THE EAST STAFFORDSHIRE & TAMWORTH PRUs FEDERATION

PROACT-SCIPr-UK® POLOICY FOR PHYSICAL RESTRAINTS

This policy has been overseen by SCC SCIP Coordinator VW in Sept 2021

NAME OF POLICY: **SCIP**	**FEDERATION** **KSSS ONLY** **BPRU ONLY**	**POLICY NUMBER:** **SSU2**
EFFECTIVE DATE: RATIFIED BY MC **Nov 2021**	***REVIEW DATE BY SLT: June 2025** **REVIEW DATE OF POLICY BY MC: Nov 2025**	
AUTHOR OF POLICY: **Adopted from SCC/Entrust by A. Malone**	**PERSON(S) RESPONSIBLE FOR REVIEWING/UP DATING: AM & KER**	

DATE OF CHANGE	AUTHOR OF CHANGE	DESCRIPTION OF CHANGES	PAGE NUMBER OF CHANGES	NEW REVIEW DATE*
		No changes from previous policy		

ESSENTIAL FORMS/ADDITIONAL READING:

INCIDENT FORM 2015%20revised%20incident%20record%2

RA FORM County%20risk%20assessment%20proform

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SCC POLICIES: County%20RPI%20policy%202016.doc County%20RPI%20guidance%202016.docx NATIONAL GUIDEANCE: reducing-the-need-for-restraint-and-restric

PROACT-SCIPr-UK® **P**ositive **R**ange of **O**ptions to **A**void **C**risis and use **T**herapy - **S**trategies in **C**risis **I**ntervention & **Pr**evention

This Policy is to be read in conjunction with SCC – July 2004. Policy on the use of restrictive physical interventions (including restraint in main stream schools)

RPI - **R**estrictive **P**hysical **I**ntervention

Rationale

By the very nature of the degree of difficulty posed by the challenging students at Kettlebrook SSS and Burton PRU, it may at times be necessary to employ strategies to protect:

- the student from self-harm
- another child or other children from harm
- staff, employees and other adults from harm
- the apparatus, equipment or the building from unnecessary damage and destruction.

It is with all this in mind, that intervention strategies and methods of physical control may be needed. Kettlebrook and Burton PRU staff are trained in the management of all students, including those presenting difficult and challenging behaviours. Staff work collaboratively and, where possible on a team basis, inside the structured and caring environment of the school. Most behaviours are managed through regular use of positive assertive pupil management strategies and the use of de-escalation methods. Staff endeavour to behave professionally seeking a just and fair solution to all pupil management and behaviour issues. However, extreme circumstances may require measures to ensure the safety of all concerned. This may necessitate in extreme instances of risk, or potential risk, a hands-on approach, in order to prevent the further escalation and or the continuation of difficulty or danger.

SCIPr is only used as a last resort where all other reasonable methods of control would be considered inappropriate or ineffective.

KSSS and BPRU HAVE ADOPTED THE MANAGEMENT OF SCIP/RPI – SCC guidance: May 2016 Health, Safety and Wellbeing Guidance

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Guidance on
Restrictive Physical Intervention for Schools, Children and Young Peoples Services

Success Indicators

The following indicators will demonstrate an appropriate level of compliance with this document and its procedures:

a) Practises and procedures are based on the expectation that as far as possible settings and services will be restraint free.

b) Workplaces that have to manage challenging situations have clearly implemented lower level/suitable controls to reduce the frequency and level of restrictive interventions required to manage challenging behaviours.

c) Restrictive physical interventions are used within a context that promotes prevention and alternative ways of responding to challenging behaviour, and are a last resort and not routine;

d) Service Users/Pupils have individual risk assessments and restrictive intervention protocol /plans documenting when and how restrictive interventions will be used and these are produced following reference to the individual behaviour support plans developed by multidisciplinary assessments;

e) Restrictive interventions are accurately recorded and risk assessments reviewed to allow continuous improvement in management of challenging behaviours.

f) Staff working with service users/pupils that require planned restrictive physical interventions have received appropriate training.

1. Application

This management arrangement applies to all Staffordshire County Council employed staff and managers who may use restrictive physical interventions in the provision of services to adults, children and service users with learning disabilities. Those commissioning services where individuals may have needs that may result in the use of restrictive physical interventions should ensure that those commissioned are able to demonstrate their ability to meet the above success indicators.

This document should be read in conjunction with either G15 Restrictive Physical Intervention and Adult Service Users or G16 Restrictive Physical Intervention with Young People and the Management of Violence and Aggression Policy HR118. This document does not consider the issue of deprivation of liberty but focuses on the principles that should be applied to the use of restrictive physical intervention.

Schools and other settings may use this management arrangement and associated guidance as their own policy on the use of restrictive physical interventions or they may produce their own

using this policy to identify the minimum standards of acceptable practice. Reference should therefore be made to this document in the appropriate part of the Schools Behaviour Policy outlining how staff have been made aware of the content.

2. Overview

Some staff engage in the delivery of services working with service users and pupils who display complex behaviours that can be challenging to the service and to the safety of the individual and those around them.

