

**EDWARD WORLLEDGE ORMISTON
ACADEMY**



**USE OF REASONABLE FORCE
POLICY**

1. **INTRODUCTION**

This policy document stems from, relates to and should be read in conjunction with the following key references:

- Valuing People White Paper: A New Strategy for Learning Disability for the 21st Century
- DoH Guidance under Section 7 of the Local Authority and Social Services Act 1970
- National Minimum Standards for Care Homes for Younger Adults and Adult Placements
- Joint DfES and DoH Guidance for Restrictive Physical Interventions, July 2002
- DfEE Circular 10/98 (Section 550A of the Education Act 1996: The Use of Force to Control or Restrain Pupils)
- BILD document Physical Interventions: A Policy Framework
- Department of Health Children Act 1989 and 1993 Guidance on “Permissible Forms of Control in Children’s Residential Care”
- Human Rights Act 1998
- Disability Discrimination Act 1995 and the SEN and Disability Act 2001
- The UN Convention on the Rights of the Child (entered into force 2.9.90)
- Care Standards Act H

Aims

- To create a learning environment in which young people and adults feel safe.
- To protect every person in the school community from harm.
- To protect all pupils against any form of physical intervention that is unnecessary, inappropriate, excessive or harmful.
- To put in place guidance for staff so that they are clear about the circumstances in which they might use reasonable force to restrain pupils and how such reasonable force might be applied.

2. **THE USE OF FORCE TO CONTROL OR RESTRAIN PUPILS**

2.1 Staff should refer to the County Policy - Guidelines for the Use of Physical Restraint in Schools – for more detailed advice. This is available in the staff room. Copies are also held by the Principal. Also refer to Norfolk Joint Services policy on positive handling strategies attached (Appendix 3).

2.2 At Edward Worlledge Primary School we believe that the use of force should be reasonable, proportionate and necessary to prevent a pupil from:

- Committing a criminal offence
- Injuring themselves or others
- Causing damage to property, including their own

- Engaging in any behaviour prejudicial to maintaining good order and discipline at the school or among any of its pupils, whether that behaviour occurs in the classroom during a teaching session or elsewhere on the school grounds.

The use of physical restraint will always be the last resort. All other behavioural management strategies will be used before physical intervention.

- 2.3 Edward Worlledge Primary School adopts the 'Norfolk Steps' approach to effectively manage behaviour. The Norfolk Steps approach promotes positive and protective handling strategies. (See Behaviour Policy).

The aims of using Norfolk Steps in Edward Worlledge are:

- to promote effective, safe verbal and non-verbal, positive and protective techniques within a holistic response to behaviour management.
- to develop acceptable and appropriate responses to serious incidents of "out of control" behaviour in a manner that maintains positive relationships and provides safety to all.

- 2.4 All teachers and non-teaching staff are empowered to use restraint in serious situations until staff trained in Norfolk Steps techniques are on hand. A list of qualified personnel is displayed in the staffroom. This will be updated when necessary.

- 2.5 In the event where it is necessary to use force or physical restraint on a child, the school will ensure that at least two members of Norfolk Steps trained staff will be made available immediately.

Wherever practically possible, trained staff will be sent for prior to any physical handling of a pupil although situations may arise when immediate intervention is necessary.

- 2.6 Names of staff trained and authorised to use Norfolk Steps techniques are displayed clearly in the staff room. All staff are responsible for familiarising themselves with this list and the procedure to follow should a situation arise.

- 2.7 Any physical intervention must be reasonable and proportional in the circumstances and always be conducted in relation to the child or young person's age, gender, health, religious and cultural persuasion and stage of development.

Staff should always avoid touching or holding a pupil in a way that might be considered inappropriate.

- 2.8 In using physical restraint, the level and duration of the restraint will always be the minimum necessary to restore safety. In any action, due regard has to be taken to the age, understanding and sex of the pupil. Knowledge of the pupil is a key factor in the judgements that will be made.

- 2.9 Strategies and techniques that may be required for an individual will be included in the pupil's Personal Handling Plan written by a member of staff and agreed by the Principal and parents. Written guidelines on the use of positive handling techniques need to be agreed or approved by all relevant parties including parents or guardians.

The school accepts and understands that in accordance with the law corporal punishment is forbidden.

3. RECORDING INCIDENTS

- 3.1 Where restraint has been necessary, the incident must be reported immediately to the Principal or DSL Principal.
- 3.2 An incident report form must be completed by the staff involved as soon as possible after the incident and filed in the behaviour log in class. A copy must go to the Principal. A log of the incident should also be recorded on-line. (Appendix 1).
- 3.3 Staff involved in any incident are given time to 'de-brief' with comments recorded in the report.
- 3.4 Pupils that have been restrained are given time to 'de-brief' with a third person present (Principal). The pupil's comments will be recorded on the incident form.
- 3.5 The school will ensure that time is given to 'repair' relationships between staff involved in the restraint and the pupil.
- 3.6 The procedure to be followed in the event of physical intervention being used on a pupil will be displayed in the staffroom. All staff are responsible for familiarising themselves with this procedure.
- 3.7 In the event of an injury occurring, the appropriate forms must be completed and accident reporting procedures must be followed.
- 3.8 Parents of the pupils involved will always be advised of an incident and it may be necessary for it to be followed up by other disciplinary action or pastoral support.

