Local Authority guidelines, whole behaviour policies and reference to the Code of Practice on the identification and assessment of pupils with special educational needs

7.2 All settings must establish firm boundaries of behaviour for all pupils. Appropriate standards of behaviour should be expected and those expectations must be set out clearly – for example within the school prospectus or in the ‘Statement of Purpose and Function’ and ‘Young People’s Handbook.’ Good practice suggests that certain basic principles should be observed in responding to difficult behaviour. This would be relevant to all pupils with special educational needs

Social, Emotional and Mental Health needs

7.3 It is important to recognise and understand the complex needs of pupils who are considered to experience social, emotional and mental health difficulties.

7.4 Disruptive behaviour, both deliberate, unintentional and impulsive, arises from a pupil's current emotional/psychological state. This is frequently a consequence of disturbance that has occurred in the pupil's history although it may also have an organic cause. There may be a lack of capacity on the part of the pupil to anticipate the consequences of their actions for themselves, others and the environment. They may have a low level of self-control, finding it hard to regulate their emotions which may at times overwhelm them and influence their behaviour. There may be instances when the emotional resilience to cope with setbacks, disappointments and placing their trust in others can lead to more aggressive behaviours being displayed.

7.5 When it is perceived to be the case that these behaviours are dangerous and pose hazard to themselves and others, then a positive handling plan must be in place.

7.6 When supporting children with SEMH it must be considered that relational difficulties may persist and that they may find the social dynamics and expectations within settings a challenge. They may find it hard to trust others and feel a ‘need’ to be in charge, so they have an enhanced sense of safety, making them appear oppositional and disruptive. Whilst the use of an PHP can be one tool to help support their needs, other proactive interventions and practices must be used to foster a sense of emotional safety, relatedness and trust in others.

7.7 As for other categories of SEND, an emphasis must be placed on understanding the function of their behaviour as well as their needs. Placing emphasis on these areas will inform the suitability of which proactive strategies and interventions to employ in support of their needs, thus lower the likelihood, frequency, duration and intensity of dangerous behaviour. Using approved SEMH friendly strategies will be an integral part of risk assessment and lowering risks associated by some individuals.

Severe Learning and Communication Difficulties

7.8 Other behaviours that challenge may be presented by pupils with severe learning difficulties or communication difficulties. These present another set of challenges. They may lack self-motivation and self-care skills that, invariably, require staff to physically prompt, encourage or guide them to participate in activities that other pupils would join in naturally.

7.9 For such pupils, challenging behaviour may be a response to a particular situation that is disturbing to them. It may be an act of frustration as a result of being unable to express something or do something. In many

cases it will be of a very individual nature, such that the particular triggers or circumstances are entirely unique to that individual. Physical interventions for this behaviour may need to relate much more closely to an Individual Positive Handling Plan designed specifically for each individual pupil and agreed with the parent/carer.

7.10 The complexity, range of need and consequent support for the pupil may be such that physical intervention is the norm, not the exception, and thus each low and medium level intervention event would not be recorded unless there was a planned and specific intervention that would require this. These low and medium levels of intervention would, however, be recorded in the pupil's individual risk assessment and positive handling plan and be monitored through the review process.

Incidents and events that constitute LOW Level Intervention would include:

- Limitation of movement through the use of high level or double handles to doors
- Leading by the arm
- Being held or assisted in maintaining a position e.g. sitting in a chair
- Use of reins, wrist straps, buggies for management and safety of the pupil out of school, etc. (especially in the early years)

Incidents and events that constitute MEDIUM Level Intervention would include:

- Removal of pupil from an activity
- Placing a pupil in a chair or other confined area with the intention of limiting mobility
- Removal from an area of the classroom or playground
- Catching a pupil by whatever safe means is possible, to prevent them from harming themselves or others
- Holding a self-injuring pupil, e.g. by the hands, while they calm and regulate their emotions

Beyond the LOW and MEDIUM levels of intervention, staff must follow the procedures described in the main document (although in individual cases, a protocol may be established with low and medium interventions).

Children/YP with physical impairments and co-morbid, complex needs

There may be individuals who display challenging and risky behaviour who have intellectual disabilities as well as physical disabilities. In some cases, these children/YP may also use equipment such as wheelchairs.

Sometimes children with physical impairments and SEND may also have other co-morbidities that relate to their physical health. If supporting children/YP within your setting, it is essential that if it is foreseeable that RPI may be required for that individual at some point staff are required to seek both medical expertise and RPI advice for clarification to inform whether or not RPI is appropriate.

***Example:** In a residential, post-16 setting a service user with ASD displays very challenging behaviour which may ordinarily warrant the appropriate use of RPI. The individual has severe scoliosis of the spine and using ground holds or seated holds may cause significant injury. In this instance, the service sought medical advice who deemed that there was an increased likelihood that the use of RPI may cause spinal injury to someone at an 'enhanced risk.' The service uses their bespoke PHP and interventions to support the individual's needs which contribute to the challenging behaviour. They have ensured clear*

guidelines of staff responses, which are set out in the PHP, to be used when the individual is at their most risky. In this case, they give the individual more space, not less, and ensure that other people that may come into contact and be harmed are made safe by removal from the environment.

These decisions are person specific and in this case a decision about the type of action was made by gaining further advice to make an 'informed decision.' The informed decision is based on the likely outcomes of different actions and which of those are most likely to be the most severe and life limiting. This service deemed that by relying on other strategies the reduced risk of serious injury to an individual was offset by only slightly raised likelihood of minor injury to others.

It must be noted that this does not mean any individual with a medical need cannot be supported by RPI. It exemplifies good practice and 'due diligence' of the service to get further clarity to inform the likely outcome of their actions.

Irrespective of their current approach, the service still has the right to use RPI with this individual if they deem the risk of not doing so is greater than the risk to do so, fulfilling the tenants 'Reasonable,' 'Proportionate' and 'Necessary.'

In some cases, individuals who are displaying emotionally volatile and dangerous behaviour may also use mobility aids such as wheelchairs. Wheelchairs may pose an enhanced risk to those around them and are likely to cause harm and injury if used as a weapon (such as driving at people). In these instances, it would be necessary for staff to consider:

- Removing the 'audience' or other children/YP who may be harmed
- Give them more space – using gesture and language to communicate and indicate where to go
- Alert other members of staff to clear spaces in the setting where people may come to harm
- In some instances, it may be reasonable, proportionate and necessary to switch electronic wheelchairs to 'manual' so that volition of movement is restricted and directed by a member of staff

If this final point occurs, it must **also be considered a restrictive physical intervention** as freedom of movement has been momentarily restricted. These occurrences must be reported and recorded through the same systems as for other RPI set out in this document.

In conformity with other advice, the use of this strategy must be done in the best interests of children/YP, not a punishment and therefore fulfil the tenants of RPI: 'reasonable,' 'proportionate' and 'necessary.'

After such an incident, procedures of developing risk assessments and Positive Handling Plans must also be developed to consider the individuals needs and the strategies that will form best practice in lowering the risk to themselves and others.

Children & Young People in residential settings

7.11 Those operating within a residential setting must, in addition to previous guidance, be aware that the following practices are prohibited: Deprivation of food and drink, restriction or refusal of visits/communications, requiring a pupil to wear distinctive or inappropriate clothing, the use or the withholding of medication or medical or dental treatment, the use of accommodation to physically restrict the liberty of any pupil, intentional deprivation of

sleep, imposition of fines as a punishment, intimate physical searches (unless there is reasonable concerns that a weapon or illegal/banned substance is present)

- 7.12 An accessible procedure for effectively receiving and dealing with complaints must be adopted by each establishment. The application of the guidance will require careful introduction and an on-going commitment to induction and training of staff by the establishment.

8 Other restrictive practices: Seclusion and Withdrawal

There have been instances when individuals displaying challenging behaviour have been 'secluded.' The use of seclusion must be considered as an extremely serious act and is generally prohibited in its use. If it is used, then significant attempts to gain and implement multi-professional advice must be used to prevent a re-occurrence.

- 8.1 Seclusion can be defined as:

"Supervised confinement in a room, which may be locked..."
(Mental Health Act Code of Practice 1999)

"It's use outside the Mental Health Act should not occur."
(RCP, BPS & RCSALTs, 2007).

- 8.2 Seclusion may also involve holding doors shut to prevent people leaving a room. In doing so, an individual's liberty is restricted and therefore considered an RPI which must be reported and recorded. The closing of doors reduces the staff ability to monitor the wellbeing of an individual and therefore compromises their professional duty to safeguard. If seclusion is used, it must clearly be reported in the description of the incident within the electronic physical intervention form.

- 8.3 LCC do not foresee instances where the use of seclusion is appropriate for settings mentioned in this document unless the individual is subject to the Mental Health Act (1999). DoH/DoE (2002) state that the use of seclusion outside of the Mental Health Act (1999) must only be considered in **exceptional circumstances** and should always be appropriate to the risk displayed.

- 8.4 As such, seclusion would only be deemed 'reasonable' 'proportionate' or 'necessary,' if there was a serious, credible risk of grave and significant injury that may be enduring and life-long or fatal and whereby all alternatives have been exhausted, or that alternative strategies are more than likely to result in serious and severe detriment to the safety of others.

- 8.5 In the exceptional and rare circumstances in which seclusion has occurred, it must be reported to senior leaders within the school/setting immediately (within the 'working day') who are then responsible to report this matter further to:

- School Governors or other independent parties that form a critical friend or a board involved in the governance of a setting
- The SEMH team, SEND Support Services
- Parents/Carers
- Social workers (where applicable)

This will allow discussion, support and advice that can be used to develop 'better practice' in

support of an individual's needs.

8.6 It cannot form 'common practice' or be stated, agreed or recommended as practice. It must only ever be used as a 'one off' from a dynamic risk assessment, as a desperate and credible attempt to make individuals safe when faced with a realistic, severe, long lasting threat of injury or to life (such as when sharp, weapons are used).

8.7 After such instances, seclusive practice cannot be repeated, exhaustive attempts must be taken to develop wider and alternative practices in support of an individual.

8.8 Seclusion must not be used because staff are not adequately trained to support an individual's wider needs.

8.9 Seclusion cannot be used because staff refuse to use a 'hands on' RPI to support an individual's safety

8.10 Seclusion cannot be used because there is 'no-where else' for an individual to go when displaying such levels of danger. It cannot be used as a convenient method of reducing risk for the service because alternatives require additional resources or adjustments

8.11 In the instances in which seclusion is used, senior leaders are duty bound to enquire into the incident so they can make further assessments that can guide professional discussion. This is so that all staff members concerned have the opportunity to reflect on the incident and form other, more appropriate strategies. There will be the need to seek further advice from the relevant and external agencies. Failure to do so may be deemed neglectful of their duties.

8.12 When seclusion is used, senior leaders are obligated to gain the necessary skills and advice for staff to support individuals in a respectful and dignified manner that fulfils the tenants of 'reasonable,' 'proportionate' and 'necessary.'

8.13 It may only be considered as a last resort for the shortest time possible when all alternatives are exhausted and the serious risk of severe injury remains high. It must **not** be used as a punishment, or part of a program of treatment or intervention. It must not be used for convenience where there is a shortage of staff. Staffing ratios must be considered in these instances. It must not be used where there is a risk of self-harm or injurious behaviour.