This document identifies approaches to be taken by managers and employees when situations of challenging and harmful behaviour escalate to levels that give rise to the need to use restrictive physical interventions. This document in no way limits or removes an employee's right to use reasonable force to protect themselves or others from the threat of harm.

The council will support staff involved in restrictive physical intervention incidents as long as the guidelines and procedures in this document have been followed. Where there is evidence that staff involved have blatantly disregarded their responsibilities formal disciplinary action may be taken. However, the council recognises that in volatile situations staff may need to deviate from laid down safe systems of work and risk assessments in order to protect themselves and/or others, where these actions were taken in good faith they will be supported. Employees should report any concerns regarding management of service user/pupil behaviour or the use of restrictive physical intervention to their line manager.

Within School settings this document does not limit or remove School staff powers to restrain pupils as outlined in Section 93 of the Education and Inspection Act 2006. However, it 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 the Education Act 1996.

Staff working with adults who display challenging behaviours must have consideration for the provisions of the Mental Capacity Act 2005. This document does not consider the issues of deprivation of liberty of service users in detail but focuses on the principles that should be applied to the use of restrictive physical intervention. Managers and staff involved in the use of restrictive physical intervention with adult service users must be aware that its inappropriate or disproportionate use may constitute a deprivation of liberty of the individual. Appropriate and proportionate use of restraint with an individual who lacks capacity falls short of deprivation of liberty. Further information sources regarding deprivation of liberty can be obtained from the Deprivation of Liberties Team by e mailing deprivationofliberty@staffordshire.gov.uk

This document reflects national standards which form part of the "Positive and Proactive Care: Reducing the need for restrictive interventions," Department of Health 2014 & Department for

Education "The use of reasonable force – Advice for Headteachers, staff and governing bodies" July 2013.

Aims and Objectives

It is the aim of this management standard to make restrictive physical intervention as safe as practicable, relevant and practical for staff, service users and pupils.
Implementation of the document and associated guidance will help services to address important outcomes for service user/pupil choice, rights, independence and inclusion.

It is the objective of this document:-

- that all methods of restrictive interventions are used as infrequently as possible (the expectation is that as far a possible settings and services will be restraint free);
- that restrictive interventions when used are used in the best interests of the individual service user/pupil;
- every reasonable effort is made to minimise risk or harm or injury to anyone involved and that the need to maintain an individual's respect, dignity and welfare is maintained; and
- that restrictive physical interventions are risk assessed, so that the impact of the restrictive physical intervention will be minimised when key factors are evaluated and a planned approach is taken to incidents whenever possible.

The safety of staff during restrictive physical intervention is of equal importance to the best interests of service users/pupils and both take priority over care of property.

Staffordshire County Council considers that **restrictive physical intervention** is:

> Any form of restrictive intervention, be it physical, mechanical, chemical, environmental or social/psychological intervention, which is designed and used (intentionally or unintentionally) to limit or restrict another's liberty.

Levels of physical intervention

Physical intervention is also categorised into non-restrictive and restrictive interventions:

Non-Restrictive Intervention. This is where the service user/pupil can move away from the physical intervention if they wish to. Non-restrictive examples include: -

- Physical presence, non-verbal prompts and directions
- Touch or prompting;
- Guiding; and
- Disengagement.

Restrictive Intervention. This is where the intervention is intended to prevent, or significantly restrict freedom of movement of an individual. Restrictive interventions generally carry a higher risk and require a greater degree of justification
Examples of restrictive interventions include: -

- Escorting and manoeuvring;
- Temporary physical containment or holding;
- Seclusion;
- Full restraint;
- Mechanical restraint; and
- Chemical restraint.

There is no legal definition of reasonable force. The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it. The degree of force used must be in proportion to the circumstances of the incident and seriousness of the behaviour or the consequences it is intended to prevent. Any force must always be the minimum needed to achieve the desired result over the shortest possible time.

5. Application

5.1 Operational Requirement and Context

The expectation is that as far as possible settings and services will be restraint free. All intervention strategies should be carefully selected and reviewed to ensure that they do not unnecessarily constrain opportunities, access to education, or have an adverse effect on the service users/pupils welfare or quality of life. In some situations, it may be necessary to make a judgement about the relative risks and potential benefits arising from activities which might provoke challenging behaviours compared to the impact on the person's overall quality of life if such activities are prohibited. This judgement is likely to require a detailed risk assessment which must be documented and reviewed regularly.

Restrictive physical intervention must be used in a context of risk assessment and care or positive behaviour support plans. The correct use of intervention, recording and reporting on the use and investigation and follow up is essential.

Poorly or incorrectly used, restrictive physical interventions are a source of risk to both service users/pupils and staff. They can escalate negative relationships and are a possible threat to the council via legal action. The correct use of restrictive physical interventions must always remain an act of last resort, be proportional and should not be normal practice.

5.1.2 Strategies for the use of Restrictive Physical Intervention

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Restrictive physical intervention must be an act of last resort. Adopting good working practices involving primary (proactive) and secondary (preventive) control strategies as well as tertiary (reactive) controls is important. This means that preventative and proactive measures to avoid the incidents of restrictive physical intervention must always be attempted first. Details of control strategies are provided in guidance associated with these management standards.