4. RISK EVALUATION

- 4.1 The law says that the restraint of a child or young person should calm the situation and not lead to greater injury or an escalation of violence. The following factors need to be taken into account in evaluating the risks involved and in determining the techniques to be employed:-
- Restrainer and the child/young person.
 - The genders of staff and the child/young person.

- The presence of a second adult available to assist, supervise and become involved in the intervention.
 - The scope to secure the presence of a second or further adult.
 - Spectacles, hearing aids, jewellery, clothing worn by the child/young person and the adult restrainer.
 - The restrainer's capacity to act calmly and systematically.
 - The location of the incident and the potential for the risk to be carried out safely.
 - Knowledge of the child/young person's previous experience of restraint and their previous reactions.
 - The presence of any weapons.
 - The child's known or perceived substance abuse.
- 4.2 Staff working in situations where there is a reasonable likelihood that they may have to employ techniques of physical restraint should consider whether their clothing, jewellery and hair style add to the danger of injury to themselves and others.
- 4.3 Staff to refer to the do's and don't checklist (Appendix 2).

Any physical intervention involves a degree of risk. The assessment of the level of risk is a calculation that must be made before deciding to intervene. Think clearly and carefully before acting.

5. PLANNING FOR FUTURE INCIDENTS

- 5.1 If a school is aware that a pupil is likely to behave in a way that might require physical restraint, it should plan how to respond. Such planning should address:
- managing the pupil (e.g. re-active strategies to de-escalate a conflict, what holds might be used).
 - involving the parents (so that they are clear about what action the school may need to take).
 - briefing staff (to ensure they know what action they should be taking).
 - ensuring that additional support can be summoned if appropriate.

6. TRAINING

- 6.1 Training should be cascaded within the school and raise awareness through structured staff discussion. All staff must be fully aware with the school's guidelines on the use of physical restraint and should share good practice in an open manner.
- 6.2 As the school adopts the Norfolk Steps approach, this training is used with techniques of physical restraint, given as part of a programme which puts its use within a full context of care, control and reducing aggression.
- 6.3 The training, Norfolk Steps – Step on, will be delivered to selected staff from each year group and will include:-

- Deescalating techniques;
- Guiding and escorting.
- Stance and body language.
- Appropriate touch.
- Therapeutic approaches.
- Understanding crisis.

Step up training will be delivered to selected staff from each year group. Training will include all of the above and

- Physical interventions.
- Repair and reflect.

The Use of Force to Control or Restrain Pupils

Reminder of Dos and Don'ts

Do

Know the procedures in your school

Stay calm

Tell the pupil what you are doing and why

Use the minimum force necessary

Involve other staff if possible

Tell the pupil what he/she must do for you to remove the restraint

Use simple language

Relax your restraint in response to the pupil's compliance

Don't

Act in temper

Place yourself at risk

Involve other pupils in the restraint

Grasp or hold the pupil in sexual areas

Twist or force limbs back against the joint

Bend fingers or pull hair

Hold the pupil in a way that restricts blood flow or breathing.

Slap, punch, pinch or kick

Trip up the pupil



**NORFOLK JOINT SERVICES
POLICY ON POSITIVE HANDLING
STRATEGIES**

(including restrictive physical intervention)

**in respect of children and young
people with Learning Disabilities and
Autistic Spectrum Disorder**

to be reviewed by the PHG December 2006

This policy document informs the practice of Children's Services, and Norfolk Primary Care and Health Trusts. This is also recommended guidance for other partner organisations.

Introduction

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Health and Safety

This document should also be read in relation to the following Health and Safety Policies and their references to the management of violence and risk reduction:

- Norfolk County Council Corporate Health and Safety Policy (Issued 11.3.04)
- Norfolk County Council Social Services Health and Safety Policy
- Norfolk County Council Education Department Health and Safety Policy (March 2003)
- Norfolk County Council Health Service Primary Care Trust Health and Safety Policies

Definitions

All terms used in this policy document are in reference to the descriptions and definitions given in Section 3 of the Joint DfES and DoH Guidance for Restrictive Physical Interventions, July 2002. It is an expectation that this reference point would be used in all operational and practice guidance.

Key policy principles on physical interventions

- Any physical intervention should be consistent with the legal obligations and responsibilities of departments and their staff and the rights and protection afforded to child or young persons under law.
- Working within the "legal framework", services are responsible for the provision of care, including physical interventions, which are in a person's best interest.