8.14 **Withdrawal** must not be confused as seclusion. Withdrawal, more than being restrictive, supports recovery of an individual to be of better state of mind and safety. Withdrawal can be defined as:

"...The removal of a person from a situation that causes anxiety or distress to a location where they can be continuously observed and supported until they are ready to resume their usual activities." (RCP, BPS & RCSALTs, 2007).

8.15 More often than not, withdrawal should form part of an agreed plan for 'recovery' in the individual's PHP. Individuals displaying risky behaviours are entitled to a 'safe place' which has been agreed with them as part of the PHP review process, forming a 'reasonable adjustment' as an 'inclusive practice' (SEND Code of Practice, 2014). They may be encouraged to use a safe space to withdraw to or may require this space with the use of RPI.

- 8.16 When individuals are withdrawn to an agreed, safe place, they will have activities for them in situ so that they can be occupied or self-comfort after the use of RPI or a distressing incident. For younger children, withdrawal spaces may include 'pop up tents' with teddy bears and calm boxes or the opportunity to run outside to a climbing frame.
- 8.17 In all incidents, when a withdrawal space is used, staff must be able to see the individual and monitor them in case further support is required. Withdrawal spaces may include the use of rooms with staff able to look through windows. If however the child is prevented from leaving the room by the use of force such as locking the door or holding it shut, this becomes an act of seclusion.

9 Risk Assessment

9.1 General Risk Assessment

All settings must undertake a risk assessment at a general level in order to inform their policy. This will enable them to assess the existing environment/circumstances in order to gauge the potential triggers or factors that might provoke or exacerbate difficult behaviour.

Risk assessment and monitoring must carefully consider equality issues including race, ethnicity, gender, sexuality and disability.

Procedures for risk assessment must help staff identify activities or environments that are associated with risk.

These procedures must:

- 9.1.1 Establish the likelihood of adverse outcomes for either pupils or adults
- 9.1.2 Estimate the likely consequences if such outcomes were to occur
- 9.1.3 Enable staff to take steps and seek assistance so as to avoid unreasonable risk to themselves (by referring to or defining suitable and sufficient control measures)
- 9.1.4 Provide opportunities for staff to input into and inform the process.
- 9.1.5 Provide opportunities for staff to provide feedback (e.g. unforeseen situations) as part of a monitoring and review process

9.2 Individual Risk Assessment

Individual risk assessments must establish the possible consequences of using a particular method or methods of intervention involving an individual pupil when difficult behaviour occurs.

This individual risk assessment will identify the most appropriate intervention strategy to be used for individual cases. The type of physical interventions that may be used or authorised for use will be identified and ranked.

Each individual risk assessment will lead to the creation of an individual positive handling plan (PHP). The individual risk assessment will need to consider:

- 9.2.1 The history of behavioural difficulties and how such behaviour is often or may be presented by the individual
- 9.2.2 Trigger behaviours, including why such behaviours may occur

- 9.2.3 What interventions are most appropriate (look for the least restrictive physical intervention to respond effectively to foreseeable incidents).
- 9.2.4 What the potential hazards are, including who might be harmed and how, e.g. the pupil, the adult, bystanders, the property?
- 9.2.5 What possible outcomes, positive and negative, could arise from this physical intervention?
- 9.2.6 What are the likely outcomes if no action is taken?
- 9.2.7 How staff and other appropriate persons are kept informed of pupils who may present a risk and of those for whom there is an agreed protocol?

The PHP may note that doing nothing (planned ignoring) is a realistic course of action if it is taken deliberately in accordance with the behaviour management strategy and individual risk assessment for that pupil in those circumstances.

Review and record the findings of such an evaluation regularly and in every case following a physical intervention.

9.3 Risk Assessment Proforma

A sample risk assessment proforma is included in Appendix 4

10 Recording & Reporting

- 10.1 The Apprenticeships, Skills, Children and Learning Act 2009 (section 246) requires that governing bodies must ensure that a procedure is in place for recording each significant incident in which a member of staff uses force on a pupil, and for reporting these incidents to the pupil's parents as soon as practicable after the incident. Governing bodies must take all reasonable steps to ensure that staff follow the procedure. This is to ensure that parents are kept informed of serious events at school concerning their child. If reporting the incident to a parent would be likely to result in significant harm to the pupil, then the incident must be reported to the local authority where the pupil normally lives.
- 10.2 While ultimately only a court of law could decide what is 'significant' in a particular case, in deciding whether or not an incident must be reported, schools must consider:
 - a. An incident where unreasonable use of force is used on a pupil would always be a significant incident
 - b. Any incident where substantial force has been used (e.g. physically pushing a

pupil out of a room) would be significant

- c. The use of a restraint technique is significant
- d. An incident where a child was very distressed (though clearly not over reacting) would be significant

10.3 The Law requires each parent to be informed of a significant incident where force has been used on their child. In this case 'parent' has the meaning given by section 576 of the Education Act 1996 and will include people having day to day care of the child and the local authority where a child is the subject of a care order. Section 576 also deems the local authority as a 'parent' in the case of children who are looked after under section 20 of the Children Act 1989.

10.4 Ideally it is best to telephone parents as soon as possible after the incident before confirming details in writing. It is also good practice for parents to be given a copy of the school's policy on the use of force and information on post-incident support at the same time. It is expected that parents and carers have had access to the school's behaviour policy either via the school's or when enrolling their child.

10.5 All holds must be submitted through LCC electronic, online reporting system. The LEA will hold records of the RPI, but it is the individual's school/setting (where RPI was used) to keep their own records in a format that they find workable. This should be used to inform the frequency, intensity and duration of incidents to that 'good practice' can continue to evolve. It must be stressed, that settings using their own in-house recording systems have not 'reported' the event to an external body. The point of reporting to external and independent bodies is to ensure transparency of procedures and 'best practice' in terms of both RPI and safeguarding

10.6 It is important that there is a detailed, contemporaneous, written report of any occasion (except minor or trivial incidents) where physical intervention is used. This contemporaneous written report **must** be made as quickly as practicable (whenever possible, this must be within 24 hours of the incident). This report may help prevent any misunderstanding or misrepresentation of the incident and it will be helpful should there be a complaint.

10.7 Written records need to be submitted immediately (when safe for staff to reasonably do so) within a 24-hour period. These holds must be reported to the LEA (via the electronic physical intervention form, online) as well as reported to 'a higher level of governance' such as Chair of Governors, SEND Governor within the school to raise the transparency of practice and alert senior leader and critical friends to the needs of both children/YPs and staff

10.8 It will be the school/settings responsibility to ensure that these 'advance techniques' are monitored within the setting so that a collegiate response of professionals can be made in further assessing the needs, practice and risk of the individual concerned.

10.9 Immediately following any recordable incident, the member of staff concerned must tell the Headteacher or a senior member of staff. The written report should then be provided as soon as possible thereafter and must include:

- The name(s) of the

- pupil(s) involved, when (date and time) and where the incident took place
- The names of any other staff or pupils who witnessed the incident
- The reason that physical intervention was felt to be necessary (e.g. to prevent injury to the pupil, another pupil or member of staff)
- How the incident began and progressed, including details of the pupil's behaviour, what was said by each of the parties, the steps taken to defuse or calm the situation
- A clear description of the restraint used, how that was applied, and for how long
- The pupil's response, and the outcomes of the incident
- Details of any injury suffered by the pupil, another pupil, or a member of staff and of any damage to property
- Any medical treatment

Staff may find it helpful to seek advice from a senior colleague or a representative of their professional association when compiling a report. They must also keep a signed copy of the report, countersigned by the person monitoring the incident.

11. De-briefing with staff and children/YPs/service users

11.1 After an incident, it is the setting obligations to 'report and record' the incident (section 10). It is also essential that de-briefing is used with staff and individuals involved in the RPI to inform the risk assessment process. The basis of this is:

- The use of RPI can be averse to all involved and should all have the right to discuss their thoughts and feelings away from their professional capacity, where they can share their experiences in a non-judgmental climate
- It is a process to support children/YPs and staff. For staff, it forms part of the employer's duty of care to ensure good psychological well-being and suitability to support the needs of those posing challenging behaviours, enabling good practice to continue
- This can be used to signpost further needs of individuals which may relate to training needs (for staff) or general wellbeing for children/YP (for example)
- Individuals posing risk need the opportunity to learn about themselves, their needs and behaviours – so that they can form part of the solution and therefore lower the risk of further intervention
- Without involving those affected and involved in an RPI in a debrief that explores needs and issues, the likelihood and nature of risk is likely to remain the same. It is therefore an essential part of risk assessment and reduction process
- There is an acknowledgement that the use of RPI can cause 'harm.' This harm may be both relational and physical and may have happened prior to or during the use of RPI. Debriefing must be used so that 'harm' can be addressed, and relationships given the opportunity to be repaired.

11.2 De-briefing with a child/YP must be offered within 3 school days of the use of RPI and occur no less than 6 school days after the incident at a time convenient for those involved. It should be separate and distinct to the 'review process' for PHPs.

11.3 De-briefing is voluntary for staff but is encouraged as 'best practice.' It must be

promoted as an opportunity to develop greater self-awareness and understanding when supporting challenging situations. Staff asking for debriefing cannot be refused.

11.4 De-briefing for a child/YP must occur when they are emotional able to do so. This must be voluntary and not enforced. They must be given allocated time with someone who is adequately trained to support them to reflect upon events in a non-shaming and non-judgmental manner

11.5 When debriefing with children/YP, sessions should follow 'restorative principles' so that debriefing for the child/YP:

- Is an opportunity to make connections between thoughts and feelings
- Is an opportunity to learn and find new self-help strategies for future instance
- Is an opportunity to foster empathy and connections between the individual and others, as well as their actions
- Be aware of the harm that has been caused
- Have an opportunity to take responsibility for their actions in reparation of what has happen through an agreed consequence or outcome

11.6 It is preferable that staff facilitating de-briefing sessions for both colleague and children/YP have suitable training in Restorative Approaches/Practices/Justice. In settings or instances where children/YP are held more frequently, staff should seek the necessary skills and knowledge to facilitate debriefing

12. Monitoring and Review

12.1 Where frequent physical intervention is required, the resource implication of procedures must be regularly reviewed. This must include the role of management in the support of staff.

12.2 Records of incidents must be monitored on an appropriate regular basis (at least termly and in the case of individuals, a frequency that is sensitive to identifying their particular profile) to inform planning at setting and individual *pupil* level and to also identify training issues. Monitoring reviews must be included in the Headteacher's report to the Governing Body or for settings that are not schools, reported to the Key Manager.

12.3 Reviewing of PHPs must happen at least every 12 weeks (in cases where no holds have been used). In instances where holds are more frequent, 'good practice' would be to hold reviews every 6-8 weeks. In cases where there is a high frequency of RPI (more than once weekly), reviews must be at least monthly.