For each service user/pupil who presents challenges there needs to be individualised strategies for responding to incidents of violence and aggression/self-injurious behaviour etc. Where appropriate the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for the service user/pupil. This must be documented in a care plan/ on the individual's records.

Appropriate training of staff in primary/proactive and secondary/reactive control strategies will have a major impact in the reduction of the need to use of tertiary controls such as restrictive physical interventions.

5.1.3 Risk Assessment

Whenever it is foreseeable that a service user/pupil might require a restrictive physical intervention, then a risk assessment must be completed. It is essential that the outcomes of any assessment are made known to all relevant staff and other parties such as parents/carers. The assessment process is the same as for assessing any other form of risk and should be documented.

When undertaking this assessment: -

- Involve relevant agencies who may have an involvement with the individual, and their family members;
- Involve key people such as health professionals, social workers, specialist challenging behaviour nurse, psychologist etc. where necessary,
- Identify behaviours and settings that result in harm or damage from past incident reports/records;
- Determine the likelihood of an incident requiring restrictive physical intervention occurring;
- Identify the degree of potential harm/damage resulting from not intervening;
- Document the agreed management strategies and the risk levels;
- If risks of intervening remain high risk, seek specialist advice and support;
- Agree review date and monitor that the protocols and management strategies are working effectively;
- Communicate the outcome of the risk assessment and management strategies/protocol to all relevant parties;
- Implement necessary training if training needs are identified.

When the need for restrictive physical intervention is agreed, it is important that appropriate steps are taken to minimise the risks to staff and service users/pupils. Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy.

It is essential that following any intervention risk assessments are reviewed. It may be necessary to call a formal review meeting and revise the risk assessment and management plan. When reviewing the risk assessment, it is important to review trends, personality dynamics, factors surrounding the incident, what happened in the days and hours beforehand to look for triggers or contributing factors.

5.2 Medication

Medication must never be used as a sole method of gaining control over a person who displays violent or aggressive behaviour, but as part of a holistic care plan. Medication must be administered upon medical advice in accordance with the Council's Medication Management Arrangements HR109, and not used as a routine method of managing difficult behaviours.

5.3 Devices for Restricting Movement

Devices that are required for a therapeutic purpose for a disabled adult or child, such as buggies, wheelchairs and standing frames (including supporting harness) may also restrict movement. Such devices should never be provided solely for the purpose of preventing problem behaviours.

Some devices are designed specifically to prevent problem behaviours and their use must be considered as a form of restrictive physical intervention. For example, arm splints or protective garments might be used to prevent self-injurious behaviours. Such devices should be a last resort and used only when other preventative strategies have not proved successful. They should only be introduced after a multidisciplinary assessment that includes consultation with family, carers and in the case of children, those with parental responsibility. If employed they should be selected carefully to impose the least restriction on movement required to prevent harm whilst attempts should continue to be made to achieve the desired outcomes with less restrictive interventions.

Where the use of self-harm prevention devices are indicated, staff must be fully trained in their use and be recorded using the Restrictive Physical Intervention Protocol HSF 57.

5.4 Weapons (refer to FED search & confiscate policy)

A weapon can be described as any implement that has the potential to cause harm when not used for the purpose it was designed and intended to be used. Staff must always attempt to observe if

the service user/pupil maybe holding anything which may have the potential to cause harm prior to using a restrictive physical intervention.

Staff are not expected to disarm individuals with a weapon using restrictive physical interventions since the risks of injury to those involved are too great. The priority must be to contact the police and attempt to move other people in the immediate environment to a safer place.

If a service user/pupil uses a weapon in an attempt to harm themselves or others, the council recognises that staff have the legal right to use reasonable force to protect themselves and others.

5.5 Documenting Restrictive Physical Intervention Strategies

If it is agreed that a child or adult will require some form of restrictive physical intervention, there must be an up to date copy of a written protocol included in the individuals plan/records. (See Standard Document HSF57 Physical Intervention Protocol form upon which intervention strategies can be documented.)

If a service/establishment/school chooses to develop their own documentation process it must as a minimum include the following: -

- A description of the behaviour sequence and settings which may require intervention response;
- The results of an assessment to determine any counter reasons for the use of intervention strategies (e.g. medical conditions etc.);
- A risk assessment that balances the risk of using a restrictive physical intervention against the risks of not intervening;
- A record of the views of those with parental responsibility in the case of children and family members or independent advocates in the case of adults;
- A system of recording behaviours and the use of restrictive physical interventions;
- Previous methods which have been tried without success;
- A description of the specific restrictive physical intervention strategies/techniques which are agreed and the dates on which they will be reviewed;
- The ways in which this approach will be reviewed, the frequency of review meetings and members of the review team.

Communication

Information relating to intervention strategies should be discussed with the service user/pupil and their families/parents/carers prior to the implementation. All parties should be in agreement with the intervention strategy. If this is not possible, differences of opinion must be documented and recorded in the individuals care plan/records. RECORDED in ARBOR as communication to p/c.