Values

- The child or young person should be treated fairly and with courtesy and respect. Positive behaviour management strategies must underpin this approach.
- Physical interventions must only be used in the best interests of the child or young person and in partnership with parents/carers.
- Where possible the child or young person should give informed consent to any agreed intervention or approach.
- In the context of any planned intervention the child or young person should be helped to make choices and be involved in making decisions that affect their lives.
- Any physical intervention must be reasonable and proportional in the circumstances and always be conducted in relation to the child or young person's age, gender, health, religious and cultural persuasion, and stage of development.
- Service settings have a responsibility to ensure the safety, well-being and training needs of the staff and carers dealing with the children and young people within them.

Prevention of challenging behaviour (reckless, dangerous or violent)

- The careful management of the environment and context can often reduce stressful stimuli and prevent challenging behaviours.
- Ensuring clear, accessible and appropriate methods of communication can often prevent challenging behaviours.
- The interaction between environmental factors and personal needs and responses should be explored for each child or young person who presents a challenge. Conditions should be modified to reduce the likelihood of challenging behaviour occurring (primary prevention).
- Early diffusion and de-escalation procedures must be developed to ensure that problematic episodes are properly managed with non-physical interventions before the child or young person becomes violent (secondary prevention).
- Successful early intervention and de-escalation depends to a large degree on an understanding of the causes of the behaviour and our ability to see the behaviour as a form of communication.
- For each child or young person who presents a challenge there must be graduated, individualised strategies for responding to incidents of violent and dangerous behaviour. When appropriate, the strategy should include directions for using approved physical interventions.
- Individualised plans must be established for responding to children or young persons who are likely to present violent or dangerous behaviour. The procedures should

enable staff and carers to respond effectively to violent or reckless behaviours while ensuring the safety of all concerned.

- Unplanned or emergency interventions may be required in response to unforeseen events.

Promoting the best interests of children or young persons

- Wherever possible physical intervention must be regarded as a last resort and part of a planned range of strategies.
- Physical interventions must only be used in conjunction with other strategies designed to help a child or young person learn alternative non-challenging behaviours.
- Planned physical interventions must be justified in respect of: what is known of the child or young person from a formal assessment; alternative approaches which have been tried; a formal evaluation of the potential risks involved; known health factors; reference to a body of expert knowledge and established good practice.
- The use of physical interventions must be subject to regular reporting, recording, monitoring, evaluation and link back to planning around the individual.

Physical intervention and risk assessment

- The potential hazards associated with the use of physical interventions must be systematically explored using a risk assessment procedure. Detailed records must be retained regarding this risk assessment.
- Any risk assessment process needs to involve all those with relevant knowledge of the individual.

Minimising risk and promoting the well-being of child or young persons

- Children or young persons must have individual assessments to identify any risks associated with physical interventions before they are approved.
- Physical interventions must only be employed using the minimum reasonable force.
- For the individual child or young person, any single physical intervention must be sanctioned for the shortest period of time consistent with his or her best interests.
- Physical interventions must not rely on achieving compliance through inflicting pain.
- Children or young persons who receive a physical intervention must be routinely assessed for signs of injury or psychological distress.

- It is important that there is a consistency of approach as far as possible between agencies, to risk assessment and intervention.

Management responsibilities

- Service managers are responsible for implementing policy and practice on the use of positive handling strategies in line with this document.
- The use of any procedure must be clearly set out in the form of written guidance for staff.
- Service managers are responsible for ensuring that all incidents that involve the use of physical interventions are clearly, comprehensively and promptly recorded.
- Parents and carers will be informed in writing when unplanned restrictive physical intervention has occurred.
- All children or young persons and their families and representatives must have ready access to an effective complaints procedure, and they must be made aware of it. Where possible, in each case, the complaints procedure must be available in a format appropriate for the child.
- Careful consideration should be given to the impact of resource management on the use of physical interventions.
- Staff deployment should be organised to ensure that appropriately trained staff are available to respond to any incident which requires physical intervention.
- Staff, including agency staff, must be made aware of the individual positive handling plan for each child they may work with.

Employers' responsibility towards staff/carers

- Employers and managers are responsible for the safety and well being of staff/carers.
- Staff/carers must have access to procedures that allow for the monitoring and reporting of concerns about practice.

Staff/Carer responsibilities towards children and young people

- Staff/carers have a responsibility to report any concerns they have about physical intervention practice.

Staff/Carer Training

- Staff/carers who may be required to use physical interventions must receive induction and ongoing training and refreshers on knowledge, skills, values and duty of care.

- Training must be provided by an instructor with appropriate experience and qualifications and via courses with BILD Accreditation.
- Staff must only employ physical interventions which they have been trained to use except where their duty of care requires emergency intervention.

Failure to comply with this Policy will result in an agency review of both Departmental and individual practice.

The Infliction of pain/injury and/or the use of excessive force may lead to the instigation of enquiries under S.47 of the Children Act 1989 (child protection enquiries). All such cases must be referred to the appropriate Children and Families Assessment Team for due consideration.

Norfolk Joint Services Policy on Positive Handling Strategies / accepted as good practice by the ACPC on 11/05/2005