12.4 The review process should not be regarded as a formal obligation, but a useful tool to support best practice and develop greater understanding (and response) to an individual's needs. It is essential that therefore the child/YP has a 'voice' in this procedure and is able to input their thoughts, feelings and suggestions integrated, reasonably, into the discussion and outcomes

12.5 Parents and Carers must be invited to PHP reviews to form part of the 'child/YPs' voice. In addition to this a 'key worker' must attend the review so that they can act as an advocate for the child/YP. This will allow potential support strategies and actions of the

review to be discussed in their likelihood of success and best interest of the child. These meetings much **also include other stakeholders and advocates** for the child/YP to that decisions are *more informed* and in the best interests of the child/YP

- 12.6 There may be instances when professionals are required to meet to discuss their practice and arrangements related to RPI which may be not appropriate for parents/cares/advocates to attend. In these instances, a PHP review should be held with parents/carers and advocates soon after. Any changes or adjustments to practice that are made in the absence of parents/carers/advocates must be documented and recorded on the PHP. These changes must then be shared at the next PHP review
- 12.7 It is respected that RPI and PHP review meetings may have a high level of emotion, where there are disagreements amongst professionals and or parents/carers. The aim of the PHP is to reduce risk, frequency, duration and intensity of incidents where RPI may be used. Where possible, compromise should be sought unless this is reasonably thought to either increase risk or fail to reduce it when other options are considered more effective
- 12.8 Where possible, PHP reviews should aim to gain a consensus of agreement between all stakeholders. This may not always be achievable, this should be recorded in the minutes of the meeting and attached to/filed with the PHP review. In instances where there are difficulties between parents/carers and professionals do not find consensus, professionals must respect that valuable information that parents/carers provide. However, ultimately, the professionals and staff who are present at the time of critical incidents where RPI may be used have *in vivo* (immediate) awareness of the risk present in that situation and whether RPI is required. In this sense, the use of RPI cannot be inhibited by decisions made remote to a situation. Those most likely to be present, with *firsthand* experiences of *those behaviours, in that environment* are responsible to act in these critical times, so further consideration must be given to their input during PHP reviews
- 12.9 As part of the PHP review process, attendees may be required to sign the PHP. This is to signal there attendance rather than agreement to the plan. The use of RPI does not require 'consent' or 'ascent'. If there are concerns by any attendees who disagree with the plan as they feel it is not in the best interests of the child, then they should follow the complaints procedure marked out in the following sections
- 12.10 PHP reviews must be attended by the people most likely to be present at a critical incident that may require the use of RPI. This is so best practice can continue to develop with new strategies ready for implementation
- 12.11 Once the PHP has been updated, immediately following the review, the child/YP must be updated on any changes to the way they will be supported. This should be presented to them in the most appropriate way appropriate for their age. This may take the form of a child-speak PHP or 'My PHP' (*as mentioned in section 6*)
- 12.12 It should be remembered at all times during the review process, that the holistic needs of the child/YP are paramount, not just the function and use of RPI. The PHP review can also be used to discuss the wider needs of the child/YP that may relate to health and social care needs. It is in this forum where settings must evidence additional proactive support in relation to the SEND Code of Practice and Children & Families Act: This guidance deems it within the best efforts of a setting for a child/YP just to be supported by a PHP, this should fall within the wider offer of interventions and other support that focus direct on the needs underpinning such behaviours.

13 Staff Development and Training

Headteachers/Key Managers should consider the training of **all staff** through the School Development Plan/Induction and Foundation Standards, etc. and this should be linked to the *whole* school/establishment behaviour policy promoting, as a priority, de-escalation strategies. Leicester City Council endorses the use of 'Team Teach Ltd' Training because it satisfies the need that training for RPI must:

- Promote good practice
- Give a holistic understanding of challenging behaviour as an expression of a child or YPs needs
- Provide a level of certification and renewal of skills for techniques that have been themselves risk assessed and accredited by a regulatory body (such as the Institute of Conflict Management)
- Stress the importance of risk reduction and de-escalation
- Use physical techniques that, as much as possible, limit injury to all involved and do not use pain to gain compliance whilst maintaining dignity
- Foster professional support and multi-agency working

By using 1 form of RPI skills packaged, LCC hope to achieve a consistency for children and staff throughout the City so that there is an equitability of provision when children move phase, school or setting.

Headteacher/Principals and Governing Bodies/Management Committees, etc. should only contract trainers who have adopted the British Institute of Learning Disabilities Code of Practice and who have been or are working towards being accredited through their Physical Interventions Accreditation Scheme.

Prior to contracting a trainer, Senior Managers are strongly advised to contact the Head of the Social Emotional Mental Health Team to discuss the provider's viability, authenticity and the appropriateness of trainers to meet individual need. Training provided should be accredited by the Institute of Conflict Management (ICM).

14 Complaints, Whistleblowing & Safeguarding

14.1 All settings must have their own policies and procedures that deal with complaints as well as safeguarding. Due to the nature of RPI, there is always the possibility of mis-use, which may cause direct or indirect harm to those involved. The use of RPI and safeguarding, it's correct and proper use, must be referenced within these policies, particularly if the appropriateness use of RPI is questioned and therefore compromises the safeguarding of children.

14.2 Injuries that occur during the use of RPI should not be automatically considered bad practice. There may be instances however, when the reasonableness and appropriateness of the RPI is disputed. This can be raised by children during de-briefing or by parents and carers when informed of the use of RPI.

14.3 Other professionals, staff or visitors to the school/setting who are concerned by instances of RPI and are concerned about an incident of use must be referred to the setting's whistleblowing or complaints policy and procedure (whichever is appropriate).

14.4 Schools & other settings must ensure that they have a clear complaints procedure that relates to RPI set out in their other policies that relate to complaints, not specifically behaviour or RPI. When

reviewing and notifying the use of RPI, if concerns are raised by any party over its use, that party should be told how to formally raise concerns be it necessary.

For further guidance on complaints, whistleblowing safeguarding and when having to investigate complaint, please see the appendices.

APPENDIX 1

Model Policy Guidelines for Settings

Overview

These guidelines are designed to help settings to draw up policies covering the use of restrictive physical interventions with pupils with severe behavioural difficulties. A policy on the use of force including restrictive physical interventions should be an integral but discrete element of the setting's wider behaviour management policy. It is recommended that a policy should be organised into sections covering the following:

- Introduction
- Setting expectations
- Positive behaviour management
- Risk assessment and planning for use of restrictive physical interventions
- Use of restrictive physical interventions in unforeseen and emergency situations
- Seclusion and withdrawal
- Use of Calm space and recovery activities
- Post-incident support
- Reporting and recording use of restrictive physical interventions
- Monitoring use of restrictive physical interventions
- Responding to complaints
- Staff training

Each of these sections is considered in turn below.

Each section points to good practice and identifies issues to be addressed. It is intended that the Policy will be of practical assistance to settings when examining current setting practices and procedures, and developing a policy suited to local circumstances. It should be possible to draw wording for setting policies directly from these guidelines (by, for example, changing "the setting should" to "the setting will").

Introduction

In certain settings there are children with severe behavioural difficulties who present behaviour that may necessitate the use of restrictive physical interventions to prevent injury, damage to property, or the breakdown of discipline. Section 93 of the Education and Inspections Act 2006 clarifies the position about use of restrictive physical interventions by teachers and others authorised by the headteacher to control or restrain pupils. Teachers and other authorised setting staff are reminded that use of physical force must be reasonable and comply with:

- Joint DfES/DH guidance issued July 2002, "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 disorder"
- Local authority policies
- The Children Act 1989 Guidance and Regulations Vol.4 – Residential Care
- Children's Homes National Minimum Standards – Children's Homes Regulations
- Local Authority behaviour support plan
- Setting discipline and behaviour policies

Issues for settings to address:

- *Which staff other than teachers will be authorised to use restrictive physical interventions in your setting?*
- *By what process will staff be selected, trained and then authorised to use restrictive physical interventions in your setting?*
- *Which staff will have oversight of the use of physical intervention? Who will ensure its being used appropriately, records are maintained, and it is monitored effectively?*

Setting Expectations

The use of restrictive physical interventions should always be considered within the wider context of other measures. These include establishing and maintaining good relationships with children and using diversion, diffusion and negotiation to respond to difficult situations. Use of physical force that is unwarranted, excessive or punitive is not acceptable. Failure to comply with this principle, when considering or using physical force, should be dealt with under setting disciplinary procedures.

Issues for settings to address:

- *In what situations would the setting consider it appropriate for teachers and other authorised setting staff to use restrictive physical interventions?*
- *What kinds of actions would be viewed as using reasonable physical intervention in your setting?*
- *What kind of actions involving use of physical intervention would be viewed as unwarranted, excessive or punitive in your setting?*
- *What course of action will be taken in the event of staff failing to comply with this policy?*

Positive Behaviour Management

All staff should adopt a positive approach to improving behaviour in order to reward effort and application, and to build self-esteem. The setting should work in partnership with those who know the child to help those concerned:

- Find out why this child behaves as he or she does

- What is the child's 'story'? History/background?
- Understand the current factors that influence this child's behaviour
- Identify early warning signs that indicate foreseeable behaviours are developing

This approach will help to ensure that early and preventative intervention is the norm. It should reduce the incidence of extreme behaviours and make sure that the use of physical force is rare.

Setting staff should refer to the setting's behaviour policy when developing and implementing Positive Handling Plans. All behaviour management plans should be formally agreed and ratified before implementing them in the setting. Plans should be formally recorded in accordance with setting procedures and set out the action taken to:

- Meet the pupil's needs
- Encourage the pupil to make positive choices and develop self-control
- Support the pupil in difficult situations
- Safely manage crises if and when they occur

Issues for settings to address:

- *How will the setting involve parents and others who know the child in the process of developing behaviour management plans?*
- *What process is to be used to agree and ratify behaviour management plans for use in setting?*
- *How are behaviour management plans to be recorded?*
- *How will the child's voice be heard in this plan? How will the plan be shared with the child?*
- *Where will plans be stored? (GDPR) Remember they should be a 'working document' readily accessible*
- *How will plans be reviewed? And when? (minimum of 12 weeks)*

Risk Assessment and Planning for Use of Restrictive Physical Interventions

Settings should acknowledge that some children behave in ways that make it necessary to consider the use of restrictive physical intervention as part of a Positive Handling Plan. All identified behaviours necessitating use of physical intervention should be formally risk assessed. The resulting risk management strategy must be compatible with a positive behaviour management approach. Planned use of physical intervention must be clearly

shown to be in keeping with the pupil's statement and his or her individual education plan. It should also be properly documented within setting records.

All staff should be aware of the distinction between physical contact or touch, used appropriately in everyday situations to support, encourage, guide or comfort a pupil, and the use of force to restrict movement or to disengage from pupils whose behaviour presents a clear risk of injury.

Techniques and methods for controlling and restraining pupils using restrictive physical interventions must be assessed to ensure they are safe, suitable and appropriate for use with the named pupil.

They should

be agreed in partnership with the pupil, his/her parents (or those with parental responsibility) and other statutory agencies working with the pupil. This is especially the case when children are looked after by the local authority, in respite care, or cared for by others with legal responsibility in order to ensure that there is a consistent approach to the use of force in and out of setting.

In the event of disputes in schools over, or concerns about, techniques and methods being considered, an interim setting strategy should be agreed, and the matter referred to the Local Authority. If necessary, adjudication might be offered by an independent officer nominated by the Local Safeguarding Board. For other settings the matter must be referred to the local authority health and safety team.