5.6 Action to be taken following an incident of Restrictive Physical Intervention.
Recording, Reporting and Monitoring

The use of restrictive physical interventions, whether planned, unplanned, or emergency interventions must always be recorded using the Restrictive Physical Intervention Record of Incident form HSF56. The written record of the use of a restrictive physical intervention must indicate: -

- The names of the staff and service users/pupils and any other parties involved;
- The reason for using the restrictive physical intervention employed;
- The type and duration of the restrictive physical intervention;
- Whether the service user/pupil or anyone else experienced injury or distress and, if they did, what action was taken.

STAFF MUST refer to HoS/EHT to complete these forms:

If the incident is also an act of violence or aggression then HSF9 Violence and Aggression Report Form must also be completed, this form or HSF40 Accident Investigation Report Form must be completed to record any injuries that result from the use of a restrictive physical intervention. Further details of activities that should be undertaken following incidents of Restrictive Physical Intervention are provided in Restrictive Physical Intervention and Adult Service Users G15 and Restrictive Physical Intervention Schools and Children G16.

Debriefing

Following an incident of Restrictive Physical Intervention all those involved should be debriefed and staff should be informed of how they may contact the confidential ThinkWell service. The debriefing should be a reflective process that explores what happened before, during and after the incident. The intention should be to undertake an analysis and evaluation to inform how similar incidents may be avoided or better managed in the future.

5.7 Information, Instruction and Training for staff

It is the responsibility of managers and Headteachers to identify the information, instruction and training required to ensure staff can safely employ restrictive physical intervention strategies and techniques where they may need to implement these strategies on a planned basis or potentially in an emergency situation. Training provided to staff should be to the level they are identified as requiring. Training staff in skills they will never use is not necessary and the skills are soon lost. Staff involved in use of planned interventions must have suitable training, for their own safety and that of the service user/pupil.

Training in the use of restrictive physical interventions must be recorded and refreshed in accordance with the training provider's accreditation scheme which is often annually. It is the responsibility of those purchasing training to ensure that the training provider is competent, has suitable accreditation and that staff undertaking the training will be assessed as to their competency. Training provided must cover the use of Primary/Proactive and Secondary/Reactive

control strategies (see 5.1.2) as well as the physical techniques and should be suitable for the environment and service users/pupils it will be employed upon. It is not suitable to provide staff with physical intervention techniques without putting its use into appropriate context.

Any training regarding Restrictive Physical Intervention and associated practises should be carried out by accredited organisations, for example accredited under the BILD National Physical Intervention Accreditation Scheme. This will ensure that training is facilitated by suitably qualified, professional trainers with an appropriate background and experience of the services delivered.

Commissioners of such training must ensure that the physical techniques that staff will be taught have been medically risk assessed and assessed to ensure that they are not adverse or painful in their application.

5.8 Dress Code

Managers of workplaces and services where staff may be involved in the application of restrictive physical interventions must implement local arrangements that require the staff involved in restrictive physical interventions to:-

- wear suitable clothing that allows freedom of movement;
- wear sensible low heel footwear; enclosed toes
- not wear any jewellery and/or piercings that could cause injury; and
- ensure that finger nails are kept short to prevent scratching injuries to service users/pupils when implementing any physical interventions.
- Remove items that could be pulled from around staff necks BEFORE any PR, to reduce injury to staff or student.

5.9 Monitoring and Review.

The HoS/EHT and MC; Care Quality Commission (CQC) and OFSTED will monitor the implementation of these procedures as part of their roles in order to protect the interests of the service uses/pupils who are exposed to the use of restrictive physical interventions. These regulating bodies may require settings to record and report information relating to the use of restrictive physical interventions in a specific format.

Local services and establishments/schools will monitor the use of restrictive physical interventions, look for trends, and work to devise strategies that can minimise the use of interventions, or make them safer for all involved. This information must be documented and a summary provided to the relevant senior managers/governing bodies.

Senior managers/governing bodies must review and evaluate the restrictive physical interventions taking place in the service for which they have responsibility quarterly. Where necessary they must

make recommendations for local managers to implement regarding the use of restrictive physical intervention.

Overview data of SCIP/PR is recorded in HoS weekly KPI and reviewed by EHT weekly and reported to MC termly.

6. Specialist Advice

If Managers require specialist advice and support regarding implementation of safe restrictive physical intervention practices they can contact the Strategic Health and Safety Service who will provide contact details of the council's training providers with whom specialist advice is available. In Special School settings assistance is available from the Instructor team for PROACT-SCIPr-UK® in Staffordshire via the Educational Psychology Service. Within other educational settings advice is also available from the Educational Psychologist designated for the setting or the District Senior Educational Psychologist.
Advice regarding Deprivation of Liberties issues and the impact of the Mental Capacity Act should be obtained from the Deprivation of Liberties Team.

7. Health Safety and Wellbeing Supporting Information

- Restrictive Physical Intervention and Adult Service Users G15; Restrictive Physical Intervention Schools and Children G16

8. Forms: embedded on front page

Restrictive Physical Intervention Record of Incident form HSF56 – KSSS / BURTON SCIP BOOK IN SCHOOL OFFICES

KSSS / BPRU ADOPTED THIS GUIDANCE

Health, Safety and Wellbeing Guidance
Core I Consider I Complex
Guidance on
Restrictive Physical Intervention for Schools, Children and Young Peoples Services

1. Application

This guidance applies to all Staffordshire County Council employed staff and managers and Headteachers who may use restrictive physical interventions with children.

This guidance must be read in conjunction with the Restrictive Physical Intervention Policy HR 119. The policy and these guidelines reflect national standards which form part of "Positive and

Proactive Care: Reducing the need for restrictive interventions," Department of Health 2014 & Department for Education "Use of reasonable force– Advice for headteachers, staff and governing bodies" July 2013.

Within School settings the policy and this guidance does not limit or remove School staff powers to restrain pupils as outlined in Section 93 of the Education and Inspection Act 2006 but it 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 the Education Act 1996.

2. Introduction

The expectation is that as far as possible schools and young people's settings and services will be restraint free. Poorly or incorrectly used, restrictive physical interventions are a source of risk to the young person and members of staff. The correct use of restrictive physical interventions must always be an act of last resort and not normal practice and be based on the best needs of the individual. Schools and settings should take all reasonable actions to reduce the potential need to use restrictive physical interventions as far as practicable.

An individual behaviour support plan (which may support or be part of an Individual Healthcare Plan) should be written for children and young people whose behaviour presents a significant challenge. This plan should detail the steps that are being taken to address the individual's particular social, emotional and learning needs. It should also include the steps that staff should take to de-escalate challenging situations as well as what they should do if these steps are not successful ('an incident management plan'). The individual behaviour support plan should consider risks and how they are being minimised and managed.

Reduction in the need to use Restrictive Physical Interventions is achieved by analysing the interactions between each young person/pupil and their environment which identifies potential triggers that need to be avoided at critical periods. This involves: -

- Helping young people to avoid possible situations known to provoke challenging behaviour;
- Having education plans/care programmes which are responsive to individual needs;
- Creating opportunities for service users/pupils to engage in meaningful activities which include opportunities for choice and a sense of achievement;
- Developing staff expertise in working with individuals that present challenges.
- Understanding that behaviour is often a method of communication

3. Guidance on the use of Restrictive Physical Intervention

3.1 Types of incidents when Restrictive Physical Interventions may be appropriate.

Situations in which restrictive physical intervention may be appropriate or necessary fall into three broad categories: -

- Planned Interventions
- Unplanned/Emergency Interventions
- As part of a Therapeutic or Education Strategy

Examples of situations where a restrictive physical intervention may be appropriate are:-

- To prevent a young person/pupil from running towards a busy road;
- To prevent a young person/pupil from self injuring or injuring another person;
- To prevent a young person/pupil from causing serious damage to property.

School staff may also use reasonable force where a pupil is affecting the maintenance of good order and discipline. Examples of which include:

- Removing a disruptive pupil from the classroom when they have been instructed to leave but have refused.
- Preventing a pupil behaving in a way that disrupts a school event or a school trip.
- Preventing a pupil leaving a classroom or school where allowing this would risk their safety or lead to behaviour that disrupts the behaviour of others;

The decision to use reasonable force is a matter for professional judgement however staff should be aware that research clearly shows that injuries to staff and pupils are more likely when the intervention is not planned. Before physically intervening staff should, wherever practicable, attempt to resolve the situation by using other methods. Information about strategies is available in section 3.5 of this guidance.

There are occasions when physical contact, other than reasonable force, with a child is proper and necessary. Examples are:

- holding the hand of the child at the front/back of the line when going to assembly or when walking together on an outing
- when comforting a distressed individual
- when congratulating or praising the young person
- to demonstrate how to use equipment or a skill e.g. a musical instrument
- to demonstrate exercises or techniques during PE lessons or sports coaching
- to give first aid

Restrictive physical intervention for the protection of property must only be for extreme circumstances. There must be an assessment on whether or not it is worth the risk of injury, to protect the property.

In extreme circumstances, such as an immediate and realistic threat of arson or where life is at risk (e.g. service user/pupil has weapon); the police are obliged to attend if you make the urgency clear to them.

Restrictive physical intervention maybe used as a preventative measure in order to prevent physical injury, for example if a young person attempts to obtain a weapon which would later make physical intervention problematic and dangerous to staff.

3.2 Planned Interventions

Pre-arranged strategies and methods to deal with situations should be planned where a risk assessment has identified the likelihood of the need for physical intervention. For many situations, an early intervention will be more effective, and be able to be implemented at a lower level and with less risk, than a later intervention.

Planned restrictive physical interventions should be:-

- Agreed in advance by relevant professionals working in consultation with the service user, their family/carers and an independent advocate if appropriate, in the case of children, those with parental responsibility.
- Be in the best interests of the individual.
- Monitored during implementation by an identified member of staff who has relevant training and experience.
- Recorded in writing so that the method of restrictive physical intervention and the circumstances when its use has been agreed are clearly understood.
- Included as part of a care plan or individual service user records or pupil behaviour plan/records.
- Routinely monitored and reviewed.
- One component of a broader approach to meeting the individual's needs.