Issues for settings to address:

- *For what kinds of behaviours would the setting view it necessary to consider planned use of physical intervention?*
- *What action does the setting intend to take to assess and manage the risks presented by pupils?*
- *What steps does the setting take to ensure that all staff coming into contact with pupils who may present a risk have necessary information on the pupil concerned?*
- *How will the setting ensure that planned use of physical intervention is compatible with a positive approach to improving behaviour and in keeping with the pupil's EHCP and pastoral support plan?*
- *What action will the setting take to assess techniques and methods for implementing planned use of physical intervention?*
- *Who will the setting work in partnership with to agree the techniques and methods to be used to implement planned use of physical intervention?*
- *What process is in place for you to refer disputes or concerns to the Local Authority?*

Use of restrictive physical interventions in unforeseen and emergency situations

Settings should acknowledge that, on occasion, staff may find themselves in unforeseen or emergency situations when they have no option but to use reasonable force to manage a crisis. It is recommended that:

- before using force - staff attempt to use diversion or diffusion to manage the situation
- when using force - staff must use techniques and methods with which they are familiar, confident and are permitted by the setting
- In exceptional circumstances (where permitted techniques are ineffective, or staff are unfamiliar with the action they should take) – staff shall manage the situation as best they can to comply with section 93 of the Education and Inspections Act 2006.
- Staff must always report and record use of physical force that occurs in unforeseen or emergency situations using setting procedures.

Issues for settings to address:

- *What kinds of unforeseen or emergency situations might staff find themselves in within your setting?*
- *What techniques and methods for implementing use of physical force to control or restrain pupils will be acknowledged as suitable for use in typical emergencies?*
- *What actions are staff required to take to report and record use of physical force in unforeseen and emergency situations?*

Post-incident support/Recovery/Debrief/Restorative Practice

Incidents that require use of restrictive physical interventions can be upsetting to all concerned and result in injuries to the child or staff. After incidents have subsided, it is important to ensure that staff and children are given emotional support and basic first aid treatment for any injuries. Immediate action should, of course, be taken to ensure that medical help is accessed for any injuries that require other than basic first aid. All injuries should be reported and recorded in accordance with setting procedures. The setting should take action to report any injuries to staff or pupils in accordance with RIDDOR and the Local Authority accident/incident reporting procedures.

Issues for settings to address:

- *Who will provide staff and children with support after incidents? (recovery)*
- *Who will be the best person to 'debrief' a child and when?*
- *Who will check for injuries, provide first aid and arrange for medical aid?*
- *Who will report injuries to HSE?*

Reporting and Recording Use of Restrictive Physical Interventions

After incidents in which physical intervention is used, staff should report and record the

matter in accordance with setting procedures. All incidents requiring the use of physical intervention must be thoroughly and systematically documented within setting records including an immediate electronic entry through the Local authority online Electronic Physical Intervention Form 'EPIF Form'. **The setting should take action to ensure that parents and the Local Authority are informed about these incidents in accordance with agreed local procedures and time scales.**

Issues for settings to address:

- *How are incidents to be reported and recorded?*
- *What action will the setting take to inform parents and the local authority about incidents?*
- *Is there a procedure in place for reporting significant incidents to parents?*

Monitoring Use of Restrictive Physical Interventions

Use of physical intervention in setting should be monitored in order to help staff learn from experience, promote the well being of children in their care and provide a basis for appropriate support. Monitoring can help settings to determine what specialist help is needed for children and to assess the appropriateness of the child's placement at the setting. Information on trends and emerging problems should be shared within the setting using local procedures. Monitoring information should be reported on a regular basis to school governors/setting Key Managers.

The local authority Social Emotional Mental Health Team provides support in monitoring EPIF forms. Using this system automates the necessary response of reporting to an external agency for monitoring.

Issues for settings to address:

- *How will you monitor and evaluate the use of physical intervention?*
- *How will incident monitoring inform risk assessment and management?*

Responding to Complaints

The use of restrictive physical intervention can lead to allegations of inappropriate or excessive use.

In the event of a complaint being received by a school in relation to use of force by staff, the matter should be dealt with in accordance with agreed procedures for handling allegations against members of staff. (Revised guidance about such procedures, prepared jointly by the National Employers Organisation for Teachers and the six teacher unions, was published in September 2002). The document "Education Staff and Child Protection: Staff Facing an Allegation of Abuse" can be accessed electronically at <http://www.lg-employers.gov.uk/conditions/education/allegations/index.html>.

In the event of a complaint being received by a residential setting in relation to use of force by staff, the matter should be dealt with in accordance with chapter 13 of the LSCB Child Protection Procedures, Protocols and Practice Guidance.

Settings should only take action to suspend staff subject to such allegations after careful

consideration of whether this is the appropriate course of action.

Issues for settings to address:

- *How will complaints be investigated and by whom?*

Staff Training

Training in physical intervention methods that are acceptable within the setting is available and teachers/childcare practitioners and support staff should be encouraged to take up such opportunities. This training is intended to help staff to link meeting children's needs with positive behaviour management. Staff involved in implementing planned use of physical intervention, as part of a behaviour management strategy within the setting, should be provided with training in the range of intervention techniques they are expected to use in their day-to-day work. On successful completion of training, staff should be expected to practice their skills and periodically attend updates. Training provided is accredited by the British Institute of Learning Disabilities (BILD) and/or The Institute of Conflict Management (ICM). Training is also available to staff required to carry out risk assessments in connection with the management of pupil behaviour.

Issues for settings to address:

- *How will you choose training for your setting and what is the training to include?*
- *How will staff be assessed and updated?*

Appendix 2

Local Authority Policy on Seclusion

This advice around SECLUSION is derived from national documents.

Terminology

For clarity, regardless of what people may, in the past, have understood by various terms, the local authority is using the definitions provided below to prevent confusion with other terminology:

Seclusion is where a person is **forced** to spend time **alone** against their will.

Seclusion should only be used in an emergency when there is concern for the health and safety of the pupil in question or other pupils or staff.

Isolation is keeping a person apart from others, preferably as part of an agreed plan that involves, as much as possible the consent of a child/YP or ascent of their/parent carer. Some schools may have 'isolation rooms' which should be designated areas for calming and learning away from larger groups of children which is conducive to a child/YP's needs. The occupation of these rooms should not be enforced, but a voluntary agreement between staff and the child/YP to have access to a space more supportive to their immediate needs. The use of these rooms should also involve the support and supervision of an adult. The aim of them is not to seclude a child/YP but to ensure that a service user has access to areas of a building that can allow them to be more emotionally focused. Due to this, the term 'isolation room' may not be the most appropriate to be adopted by settings despite its' common usage as a term.

Internal exclusion is where a pupil is kept isolated from others inside the school building.

External exclusion is where a pupil is excluded from the school building.

The Local Authority understands that when a member of staff is injured external exclusion may be an appropriate but not the only course of action. Should it be felt necessary to externally exclude a pupil: the school will be expected to follow the LA procedure.

Guidance

Under Section 93 Education and Inspections Act 2006, staff in schools have a legal power to use reasonable force in order to keep children and others safe or to prevent disruption to a learning environment.

All schools should have a written policy that lays down the procedure to be followed in dealing with pupils with behavioural difficulties, setting out the circumstances in which reasonable force might be used. This policy should be made known to school staff, parents/carers and pupils.

All staff involved in the use of reasonable force should be given appropriate training. In deciding if the use of reasonable force is appropriate, the member of staff will need to make a dynamic (i.e. on the spot) risk assessment to decide if reasonable force is

necessary, in the child's best interests whilst being reasonable and proportionate to what the child was doing.

Consideration should also be given to the needs of the pupil, considering their age, gender and any special educational needs they might have.

The use of a room for seclusion should be considered only as an emergency measure for controlling violent behaviour or to protect the pupil or other persons. The decision to use seclusion is serious and should only be used as follows:

- As an emergency intervention of **last resort**
- Where other, less restrictive strategies have been unsuccessful, although an emergency situation may not allow time to try those other strategies
- Where there is a real risk of significant harm to others
- **Never** for punishment

Parents/carers of the pupil should be immediately notified of the use of seclusion. It is for the staff member in charge to decide how long a pupil should be kept in seclusion, or isolation. However, schools should ensure that pupils are kept in seclusion, or isolation no longer than is necessary and should also allow pupils time to eat or use the toilet.

Risk Assessment

Risk assessment is an essential element in the management of pupil behaviour and should underpin management of pupils with behavioural difficulties. The use of interventions such as reasonable force should be part of a management plan based on an assessment of risk. Whilst it is acknowledged that the occurrence of aggressive or violent incidents is not always predictable, assessment of risk, leading to a Positive Handling Plan is essential to the prevention and management of aggression and violence.

It is preferable that a room which might be used for isolation or seclusion has other functions e.g. a safe place for a child to withdraw to by choice, play interventions, 1:1 work. The room should reflect as 'normal' an environment within the school context as possible and could have soft furnishings and decorated walls, but for safety, avoiding rigid tables and chairs, etc. Staff should beware of the possible need to vacate the room should it be required for seclusion. If the room is used as a teaching space – it should only be 1:1 and again for safety, when staff vacate, **THEY SHOULD TAKE ALL MATERIALS WITH THEM!**

Recording the use of seclusion should include:

- A start and an end time to the seclusion
- Other strategies that were employed in an effort to de-escalate the situation and prevent the use of seclusion, although an emergency situation may not allow time to try those other strategies

- Person/s involved in and supervising the seclusion

During seclusion:

- The child should be supervised and within view at all times
- An on-going dynamic risk assessment should be undertaken with a view to concluding the seclusion at the earliest possible opportunity. This is the equivalent of a release strategy.

Reporting

Parents/carers need to be informed **immediately** after a child is secluded. Parents/carers should be given the opportunity to view the room and fully discuss the incident. Following seclusion:

- Outside agencies involved with the child (e.g. Social, Emotional, Mental Health (SEMH) Team) should be informed at the earliest opportunity
- In the absence of outside agencies being involved with the child, serious consideration should be given to referring the child to, e.g. SEMH, Educational Psychology, CAMHS
- 'Listening and Learning' debriefing sessions are undertaken for the pupil and staff involved
- The child's risk assessment and Positive Handling Plan are revised.

NB: If a risk assessment indicates the behaviour of the child is such that the room may have to be used in an emergency capacity in the future, it is recommended that this is fully discussed with parents/carers and a written agreement to this end signed by school and parents/carers. It may also be helpful for other agencies involved with the child to be present at such a meeting and that they too sign the document. This agreement should then be incorporated into the child's Positive Handling Plan and (if not already referred) should be referred to an outside agency as a matter of urgency.

APPENDIX 3

Assessing and Managing Risks for Pupils Who Present Challenging Behaviours

Introduction

This Policy has been designed to help teachers, childcare practitioners, support assistants, carers, and other adults working in settings to improve practice in relation to the assessment and management of risk posed by pupils with severely challenging behaviour. The risk may be to the pupils themselves, other pupils, teachers, other adults or property.

What Is Meant By "Risk" And "Risk Assessment"?

The term "risk" refers to any circumstances which could lead to adverse outcomes for the child or others. Risks may arise in relation to a number of factors, such as the health care and social support arrangements for the child, interactions between the child and his or her environment, the direct impact of behaviour(s) presented by the child, measures and interventions employed to reduce, limit or manage the risks presented to the child and others.

Risk assessment and management is a process that helps staff and others to consider risk issues, to act reasonably, and to learn from what happens in everyday practice. In the main, risk assessment and management involves:

- Using what is known, in the light of experience, to make rational judgements about risk issues
- Weighing up options and taking reasonable risks
- Taking action to implement a range of approaches to support and safeguard children

By working in this way, it is possible to make decisions and take actions to:

- Limit the level of inherent risk to which children and others are exposed
- Take calculated risks to broaden the child's experience and maximize his or her individual potential
- Avoid unreasonable risks for this child and others
- Ensure that strategies used to respond to challenging behaviour are reasonable, and proportionate to the risks presented by the behaviour

Using a structured approach to risk assessment and management will help staff to make decisions about what can reasonably be done to limit risks. At the same time, it will help prepare them for times when things go wrong.

Challenging behaviours are often foreseeable, even though it may be difficult to predict exactly when they will occur or the degree of challenge they will pose. As a general rule, settings should:

- Explore why children behave in ways that pose a risk
- Try to understand the factors that influence the behaviour
- Recognise the early warning signs that indicate that the child's behaviour is beginning to emerge
- Develop the skills to manage difficult situations competently and sensitively

The measures agreed for managing identified risks should be set out in an agreed behaviour management plan for the individual child. Risk assessment and management can also be used in emergency situations when unforeseen risks occur.

Assessing the Risk

Risk assessment involves a consideration of potential and actual risk. Key steps are:

- Assessing the context for risk - trying to predict the situations in which risks do/may occur. For example, situations where pupils might feel frustrated, pupils being near open roads, on transport or in crowded places
- Assessing probability - trying to estimate how likely it is that the risk situation will occur and whether any injury or harm is very likely to occur, likely to occur, or unlikely to occur
- Assessing seriousness - trying to gauge the kind of injury and harm that could result. For example: choking, bruises, bleeding, sprains, broken bones, stress, burnout, panic attacks, nervous breakdowns and post-traumatic stress disorder

When assessed, all risks should be recorded in accordance with relevant requirements such as Local Authority or setting policies. In the event that risks are thought to be serious for the child or others, the setting may need to use formal risk assessment frameworks and tools, such as the Health and Safety Executive's "Five Steps to Risk Assessment".

Exploring Risk Reduction Options

Risk reduction involves an examination of risk management options and consideration of the benefits and drawbacks of each option for the child, staff and others concerned. After weighing up the options available, some may be discarded as unsuitable. This will usually be because they have insufficient impact on the risk or have too many drawbacks. A record should be kept of risk reduction options examined and discounted as well as those adopted for each pupil.

Risk reduction should include:

- Proactive measures to support the child effectively and prevent difficulties emerging
- Early interventions to help the child in difficult situations and avert problems
- Planned measures to manage the child and others safely, when unavoidable difficulties arise

In circumstances where there are concerns that the risk reduction options being considered may themselves give rise to risk to the pupil or others, it would be prudent for settings to seek advice from other bodies. These may include:

- the local Safeguarding Children Board for concerns in relation to children
- Health and Safety Executive for concerns in relation to setting staff and others
- medical advisers
- legal advisers
- Local Authority Investing in Our Children Division.

Deciding Risk Management Measures

The measures selected to prevent risks occurring, manage risks that arise and respond to injuries and harm that occur should be based upon a full appraisal of all the risk management options. In agreeing the risk management strategy, it is important to be explicit about inherent risks that continue to exist, even when the strategy is fully implemented, risks that can be reduced by implementing the strategy, and the risks that can be prevented by implementing the strategy, and any risks inherent in the strategy. The agreed risk management measures must form the basis of the child's behaviour management plan and the setting's risk management strategy. All decisions made about risk management options must be recorded in accordance with setting procedures.

When selecting risk management procedures for the child's behaviour management plan and the setting risk management strategy, settings must involve parents, or those with parental responsibility. Both sides benefit from such an approach, parents can examine measures for supporting their child within a broader context, while settings find out things that might otherwise be overlooked. Professionals from other agencies must also be consulted in the process of deciding the best options to eliminate, reduce or limit the risk, without placing unreasonable restrictions on the child, children, setting staff or others, or putting others at unreasonable risk. Accommodation and resources will influence the strategy employed.

In the event that there are disputes or concerns about the measures employed, it would be prudent for settings to seek advice from the people or bodies listed in the preceding section.

Sharing and Communicating an Agreed Approach

Once agreed, the behaviour management plan and risk management strategy must be shared with all those responsible for implementing or monitoring the impact of the plan. This is important as it will help to ensure that those concerned know how children are to be supported and why, which behaviours are to be managed and how they are to be managed and which risk reduction measures are to be employed and when.

The risk management strategy can be shared through discussion groups, meetings and circulating information. Those who must be informed include:

- The child
- His/her parents or those with parental responsibility
- Members of the teaching team/care team and other setting staff
- Other professionals involved with the child, child protection teams and other agencies
- Settings should keep a record of those informed about the strategy.

Staff Training

Once the plan and risk management strategy have been shared with those who work with and support the child, consideration must be given to the ability of staff to implement the strategy. In particular, steps must be taken to determine what training may be required prior to implementation. This is key, because successful implementation will be dependent on staff competence and expertise. Setting records should show training needs identified as a result of the strategy and how training was provided to enable staff to implement it.

Where it is apparent that there are staff with significant training needs, implementation of the risk management strategy must be modified until relevant staff training has been provided. In some instances, staff training will be required as a matter of urgency so that implementation can take place without delay.

Evaluating Impact and Effectiveness

Along with other aspects of their approach to restrictive physical intervention, settings must regularly review risk assessment and management measures. All evaluations of plans and strategies must be reported using setting procedures and recorded in setting records. These will make an important contribution to informing future planning and improving day-to-day practice.

Significant Findings of Risk Assessment

Site / Premises: Schools		Assessment Carried Out By		Assessment Serial Number:		
Department: Education		Name:		Date Carried Out or Reviewed	Date for Next Review	Reviewed By (Name)
Activity / Process:		Signature:				
		Responsible Manager / Team Leader etc				
		Name:				
		Signature:				

Risk Rating.
 The Risk Rating process is provided for guidance only. It is the risk assessors' evaluation of the risks that is important, and this may differ from the result indicated by the risk rating matrix. Even after taking the risk rating into consideration employers still have a duty to ensure that sufficient and adequate control measures are in place to ensure that any remaining risks are kept as low as is reasonably practicable.

What are the Hazards? (What can go wrong)	Who might be Harmed & How?	Existing Control Measures (What are you already doing to manage the hazards/risks?)	Risk Rating with controls in place			Additional Controls Required (Where the existing controls are insufficient to reduce the risk to an acceptable level) Use the scoring table below to assist in planning actions.	Action By When?	Action By When?	Additional Action Completed (Initials)
			Likelihood	Impact / Severity	Risk Rating Score				
Moving up and down the stairs	Other children being pushed by Peter	Peter to be accompanied by an adult at all times	3	2	6	Peter to walk up and down the stairs before children			
Throwing chairs	Other children or staff being hit	Attempt to redirect or deescalate the situation by removing the chair. Time out to calm down. Staff to use team teach methods. Use big gestures to move Peter	2	2	4	Remove other children if Peter refuses to move. Continue training and workshop advice. Developing specific scripted language			
Threatening to attack children or staff with scissors or knives	Other staff or children may be cut or stabbed. Hair or clothes may be cut								

Scoring Table				Risk Scoring Guide			
LEVEL OF RISK		OVERALL RATING	HOW THE RISK SHOULD BE TACKLED/MANAGED		Impact Criteria (B)		
HIGH RISK		15-25	Immediate Management Action				
MEDIUM RISK		9-12	Plan for Change				
LOW RISK		1-8	Continue to Manage				
Likelihood (A)	5 Almost Certain	5	10	15		20	25
	4 Probable /Likely	4	8	12	16	20	
	3 Possible	3	6	9	12	15	
	2 Unlikely	2	4	6	8	10	
	1 Very Unlikely / Rare	1	2	3	4	5	
		Insignificant / Negligible	2 Minor	3 Moderate	4 Major	5 Critical / Catastrophic	
		Impact (B)					
Risk Score							
To calculate the Risk Score in the Risk Assessment Register above, simply multiply the Impact by the Likelihood to identify the level of risk as per the table above.							
Likelihood Criteria (A)							
LIKELIHOOD	SCORE	EXPECTED FREQUENCY					
Almost Certain	5	Reasonable to expect that the event WILL undoubtedly happen/recur, possibly frequently and is probable in the current year					
Probable / Likely	4	Event is MORE THAN LIKELY to occur, will probably happen/recur, but is not a persisting issue. Will possibly happen in the current year and be likely in the longer term					
Possible	3	LITTLE LIKELIHOOD of event occurring. Not likely in the current year, but reasonably likely in the medium/long term.					
Unlikely	2	Event NOT EXPECTED. Do not expect it to happen/recur. Extremely unlikely to happen in the current year, but possible in the longer term.					
Very Unlikely /Rare	1	EXCEPTIONAL event. This will probably never happen/recur. A rarely feasible event.					
Impact Criteria (B)							
IMPACT	SCORE	HEALTH & SAFETY EFFECT					
Critical/ Catastrophic	5	Multiple deaths of employees, service users, members of the public, etc.					
Major	4	Death of an employee, service user, member of the public, etc.					
Moderate	3	Serious injury (acute, chronic of lifechanging). to employee, service user or member of the public requiring medical intervention.					
Minor	2	Minor injury such as a bump or bruise that may require First Aid treatment and the person returns to work.					
Insignificant / Negligible	1	A day to day issue/problem but negligible harm would result.					
Now consider the likelihood of that harm or injury being realised based on the expected frequencies in the table below.							
Likelihood Criteria (A)							
LIKELIHOOD	SCORE	EXPECTED FREQUENCY					
Almost Certain	5	Reasonable to expect that the event WILL undoubtedly happen/recur, possibly frequently and is probable in the current year					
Probable / Likely	4	Event is MORE THAN LIKELY to occur, will probably happen/recur, but is not a persisting issue. Will possibly happen in the current year and be likely in the longer term					
Possible	3	LITTLE LIKELIHOOD of event occurring. Not likely in the current year, but reasonably likely in the medium/long term.					
Unlikely	2	Event NOT EXPECTED. Do not expect it to happen/recur. Extremely unlikely to happen in the current year, but possible in the longer term.					
Very Unlikely /Rare	1	EXCEPTIONAL event. This will probably never happen/recur. A rarely feasible event.					

APPENDIX 5

SAMPLE POSITIVE HANDLING PLAN



Leicester
City Council

Positive Handling Plan and Risk Assessment

NR: This plan aims to draw upon previous incidents in order to support the child to find a better way to manage their behaviour

Name:

Date of Plan: __ / __ / __ Review Date of plan: __ / __ / __

School

Relevant Background Info that contributes to the Individuals stress (e.g. Family history, learning needs etc)

Likes/Interests and Strengths

Stressors/Triggers (times of day, people, activities, needs not met)

Medical Conditions (if applicable) consider which of these will alter the child's presentation and appropriateness of the hold

Nature of RISK (circle all that apply)

Harm to self

Harm to others

Serious Disruption

Significant Damage to property

What precisely is the risk ? (behaviours noted)

Key Adults:

De-escalation and Diversion strategies that can be used

Stage 6: Debrief with child

- consider a safe place for this to occur, with a safe adult, this should be suitably differentiated to meet the needs of the child:
- What happened? Before, during and after the critical incident?
- What they were thinking and feeling?
- Taking responsibility: How can they put this right? (repair the harm they have caused: this may include physical environment, and accepting consequences but critically it includes repairing relationships)
- Who will support them and check that this has happened?