A proforma, Restrictive Physical Intervention Protocol HSF57, which can be used to document a planned physical intervention strategy, is available in the Restrictive Physical Intervention Policy.

An individual behaviour support plan is most likely to be effective if it includes:

- A description of the individual's positive qualities
- Objective details of the challenging behaviours presented by the individual and the risks that these behaviours present
- Consideration of the function that the challenging behaviour serves for the individual (what need(s) are being met by the behaviour?). It is important to understand that behaviours have a purpose by communicating something about the individual's needs.
- What behaviour(s) could be taught/ encouraged that meet the same needs in a more acceptable way (i.e. 'replacement behaviours')
- What skills need to be taught/ encouraged to support these replacement behaviours
- What can be changed/ provided in the environment to make the individual feel included and successful and to avoid 'triggers'.

- How replacement behaviours can be encouraged
- What should be done to de-escalate potentially difficult situations
- An incident support plan to follow if the individual's behaviour requires significant intervention. If it is decided that it may be necessary to use restrictive physical intervention, this should be detailed.

Restrictive interventions that result in the holding or restraint of an individual carry medical risk to the service user/pupil as these techniques may impact on the individuals breathing, circulation and place direct pressure on vulnerable areas of the body. Restraints on the floor hold the highest level of risk and must be an absolute last resort. Holds and restraints should only be used for shortest time possible. Staff involved in the use of such techniques must have received suitable training.

Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy. Single person restraints pose significant risks to both parties. If a single person restraint need is established (e.g. due to the small size of the individual), suitable training on the techniques to be used must have been provided and the process and rationale clearly documented.

3.3 Unplanned and Emergency Interventions

Emergency use of restrictive physical interventions may be required when a service user/pupil behaves in unforeseen ways. Research evidence clearly shows that injuries to staff and service users/pupils are more likely when the intervention is not planned.

An effective risk assessment procedure, together with well-planned preventative strategies (individual behaviour planning), will help to keep emergency use of restrictive physical interventions to an absolute minimum. Staff should be aware that in an emergency situation the use of reasonable and proportional force is permissible if it is the only way to prevent injury or serious damage to property.

Whenever practicable, before physically intervening a staff member should attempt to resolve the situation by other means. A calm and measured approach to a situation is needed and staff members should never give the impression that they have lost their temper, or are acting out of anger or frustration. The staff member should continue attempting to communicate with the service user/pupil throughout the incident, and should make it clear that the physical intervention will stop if it ceases to be necessary.

In unplanned/emergency interventions it is good practice for staff to use a dynamic risk assessment approach, which is a quick on the spot assessment prior to acting (where possible). This will allow staff to:-

Step Back	Don't rush into an intervention, is it really necessary, do you have suitable justification.
Assess Threat	Assess the person, the objects, the environment and the situational factors.
Find Help	Can you reduce the risks by getting help from other trained colleagues or by using the physical environment, space, natural barriers etc.
Evaluate Options	**Proactive/Primary** – proactive actions to remove the triggers **Active/Secondary** – interpersonal skills, non verbal body language e.g. open palms, directing, defusing, calming, switching staff etc. **Reactive/Tertiary** – avoid assaults - disengagement
Respond	Apply the principles of the least adverse method in responding. Continue to re -evaluate the situation and your response. Continually monitor for changes in level of risk.

Even in an emergency, the force used must be reasonable; that is, it should be proportionate to the risk posed by the situation. The staff member or members concerned should be confident of the potential adverse outcomes associated with the intervention (e.g. injury or distress) will be less severe than the adverse consequences which would occur without the use of a restrictive physical intervention.

A staff member should not intervene in an unplanned situation without help: -

- If dealing with a physically large individual or more than one service user/pupil;
- Where an intervention technique cannot be applied safely by one person; or
- If the staff member believes he or she may be put at risk of serious injury.

In these circumstances the staff member should, as appropriate, remove other people who might be at risk, summon assistance from colleagues, or where necessary phone the police. Until assistance arrives the staff member should continue to try to prevent the incident from escalating whilst remaining mindful of their own safety. It may be appropriate for staff to withdraw from the situation.

Once an unplanned or emergency restrictive physical intervention has taken place it must be reported and investigated. With this information it is essential that a risk assessment surrounding future use and primary and secondary prevention strategies are completed. This should assist in the reduction and use of further unplanned/emergency restrictive physical interventions.

3.4 Restrictive Physical Intervention as part of a Therapeutic or Educational Strategy.

In most circumstances, restrictive physical intervention will be used reactively, to prevent injury or avoid serious damage to property. Occasionally, it may be agreed to be in the best interest of the adult/child to use a restrictive physical intervention involving the use of some degree of control as part of a therapeutic or educational strategy.

For example, a way of helping a child to tolerate other children without becoming aggressive might be for an adult to shadow the child and to adjust the level of physical intervention employed according to the child's behaviour. Similarly it might be agreed for staff to use a restrictive physical intervention as part of an agreed strategy to help a person who is gradually learning to control their aggressive behaviour in public places. In both examples the restrictive physical intervention is part of a broader therapeutic or educational strategy. As with all restrictive physical intervention, interventions for this purpose must never be painful or likely to cause injury.

Where this approach is employed it is important to establish in writing a clear rationale for the use of the restrictive physical intervention and to have this endorsed by a multidisciplinary team which includes, wherever possible, family members and or independent advocates, and in the case of a child, the person with parental responsibility.

3.5. Physical Intervention Strategies

Restrictive physical intervention must be an act of last resort. Adopting good behaviour planning practices involving proactive (primary) and active (secondary) control strategies as well as reactive (tertiary) controls is important. Proactive measures to avoid the incidents of restrictive physical intervention must always be attempted first.

a. Proactive/Primary Control refers to actions taken to prevent situations arising which may require the use of any intervention or to reduce their likely frequency.

At an organisational level this includes establishing policies, safe systems of work, carrying out risk assessments and providing staff with training.

At an individual level this involves understanding the risks, complying with safe practice guidelines and putting training and learning into practice. Preventative action also includes reporting, recording and investigating incidents in order to learn from them. Preventative action is a continuous process.

b. Active/Secondary Control refers to actions taken to prevent situations escalating. It typically involves the use of interpersonal skills, communication, defusing, de-escalating and calming strategies.

c. Reactive/Tertiary Control refers to action taken when situations escalate or violence occurs, or after it has occurred to prevent or reduce the potential for physical or psychological harm. Typically, this may involve disengagement or other physical intervention tactics (such as applying holds) and emergency procedures. Reactive/tertiary controls will include providing post incident support and managing the situation through to recovery.

For each individual who presents challenges there need to be individualised strategies (individual behaviour planning) for responding to incidents of violence and aggression/self-injurious behaviour etc. Where appropriate the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for the individual. This must be documented in a care plan/ on the individual's records.

Appropriate individual behaviour planning and training of staff in proactive and active control strategies will have a major impact in the reduction of the need to use of reactive controls such as restrictive physical interventions.

Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy.

3.6 Risk assessment

When it is foreseeable that an individual might require a restrictive physical intervention then a risk assessment must be completed. The risk assessment process allows staff to identify and evaluate the benefits and risks associated with different intervention strategies. It also aids identification of opportunities for reducing the need for restrictive physical intervention.

When undertaking the risk assessment, it should be ensured that there is involvement of relevant individuals and where suitable key professionals and the outcome of the risk assessment is communicated to all relevant staff and parents. Other issues that should be considered are included in section 5.1.3 of Restrictive Physical Intervention Policy HR119.

Among the main risks to service users/pupils are that restrictive physical intervention will: -

- Cause pain, distress or psychological trauma;
- Cause injury;
- Be used when a less intrusive method could have achieved the desired outcome;
- Become routine, rather than an exceptional method of management;
- Increase risk of abuse;
- Undermine dignity or otherwise humiliate or degrade those involved; and
- Create distrust and undermine personal relationships between staff and service users/pupils.

The main risks to staff that result from applying restrictive physical interventions are:-

- They suffer injury;
- They experience distress or psychological trauma;
- The legal justification for using the restrictive physical intervention is challenged in court; or
- Disciplinary action is taken for inappropriate or unjustified use of restrictive physical interventions.

The main risks that may be associated with not intervening include:-

- Staff may be in breach of duty of care responsibilities;
- The service user/pupil may injure themselves, other service users/pupils, staff or members of the public;
- Serious damage to property or valuable resources may occur; or
- The possibility of litigation in respect of these matters.

3.7 Documenting Restrictive Physical Intervention Strategies

If it is agreed that a child or adult may require some form of restrictive physical intervention, there must be an up to date copy of a written protocol included in the individuals plan/records. (See Standard Document HSF57 Restrictive Intervention Protocol form upon which intervention strategies can be documented.)

If a School or Service chooses to develop their own documentation process it must, as a minimum, include the following: -

- A description of the behaviour sequence and settings which may require intervention response;
- The results of an assessment to determine any counter reasons for the use of intervention strategies (e.g. medical conditions etc.);
- A risk assessment that balances the risk of using a restrictive physical intervention against the risks of not intervening;
- A record of the views of those with parental responsibility in the case of children and family members or independent advocates in the case of adults;
- A system of recording behaviours and the use of restrictive physical interventions;
- Previous methods which have been tried without success;
- A description of the specific restrictive physical intervention strategies/techniques which are agreed and the dates on which they will be reviewed;
- The ways in which this approach will be reviewed, the frequency of review meetings and members of the review team.

KSSS / BURTON PRU SCIP FILE IS IN THE (RESPECTIVE) SCHOOL OFFICES; COMPLETE THE SCIP FORM ASAP & ENSURE HT/DHT/AHT IS FULLY BRIEFED ABOUT THE SITUATION THAT AROSE FOR SCIP CONTACT PROCEDURES TO BE IMPLEMENTED.

AHT TO HAVE SCIP OVERVIEW.

Communication

Information relating to intervention strategies should be discussed with the service user/pupil and their families/parents/careers prior to the implementation. All parties should be in agreement

with the intervention strategy. If this is not possible, differences of opinion must be documented and recorded in the individuals care plan/records.