Please state how the above will be facilitated for this child:

Supportive Structures around the child**Teach a better way – how can we support the child to manage their emotions and crisis**

behaviours? e.g. My Positive Handling Plan Social Story, My Positive Handling plan visual Strip

1:1 interventions e.g. Theraplay activities, Zones of Regulation, SEAL, Body mapping, access to counsellor, etc. Group work e.g. emotional literacy sessions

Advice and Support from external agencies (e.g. SEMH, EP, Family Support, Paediatrician)

Please state who is involved and nature of current involvement (eg awaiting appointment, monitoring, awaiting assessment etc)

Support arrangements (e.g. ISP, PSP, School Contract, Element 3, Request for Statutory Assessment)

Parents/Carers:

Name: _____

Teacher

Name: _____

Young Person

Name: _____

Recording and Monitoring

Record on the Electronic PI Form

☐

Report to SLT – ASAP

☐

Report to Parents (within 24 hours max)

☐
Review Plan

(annotate the positive handling plan, what was the stressor/ trigger? what worked well? what could be tried differently next time? Physical intervention required: Yes or No

Write in a different colour each time and date and sign this)

Review the entire plan (re-type!) every 12 weeks (government guidance!)

SAMPLE CHILD VERSION POSITIVE HANDLING PLAN

My positive handling plan (template)

My feelings..... Sometimes I feel

- [e.g. cross or upset.....]

These are the thoughts I have when I'm cross or upset

- [e.g. Its not fair, I don't like it, I hate it, I look stupid, I'm embarrassed, I'm worried]

Sometimes these are my actions

- [e.g. I hit, kick punch and scream]

If this happens I'm not safe and others might not be safe, so an adult will help me

They might hold me because they care enough about me to not let me lose control

They might take me to my safe space/ or I can choose to go there to settle down

I like it when [e.g adult name] stays with me/waits outside my space

In my safe space I will use [e.g activities] to help me settle myself

When I'm settled and calm I will work with [adult name] on a learning task and then we can go back to class together

Afterwards I will get the chance to talk about what happened and put things right

APPENDIX 7

Check List for Review Procedures

Settings must have a review process for incidents where physical intervention has taken place. That review must include the following:

- What steps are taken to ensure that minimum reasonable force is used if physical intervention is needed?
- Have the incidents needing physical intervention increased/decreased?
- Are incidents monitored to ensure that the length of time physical intervention is used is kept to a minimum?
- Are practices reviewed and alternative methods not using physical intervention explored as a possible outcome in each case?
- What steps are taken to ensure that physical intervention used causes a minimum of pain or distress?
- Where physical intervention is used, what method is there for checking medical advice?
- What steps are taken following physical intervention for the pupil and the adults involved?
- What steps are taken to ensure that the child has time to 'calm' and recover from the physical intervention?
- What restorative measures are implemented for the child to 'put it right' and for both adult and child to repair their relationship?
- Are there separate debriefing sessions for both pupil and members of staff who have been involved in an intervention? Does the review explore antecedents, consequences and alternative courses of action?
- A regular and planned review of these issues is an essential part of their management.
- Has the incident been reported to parents/SLT? Has the EPIF form been completed? If necessary, an SO2?

APPENDIX 8

Extracts from Legislation

Section 93 of the Education and Inspections Act 2006 (as amended by section 246 of the Apprenticeships, Skills, Children and Learning Act 2009)

Use of reasonable force

93 Power of members of staff to use force:

- (1) A person to whom this section applies may use such force as is reasonable in the circumstances for the purpose of preventing a pupil from doing (or continuing to do) any of the following, namely-
 - (a) committing any offence,
 - (b) causing personal injury to, or damage to the property of, any person (including the pupil himself), or
 - (c) prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.
- (2) This section applies to a person who is, in relation to a pupil, a member of the staff of any school at which education is provided for the pupil.
- (3) The power conferred by subsection (1) may be exercised only where—
 - (a) the member of the staff and the pupil are on the premises of the school in question, or
 - (b) they are elsewhere and the member of the staff has lawful control or charge of the pupil concerned.
- (4) Subsection (1) does not authorise anything to be done in relation to a pupil which constitutes the giving of corporal punishment within the meaning of section 548 of EA 1996.
- (5) The powers conferred by subsection (1) are in addition to any powers exercisable apart from this section and are not to be construed as restricting what may lawfully be done apart from this section.

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

93A Recording and reporting the use of force by members of staff – England:

- (1) The governing body of a school in England must ensure that a procedure is in place for –
- (a) recording each significant incident in which a member of the staff uses force on a pupil for whom education is being provided at the school (a “use of force incident”) and
 - (b) reporting each use of force incident (except those where the pupil is aged 20 or over or provision made under subsection (5) applies) to each parent of the pupil as soon as practicable after the incident.
- (2) The governing body must take all reasonable steps to ensure that the procedure is complied with.
- (3) The procedure must require that a record of a use of force incident is made in writing as soon as practicable after the incident.
- (4) In discharging their duty under subsection (1), the governing body must have regard to any guidance issued by the Secretary of State for the purposes of that subsection.
- (5) A procedure under subsection (1) must include provision to the effect—
- (a) that a person (“R”) who would otherwise be required by the procedure to report an incident to a parent must not report it to that parent if it appears to R that doing so would be likely to result in significant harm to the pupil and
 - (b) that if it appears to R that there is no parent of the pupil to whom R could report the incident without that being likely to result in significant harm to the pupil, R must report the incident to the local authority (within the meaning of the Children Act 1989) within whose area the pupil is ordinarily resident.
- (6) In deciding for the purposes of provision made under subsection (5) whether reporting an incident to a parent would be likely to result in significant harm to the pupil, R must have regard to any guidance issued by the Secretary of State about the meaning of “significant harm” for those purposes.
- (7) In this section – “governing body”, in relation to a school which is not a maintained school, means the proprietor of the school “maintained school” means –
- (a) a community, foundation or voluntary school
 - (b) a community or foundation special school
 - (c) a maintained nursery school

“parent”, in relation to a pupil, has the meaning given by section 576 of EA 1996 in

relation to a child or young person, but includes a local authority which provides accommodation for the pupil under section 20 of the Children Act 1989

Children's Homes Regulations 2001: Regulation 17

Behaviour management, discipline and restraint

17.— (1) No measure of control, restraint or discipline which is excessive, unreasonable or contrary to paragraph (5) shall be used at any time on children accommodated in a children's home.

(2) The registered person shall prepare and implement a written policy (in this regulation referred to as "the behaviour management policy") which sets out—

- (a) the measures of control, restraint and discipline which may be used in the children's home and
- (b) the means whereby appropriate behaviour is to be promoted in the home.

(3) The registered person shall—

- (a) keep under review and where appropriate revise the behaviour management policy and
- (b) notify the Commission of any such revision within 28 days.

(4) The registered person shall ensure that within 24 hours of the use of any measure of control, restraint or discipline in a children's home, a written record is made in a volume kept for the purpose which shall include—

- (a) the name of the child concerned
- (b) details of the child's behaviour leading to the use of the measure
- (c) a description of the measure used
- (d) the date, time and location of, the use of the measure, and in the case of any form of restraint, the duration of the restraint
- (e) the name of the person using the measure, and of any other person present
- (f) the effectiveness and any consequences of the use of the measure and
- (g) the signature of a person authorised by the registered provider to make the record.

(5) Subject to paragraphs (6) and (7) of this regulation, the following shall not be used as disciplinary measures on children accommodated in a children's home—

- (a) any form of corporal punishment
- (b) any punishment relating to the consumption or deprivation of food or drink
- (c) any restriction, other than one imposed by a court or in accordance with

regulation 15, on—

- (i) a child's contact with his parents, relatives or friends
 - (ii) visits to him by his parents, relatives or friends
 - (iii) a child's communications with any of the persons listed in regulation 15(2) or
 - (iv) his access to any telephone helpline providing counselling for children
-
- (a) any requirement that a child wear distinctive or inappropriate clothes
 - (b) the use or withholding of medication or medical or dental treatment
 - (c) the intentional deprivation of sleep
 - (d) the imposition of any financial penalty, other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation
 - (e) any intimate physical examination of the child
 - (f) the withholding of any aids or equipment needed by a disabled child
 - (g) any measure which involves—
 - (i) any child in the imposition of any measure against any other child or
 - (ii) the punishment of a group of children for the behaviour of an individual child.

(6) Nothing in this regulation shall prohibit—

- (a) the taking of any action by, or in accordance with the instructions of, a registered medical practitioner or a registered dental practitioner which is necessary to protect the health of a child
- (b) the taking of any action immediately necessary to prevent injury to any person or serious damage to property or
- (c) the imposition of a requirement that a child wear distinctive clothing for sporting purposes, or for purposes connected with his education or with any organisation whose members customarily wear uniform in connection with its activities.

Extract from The Children Act 1989 Guidance and Regulations

Vol. 4 Residential Care

Disciplinary Measures - General

- 1.89. Except in so far as the Secretary of State may direct otherwise in accordance with section 53 of the Children and Young Persons Act 1933 or section 22(7) of the Children Act 1989, Regulation 8 prohibits the use of various measures, including corporal punishment, deprivation of food or sleep, inappropriate clothing and restriction of visits, etc. The Regulation permits only disciplinary measures approved by the responsible body. The listed measures are equally prohibited in boarding schools which are also children's homes (see paragraph 1.10). Prohibited measures are discussed at paragraph 1.91 below.

Permitted Disciplinary Measures

- 1.90. It is recognised that some form of sanction will be necessary where there are instances of behaviour which would in any family or group environment reasonably be regarded as unacceptable. Often such unacceptable behaviour can be prevented by the use of mild or more severe reprimand. The imposition of formal disciplinary measures should be used sparingly and, in most cases, only after repeated use of informal measures has proved ineffective. For example, there is no intention to reduce the authority of staff in applying reasonable mealtime discipline or in the discretionary use of special treats. There must be a system of rewards (commendations, extension of privileges etc.) as well as sanctions. In normal circumstances children should be encouraged to behave well by the frequent expression of approval by staff and by the generous use of rewards rather than by the extensive imposition of disciplinary measures. Where sanctions are felt to be necessary, good professional practice indicates that these should be contemporaneous, relevant, and, above all, just. Children in homes are likely, because of the system, to be confronted as to the consequences of their actions by numerous adults. This often serves merely to compound misbehaviour and undermine the child's self-esteem. Staff must appreciate when a misdemeanour is finished, and the subject must be dropped. The responsible body should detail in writing the disciplinary measures which it approves for use in the home: other measures may not be used. The measures approved for use in the home must be appropriate to the age and circumstances of the individual child accommodated. Appropriate measures could be reparation, restitution, curtailment of leisure extras, additional house chores, and use of increased supervision. The responsible body must ensure that all staff are aware of the measures which are acceptable, the extent of their discretion in administering them and the requirement to record their use on each occasion. The record of sanctions administered must be kept in a logbook (but separately from the home's daily log and should include in each entry the name of the child, details of the inappropriate behaviour, names of staff present, and date and nature of the sanction. Each entry must be signed by a person authorised to sign on behalf of the responsible authority (see Regulation 8(4)). All entries should be written in appropriate language, and all names, including that of the signatory, must be clearly identified. The responsible authority must keep under annual review the appropriateness of the disciplinary measures approved. Responsible authorities must regularly monitor the use of sanctions and other measures of control in their homes, which must also be scrutinised by the inspecting body. Authorities must seek legal advice about the measures to be approved and their use and must

ensure that staff responsible for monitoring, managing or inspecting homes also have access to legal advice.

Prohibited Measures

1.91. Prohibited measures are listed below, and guidance is provided in respect of each of them.

I. Corporal punishment - Regulation 8(2) (a)

The use of corporal punishment is not permitted in residential childcare establishments. The term "corporal punishment" must be taken to cover any intentional application of force as punishment including slapping, throwing missiles and rough handling. It would also include punching or pushing in the heat of the moment in response to violence from young people. It does not prevent a person taking necessary physical action, where any other course of action would be likely to fail, to avert an immediate danger of personal injury to the child or another person, or to avoid immediate danger to property. The use of "holding" which is a commonly used and often helpful, containing experience for a distressed child is not excluded.

II. Deprivation of food and drink - Regulation 8(2) (b)

It is well established that the enjoyment of eating and drinking is fundamental to a child's healthy physical and emotional development. Mealtimes are an important social occasion in the life of a child, and it would be quite inappropriate for a child to be refused meals. Deprivation of food and drink must be taken to include the denial of access to the amounts and range of foods and drink normally available to children in the home but would not include instances where specific food or drinks have to be withheld from a child on medical advice. Equally, it would be inappropriate to force a child to eat foods which he disliked. It would be right however to encourage a child to try a wide range of foods.

III. Restriction or Refusal of Visits/Communications - Regulation 8(2) (c) & (3) (d).

The value for most children of maintaining contact with their families and friends cannot be overstated. The restriction or refusal of contact as a punishment is not permitted but it is recognised that in some circumstances as part of the management and planning of his care some restrictions may have to be placed on contact with certain individuals or on the facility to receive, or - especially - make, visits. (See Regulation 8(3)(d)). Children sometimes need to be protected from visits. The home must be guided in its approach to contact by the planning decisions of those with parental responsibilities. Where contact is restricted in accordance with these plans it must be recorded on each occasion in the child's personal records. Where parents insist on visiting a child despite this being contrary to the care plan which has been drawn up it will be necessary for staff to find tactful ways of dealing with this and to counsel the child.

In the case of children in secure accommodation the facility to make visits will be less appropriate than in other cases. In general, arrangements for making and receiving visits and for other contacts will have to be compatible with the reasonable requirements of the efficient management of the home. It will continue to be legitimate to control unplanned visits.

IV. Requiring a Child to Wear Distinctive or Inappropriate Clothing Regulation 8(2) (d).

Some children in homes will already have a very negative perception of themselves. Requiring them to wear distinctive or inappropriate clothing would

serve only to further undermine their self-esteem and to damage their self-confidence. Distinctive or inappropriate clothes should be taken to include not only any recognisable punishment uniform or badge, for example, but also clothes which are inappropriate to the time of day and/or the activity being undertaken. This applies also to footwear and hairstyles. However, in some circumstances, uniform or distinctive clothing such as sports kit is not inappropriate and can help to promote a positive self-image. Regulation 8(3) (c) makes plain that wearing distinctive clothing for purposes connected with education or any uniformed organisation (such as Scouts or Guides) is of course not excluded.

V. The Use or the Withholding of Medication or Medical or Dental Treatment - Regulation 8(2) (e).

This would be a dangerous and utterly unacceptable practice and is accordingly totally forbidden in all circumstances, whether as a disciplinary measure or otherwise to control the child. See also paragraphs 1.102 and 1.196.

VI. The use of Accommodation to Physically Restrict the Liberty of Any Child.

This is totally prohibited in community homes except in premises approved by the Secretary of State for use as secure accommodation and under criteria set down in section 25 of the Children Act 1989 and the Children (Secure Accommodation) Regulations 1991 (see chapter 8 and Annex G). However, locking external doors and windows at night-time, in line with normal domestic security, is not excluded. Responsible authorities should give clear, written guidance to staff about the extent to which the home, or any part of it, may be locked as a security measure. Similarly, refusal of permission to go out (e.g. "gating" in schools) short of measures which would constitute restriction of liberty, is not forbidden.' Where there is any doubt as to what is permissible, reference should be made to the Policy in Chapter 8, including the definition of "restriction of liberty" in paragraph 8.10.

VII. Intentional Deprivation of Sleep - Regulation 8(2) (f).

Apart from the grave psychological damage deprivation of sleep could inflict, it could also seriously affect the physical health of the young person.

VIII. Imposition of Fines - Regulation 8(2) (g)

Fines imposed by courts must, of course, be paid but it is not considered appropriate for those carrying on homes to impose such sanctions. In cases of wilful damage or of misappropriation of monies or goods belonging to others, however, it would be perfectly proper for the perpetrator to be required to pay for or at least to contribute towards the costs of repairs or replacement of misappropriated monies or goods. Withholding part of pocket money for misdemeanours is not an inappropriate sanction, but its use is best restricted to cases of wilful damage etc. In any case no more than a maximum of two-thirds of a child's pocket money should be withheld.

IX. Intimate Physical Searches - Regulation 8(2) (h)

Intimate physical searches of children are totally unacceptable. Occasionally, and not as a punishment, a search of a child's clothing may be necessary - e.g. for weapons - but where this does not allay anxieties about the child's safety or that of others he will have to be kept apart from the group and closely supervised by a member of staff. If it is suspected that a child has secreted drugs on his person, then the police should be notified.

Extracts from 'Reducing the need for restraint and restrictive physical intervention' July 2019

1.4

Use of restraint carries risks and can be damaging to children and young people. It may, however, be the only realistic response in some situations (for example, to prevent a child running into a busy road or to prevent a violent act against another person). But wherever possible, it should be avoided, and proactive, preventative, non-restrictive approaches adopted in respect of behaviour that challenges. The personal costs to children and young people's development and welfare and to staff from the use of restraint are well documented.¹ These include damage to children's physical, psychological, social and emotional wellbeing and to their neuro-cognitive, behavioural and emotional development. Restraint can be traumatising for children and repeated use of restraint can have damaging, re-traumatising effects.

1.5

behaviour may be perceived as 'naughty' or 'bad' if the child or young person is unable to follow instructions or fit in with existing rules and structures and it can be a form of communication for children and young people who are unable to communicate verbally. The likelihood of such behaviour can often be anticipated by those who know the child or young person well. Measures to understand the range of communication used by children and young people to express emotions, including distressed behaviour, should be put in place. Measures to identify triggers of distressed behaviour and to prevent or address it should also be developed with the involvement of the child or young person and their family, and careful assessment, with multi-agency planning and support to create the right environment for education, care and support.

1.6

Like the physical use of force, the threat of using force can also impact on the emotional development and well-being of a child or young person. It should only be made where it will be understood by the child or young person and where there is a real possibility of injury or harm to the child, young person or others (or in other scenarios where restraint can be used that are prescribed in legislation applying to particular settings).

1.10

Withdrawal: removing a child or young person involuntarily from a situation which causes anxiety or distress to themselves and/or others and taking them to a safer place where they have a better chance of composing themselves. We also refer to this concept below as Imposed Withdrawal.

Seclusion: supervised confinement and isolation of a child or young person, away from others, in an area from which they are prevented from leaving, where it is of immediate necessity for the purpose of the containment of severely disturbed behaviour which poses a risk of harm to others. (Schools can use seclusion or isolation rooms appropriately as a disciplinary penalty without this constituting a form of restraint or restrictive intervention. (See section 8).

The Legal Framework

1.17 The use of all forms of physical intervention and physical contact, or even imminent threat of force, are governed by criminal and civil law. The unnecessary or inappropriate use of force may constitute an assault and may also infringe the rights of a child or young person under the Human Rights Act 1998. The use of restraint can be justified for purposes set out in relevant legislation. Different settings and services will need to abide by any legislation which applies to them. Annex A sets out the legal framework for different settings and services in more detail and lists relevant guidance. It is important for settings and services to be familiar with the legislation and any associated guidance on the use of restraint that applies to them, not least as in some cases the requirements and expectations will go beyond what is in this Policy.

Inspections

1.20 The Care Quality Commission (CQC) and Ofsted will have regard to this Policy when assessing whether relevant institutions and service providers are providing safe and appropriate education and care. Where restraint practice fails to meet the expectations or requirements of relevant regulations, statutory guidance or standards CQC or Ofsted will take action as appropriate. This may, where appropriate, include enforcement action.¹⁰

Understanding Behaviour

2.1 Behaviour is a means of communication and has a cause and a purpose. Behaviour that challenges may signal a need for support and it is essential to understand its underlying causes. It may, for example, be the result of a medical condition or sensory impairment, previous trauma or neglect, or be exacerbated by an unmet need or undiagnosed medical condition. It may reflect the challenges of communication, or the frustrations faced by children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties, who may also have little choice and control over their lives. These factors may result in behaviours that are challenging. Behaviours that challenge may reflect the impact on a child or young person of being exposed to challenging environments which they do not understand or where positive social interactions are lacking or personal choices are limited. These children and young people need support to have their needs met in different ways and to develop alternative ways of expressing themselves that achieve the same purpose but are more appropriate. Behaviour support plans, drawn up with the involvement of the children, parents and young people, help to understand better a child or young person's experiences and behaviour and the steps that should be taken to meet their needs.

Eliminating unnecessary and inappropriate use of restraint and minimising the need for its use calls for settings and services to have a good understanding of the children and young people in their care, a strong commitment to meeting their needs and a systematic, positive and proactive approach to behaviour with:

- policies, strategies and practices which promote a positive culture and improve the quality of children and young people's lives
- arrangements which identify, assess and manage risk well
- high quality training for staff
- involvement of children and young people, parents and carers, and advocates as appropriate

- arrangements for carefully assessing the needs of children and young people and the underlying causes of their behaviour, including through developing behaviour support plans
- tailored support for individual children and young people that takes account of their particular wishes, vulnerabilities, learning disability, medical condition or impairments, and their interaction with the environment in which they are taught and cared for and responds to their growth and development over time and
- clear arrangements for governance and accountability in respect of behaviour and responses to behaviour that challenges.

Staff should have reasonable grounds for believing that restraint is necessary to justify its use. They should only use restraint where they consider it is necessary to prevent serious harm, including risk of injury to the child or young person or others. Staff should use their professional judgement to decide if restraint is necessary, reasonable and proportionate. This will involve assessing the risks. Furthermore, since children are developing physically and psychologically and this makes them particularly vulnerable to harm, the potentially serious impact of restraint on them will require weighty justification.

Governance and Accountability

4.5 To secure proper accountability and transparency, it is essential that those responsible for providing and commissioning services for children and young people whose behaviour challenges have clear arrangements governing the use of restraint.

4.6 Governance arrangements should include those for planning to support children and young people whose behaviour challenges and reducing the need to use restraint, and recording, monitoring and review. Aggregated information from reviews of the use of restraint should be used to consider future measures to avoid incidents which could lead to its use.

4.7 Settings and services will wish to consider identifying a lead person at governing body or executive board level with responsibility for their behaviour policy and strategy, including any specific programmes to reduce the need for restraint. They will also wish to consider appointing a member of staff to act as a champion and building networks with others pursuing such reduction programmes. It is good practice to inform children, young people, parents and carers of the role and functions of the lead person or champion.

4.8 Independent Visitors also play a useful role in residential special schools and in children's homes in supporting children and young people's interests, including in relation to support for behaviour issues. They should be sufficiently knowledgeable to explore how well communication and behaviour support meets children's needs.