3.8 Action to be taken following an incident of Restrictive Physical Intervention.

Recording, Reporting and Monitoring

The use of restrictive physical interventions, whether planned, unplanned, or emergence interventions must always be recorded using the Restrictive Physical Intervention Record of Incident form HSF56. The written record of the use of a restrictive physical intervention must indicate: -

- The names of the staff and service users/pupils and any other parties involved;
- The reason for using the restrictive physical intervention employed;
- The type and duration of the restrictive physical intervention;
- Whether the service user/pupil or anyone else experienced injury or distress and, if they did, the action that was taken.

If the incident is also an act of violence or aggression then HSF9 Violence and Aggression Report Form must also be completed, this form or HSF40 Accident Investigation Report Form must be completed to record any injuries that result from the use of a restrictive physical intervention.

In some circumstances, interventions will need to be reported immediately to line management and where this is the case, managers must ensure all staff are aware of when and how to do so.

The contents of the Restrictive Physical Intervention Record Forms should be reviewed on a monthly basis as a minimum by Managers and where trends identified appropriate action taken.

Managers need to ensure that the individual service user/pupils individual plan/records are reviewed in light of incidents and amendments made if required to reduce those risks identified.

Debriefing

After the use of an intervention, it must be ensured that staff and service users/pupils receive suitable and sufficient support and a review of the risk assessment to identify factors contributing to the incident must take place.

Being involved in a restrictive physical intervention may be an unsettling experience for all parties, and managers should recognise that staff and service users/pupils may need some form of reassurance. Those involved, both staff and service users/pupils should be separately debriefed after the intervention, which is particularly important when the intervention was unplanned. The debriefing should be a reflective process that explores what happened before, during and after the incident. The intention should be to undertake an analysis and evaluation to inform how similar incidents may be avoided or better managed in the future.

Debriefing those involved ensures that lessons can be learned and staff service users/pupils have the opportunity to discuss the matter quickly. The debriefing should be undertaken without undue delay but should consider the physiological effects of such a situation and sufficient time should be allowed for all involved to reach a calmer state. Staff should be informed of the availability of confidential counselling from ThinkWell who can be contacted on 01785 276284.

When an injury has occurred as a result of Restrictive Physical Intervention

If there is any reason to suspect that a service user/pupil, member of staff or other person has experienced injury or distress following the use of a restrictive physical intervention, that person must receive immediate medical attention, and counselling and debriefing as required. Managers must ensure that the injury is reported to the Health, Safety and Wellbeing Service as detailed above.

Complaints and concerns regarding Restrictive Physical Intervention

Managers must ensure that any complaints or concerns about validity or methods of intervention should be thoroughly investigated in accordance with local and County Council complaints procedures.

Dependent on the nature of the complaint, consideration must be given to whether other processes need to be instigated such as Safeguarding protocols.

3.9 Information, Instruction and Training

The level of information, instruction and training required by staff regarding physical interventions must be identified by managers and Headteachers. Training provided to staff should be suitable for the level of use they are identified as requiring. Where skills are not used they are soon lost. Staff involved in the use of planned interventions must have suitable training.

In emergency situations staff have the right to use reasonable force to protect themselves and others. It is recommended that where it is identified that staff are delivering services or working in situations where there is a high risk of being involved in unplanned and emergency restrictive physical interventions, they should receive a basic level of training.

Training provided must cover the use of Primary/Active and Secondary/Reactive control strategies (see section 3.5) as well as the physical techniques and should be suitable for the environment and service users/pupils it will be employed upon. It is not suitable to provide staff with physical intervention techniques without putting its use into appropriate context. Training in the use of restrictive physical interventions must be recorded and refreshed in accordance with the training provider's accreditation scheme which is often annually.

AHT TO PLAN & ENSURE THERE IS UP TO DATE SCIP TRAINING:

PROACT-SCIPr-UK® POLOICY FOR PHYSICAL RESTRAINTS

- STAFF ANNUAL UPDATE – USUALLY SEPT
- NEW STAFF ATTEND THE SCC SCIP INSET (2 DAYS)
- ATTEND SCIP UPDATES DELIVERED BY SCC/ENTRUST
- DELIVER ANY SCIP UPDATES TO KSSS / BPRU STAFF THROUGHOUT THE YEAR

Contact

Health, Safety and Wellbeing Service, Staffordshire County Council, Staffordshire Place, Tipping Street, Stafford, ST16 2DH , **01785 355777**

SCIP Incident (*flow chart*)

Staff decision to use SCIP strategies:
Verbal de-escalation
Contact procedures

1 Person - 2 Person, or seek additional help if required

SCIP
Readdress and seek stable resolution
(In the rare occasion subsequent SCIP action may be needed;
HT/DHT to decide if Police intervention is required)

Follow KSSS / BPRU Health & Safety Practice

First aid if appropriate

Inform Head or AHT

Complete SCIP incident form and discuss or debrief if required
(Held in bound document in central main office)

Head / AHT completes form and signs off event with the staff; (staff need to record incident on paper to bring to this meeting)

AHT (SCIP Coordinator completes data base to analyse overview data; trends; patterns; etc – REPORTED TO MC PER TERM