Behaviour support plans should be based on a shared understanding of the reasons for a child or young person's behaviour and:

- identify proactive strategies designed to improve the child or young person's quality of life and seek to remove the conditions likely to promote behaviour that challenges, including changing the environment (for example, reducing noise and increasing predictability) and promoting active engagement through structured and personalised activities
- identify adaptations to a child or young person's environment or routine and help them to develop alternatives to behaviour that challenges to achieve their goals, for example improved communication, emotional regulation or social interaction

- identify preventative strategies to calm the child or young person when they begin to show early signs of distress, such as relaxation techniques and diversion into activities they find enjoyable and rewarding
- identify reactive strategies to manage behaviours that are not preventable, including how family members, staff or carers should respond if a child or young person's agitation escalates and there is a significant risk of harm to themselves and/or others
- be reviewed frequently – particularly if behaviour that challenges or use of restrictive interventions increases or quality of life deteriorates
- identify any training to help family members, staff or carers improve their understanding of behaviour that challenges and
- identify those responsible for delivering the behaviour support plan and the person responsible for coordinating it.

Staff Training

It is up to settings and services to commission the training they require to meet the needs of those they educate or care for and the training and development needs of staff. As employers, settings and services should conduct **due diligence** before commissioning any training, including checking that the training has been **devised by experts with a successful track record of working in the relevant specialism**. They should look for evidence that any restraint techniques promoted by the training have been **medically assessed** to demonstrate their safety for use with children who are still developing, physically and emotionally. Settings and services should routinely review the effectiveness of any training commissioned.

4.29 The British Institute of Learning Disabilities (BILD ACT) certifies training providers complying with the Restraint Reduction Network Training standards. The Restraint Reduction Network (RRN) – a charity and subsidiary of BILD – has worked with Health Education England to develop quality standards for training providers delivering training with a restrictive intervention component.²³ The standards offer a benchmark for training which includes restrictive intervention in health settings and are mandatory in NHS commissioned services. Although primarily designed for health, the standards reference education and social care settings. The RRN framework sets out any specific considerations or adaptations to the standards that should be taken into account for different populations (including learning disabilities, autistic spectrum conditions and mental health difficulties) or settings (including schools and foster carers). The standards are designed to ensure that training improves staff skills and confidence in how to understand people's behaviour, keep them safe and better meet their needs. They aim to ensure that training is delivered by competent and experienced training professionals who can evidence knowledge and skills, goes beyond the application of restraint and restrictive interventions to focus on human rights, prevention, de-escalation of crisis situations and encourages reflective practice. The UK Accreditation Service (UKAS) accredits certification bodies against internationally recognised standards to demonstrate their competence, impartiality and performance capability. Bodies certifying compliance with RRN training standards, including BILD ACT, must be accredited by UKAS.

4.30 Other accrediting bodies have also expressed an interest in providing certificated accreditation schemes through universities. **The Institute of Conflict Management (ICM)** has also developed a Quality Award Scheme, established with the support of the Health and Safety Executive. Education and childcare specialists are working with the ICM to produce national standards for providers of training in mainstream and special schools which take account of the particular circumstances and legislation that apply in those settings. All settings and services should ensure that any training and development commissioned is consistent with the core values and key principles in Chapter 3. When commissioning training, settings and services are advised to consider UKAS accredited training as UKAS is the government recognised national accreditation service.

4.3 Including parents child and staff in the risk assessment and plans and training

Measures agreed for managing identified risks should be set out in an agreed behaviour support plan for the child or young person. The child and their parent or the young person should be fully involved in the process. The plan should be shared with all those with a role in implementing it and monitoring its impact. Appropriate training should be provided for staff to ensure that they have the competence and skills to implement it. In some cases, training may be required as a matter of urgency so that the plan can be implemented without delay.

4.44 Dynamic Risk Assessment

Unplanned interventions require professional judgement to be exercised in difficult situations, often requiring split-second decisions in response to unforeseen events or incidents where trained staff may not be on hand. Such decisions, known as dynamic risk assessments, will include a judgement about the capacity of the child or young person at that moment to make a safe choice. Staff training and supervision of practice should support dynamic risk assessment. Unless the situation is urgent, staff should seek assistance from appropriately trained staff. If such assistance is not available, any response must still be reasonable and proportionate, and should use the minimum force necessary in order to achieve the aim of the decision to restrain.

Withdrawal and Seclusion

4.66 If a pattern of persistent use of restraint emerges, and if a setting or service considers they do not have sufficient expertise themselves, an expert assessment should be sought, to identify the triggers for the behaviour that leads to use of restraint. The reviewer should consider, with the child or young person, and as appropriate, their parents and/or advocates, revising their individual support plan. Consideration should also be given to improving staff training and development as part of action to address the issue.

Where withdrawal is against the individual's will ('imposed withdrawal'), it is a form of restraint carried out under a setting's duty of care to protect the child from harm, or risk of harm, to themselves and/or others. Any use of force by staff in those circumstances must be reasonable.

5.17 In some cases, because of the effects of their impairment or condition, a child or young person may actively choose to move to a quiet space for a period, for example when their anxiety levels rise and they become agitated, in order to calm down and 'self-regulate' their behaviour, averting the need for restraint. We describe this practice as 'autonomous withdrawal'. Staff should take steps to support them and monitor their progress. Where this is the case, appropriate provision should be made for this in the child or young person's support plan and kept under review with the child, parents and/or young person. This would not constitute restraint as the child or young person is free to leave the quiet space. Settings and services should take care to ensure that their use of language is clear regarding when withdrawal is autonomous or imposed.

5.18 Seclusion (which may be described alternatively in different settings, for example single separation in secure children's homes) is a form of restraint referring to the supervised containment and isolation of a child or young person away from others, in a room/area from which they are prevented from leaving. It should only be used to contain severely disturbed behaviour, including which is likely to cause harm to others, and for the minimum time necessary. Staff would normally stay with the individual to support them and monitor their progress until they are ready to resume their usual activities.

5.19 Seclusion should never be used solely as a means of managing self-harming behaviour. It should only be used when the professionals involved are satisfied that the need to protect other people outweighs any increased risk to the individual's health or safety arising from their own

self-harm and that any such risk can be properly managed.

5.20 All settings should adopt consistent, transparent, and fair procedures for the use of such measures. They should publish rules or policies setting out when measures will be used, what they consist of, and what will happen in case of non-compliance. Schools in particular should also consider whether parents and children could be given the opportunity to express views about these measures.

Dealing with Complaints and implementing investigation into them

To help avoid complaints, those with parental responsibility should always be contacted as soon as possible when an incident occurs with their child. A clear policy about physical contact with pupils should also help to prevent complaints from those with parental responsibility

It should be noted that injuries or bruising that happens as a result of RPI should not automatically seen as malpractice nor should instances when members of staff demonstrate RPI techniques that deviate, slightly from what they were trained, providing it was their intention

- a) Not to cause harm
- b) To use a best possible likeness to the taught RPI during a stressful circumstance

Any dispute about the use of force by a member of staff may lead to an investigation, either under disciplinary procedures or by the police and the Local Authority under child protection procedures.

The possibility that a complaint might result in a disciplinary hearing, or a criminal prosecution, or in a civil action brought by a pupil or parent, cannot be ruled out. In these circumstances it would be for the disciplinary panel or the court to decide whether the use and degree of force was reasonable taking all of the circumstances into account. In such cases, however, the panel, or court, would have regard to the provisions of section 93 of the Education and Inspections Act 2006. It would also be likely to take account of the setting's policy on restraint. **Where a member of staff has been following the school/setting restraint policy and is subsequently interviewed by the police he/she should make this clear at the beginning of the interview.** In such situations staff are, of course advised to seek advice immediately from their trade's union/professional body. If staff are arrested, then they are advised that they can call upon the services of the duty solicitor.

For those conducting investigatory procedures, such as services managers or heads the following must be considered when reviewing RPI.

1. Were the actions of staff reasonable, proportionate and necessary?
 - Was the level of force used by staff match to that exhibited by the child/YP
 - Were attempts made to de-escalate the situation?
 - Was the use of RPI used as a consequence or a response to make someone safe?
2. What were the injuries or harm caused and how did this come to be?
3. Was a pre-develop plan or strategies marked out in a risk assessment adhered to?
4. What was the 'dynamic risk assessment' of the staff involved? *What was their perceptions of the dangerous present and the likely outcomes of different courses of action/inaction.*

5. What were the intentions of staff
6. What had happened before this incident?
7. In relation to previous incidents, what was different about this one? What was similar?
What was learnt from prior incidents that could have supported this one?

Whistleblowing and Safeguarding

There may be incidents in which professionals working in settings are direct witness to or are made aware of poor practice, malpractice or detrimental practice that compromises the safety or well-being of children/YPs accessing the setting.

In those instances, staff must:

Raise their concerns with a line manager and designated safeguarding officer, typically a senior leader or headteacher for example

Be made aware of that a process of enquiry into the incident has been initiated and when this will curtail. This ensures that their concern has been acted upon

Staff raising their concerns should follow their local whistleblowing policy. In absence of that, or following this process may be compromised due to the duality of roles of individuals OR if staff raising the concerns do not perceive that this has been considered with the seriousness and the due consideration it deserves, they may wish to inform:

- Governing body
- Other services and stakeholders responsible for the safety and well-being of the individual concerned
- Without additional services or governance to share concerns, staff working within the LCC are entitled to contact Health & Safety Executive who may then concern the LADO (Local Authority Designated Officer) to enquire into the nature of the incident
- There are instances within these situations where it may be appropriate and necessary to involve suitably trained Physical Intervention Tutors who can offer assistance and interpretation related to the practice that has been reported.

Appendix 10

References

In preparing this policy and appendices, reference has been made to several publications. These include other guidance issued by Leicester City Council such as:

- Child Protection Procedures - (1997)
- A Care Policy for Residential Schools/Colleges/Other Educational Settings (1992)
- Guidelines on the Care, Welfare & Protection of Pupils & Staff (1995)
- Guidelines on the Use of Intervention in Children's Homes (1993)
- Department of Health Guidance on Permissible Forms of Control in Children's Residential Care (1993)
- New Outlooks, A Study of Provision and Practice for Children with emotional and behavioural difficulties Framework for Intervention

Particular note was taken of 'The Use of Reasonable Force to Control or Restrain Pupils – Guidance for Birmingham Maintained Schools and the City Council Education Service', issued by Birmingham City Council.

Other documents/authoritative sources referred to were:

- DfEE Circular 8/94, Pupil Behaviour & Discipline.
- DfEE Circular 9/94, The Education of Children with Emotional & Behavioural Difficulties.
- DfEE Circular 10/94, Protecting Children from Abuse. The Role of the Education Service.
- DfES: LEA/0242/2002 – Guidance on The Use of Physical Intervention for Staff Working with Children and Adults Who Display Extreme Behaviour In Association with Learning Disability and/or Autistic Spectrum Disorders
- DfES: LEA/0264/2003 – Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties
- The British Institute of Learning Difficulties
- Children Act 1989, Guidance and regulations Vol.4 – Residential Care
- Care Standards Act 2000
- Children's Homes National Minimum Standards Children's Homes Regulations

Updated Policy:

DOH/DFE: Reducing the Need for Restraint and Restrictive Intervention – Children and Young People with Learning Disabilities, Autistic Spectrum Disorder and Mental Health Difficulties (July 2019)

VERSION CONTROL SUMMARY

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Summary details of amendments made at this review.

Page	Section/Paragraph	Amendment
1	Background	Reference to legislation updated.
2	Related National Documents	Reference to legislation updated.
5	Reasonable Force	Unacceptable uses of force section added.