



## Physical Intervention Policy

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### Table of Contents

Section		Page
1	Index	1
2	Policy Statement	2
3	Prone Restraint	3
4	Guiding Principles	4
5	Policy	5
6	Documentation and Follow Up	7
7	Debrief	8
8	Training	8

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### 2. Policy Statement

It is a requirement of the Children Act 1989, revised in 2004 and The Children's Homes (England) Regulations 2015 (Standard 35.(1) (a), (b)-that Our Place Schools have a written policy, guidelines and procedures on the use of physical intervention with children and young people. This policy is read in conjunction with the homes 'Behaviour Management Policy'.

**The Children's Homes (England) Regulations 2015 state:**

#### ***Restraint and deprivation of liberty***

**20.**—(1) *Restraint in relation to a child is only permitted for the purpose of preventing—*

*(a) injury to any person (including the child);*

*(b) serious damage to the property of any person (including the child); or*

*(c) a child who is accommodated in a secure children's home from absconding from the home.*

*(2) Restraint in relation to a child must be necessary and proportionate.*

*(3) These Regulations do not prevent a child from being deprived of liberty where that deprivation is authorised in accordance with a court order.*

This policy is available to relevant agencies as required. The intention of this document is to ensure that staff have a clear understanding of the permissible practice regarding Physical Interventions acceptable at Our Place Schools in compliance with legal regulations.

The policy is also guided by the Human Rights Act in relation to the following articles:

- Article 1- All human beings are born free and equal in dignity and rights.
- Article 3 - Everyone has the right to life, liberty and security of person.
- Article 5 - No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.
- Article 7 - No Punishment without Law.

Formal Guidelines published by the DCSF/DoH in September 2003 (Guidance on the use of Restrictive Physical Intervention for Pupils with Severe Learning Difficulties) informs this policy as do the DfES 'Children with Problems' circular and CPI (MAPA module).

The Education Act 1996 clarifies the power of teachers and other staff who have lawful control or charge of pupils; to use '*reasonable*' force to prevent pupils committing a crime; causing injury or damage; or causing disruption.

MAPA (Managing Actual or Potential Aggression) is the staff training programme adopted by the home. The course is accredited by The British Institute for Learning Difficulties (BILD), and adheres to the BILD Code of Practice for the use of physical interventions.

Other legislation and guidelines that the school use in accordance with the above are Permissible Forms of Control in Children's Residential Care (1993) and the Joint Guidance on the Use of Restrictive Physical Intervention's (2002).

### 3. Prone Restraint

**Positive and Proactive Care (2014)** - states that

'prone restraint - holding a person face down to the floor - is extremely distressing and poses a risk to the person's breathing and therefore their life.

The guidance makes it clear that prone restraint should **no longer be used** as a planned intervention.

There are vulnerable children with learning disabilities in this country regularly subject to restrictive interventions, including the use of prone restraint.

There is no evidence base for the effectiveness of prone restraint in reducing the frequency or intensity of behaviours that challenge.

It is a hugely traumatic and damaging experience for children and their families.

The deaths of several people have been associated with prone restraint.

The regular use of prone restraint is not consistent with the United Nations Convention on the Rights of the Child.'

Therefore; Our Place Schools policy prohibits the use of prone (supine) restraint and do not train this technique for use in practice.

Our Place Schools prohibit the use any pain based disengagements (discomfort techniques).

Our Place also used the 1996 publication by J Harris, 'Physical Interventions: A policy framework' to guide the use of physical interventions (restraint) with adults and children with learning difficulties and/or autism and Physical Interventions: A Policy Framework published by BILD

## 4. Guiding Principles

The home' ethos and training support staff to understand and put into practice that it is often possible to manage behaviour by controlling the child's environment and the things that are going on within it, rather than by controlling the child directly. *The conduct of staff is very important. Staff act as role models for the children; staff reactions and behaviours in a difficult situation can reduce or escalate the situation.*

- I. Only staff who have received training in MAPA procedures are to action physical interventions. Legal requirements state that staff are to receive annual top up training, this will include latest legislation, new skills and value training.
- II. Staff deployment should be organised to ensure that trained staff are available to respond quickly to any incidents that might arise that involve physical intervention. (personal radios are utilised to call for additional support when required).
- III. Physical interventions should only be used in conjunction with other strategies designed for each individual child as stated within the 'individual behaviour support plans'. This will help the children to learn more positive alternative non- challenging behaviours.
- IV. The potential hazards associated with physical interventions should be systematically explored using a risk assessment procedure. Physical intervention should not involve unreasonable risk.
- V. The school's policy on Child Protection should be adhered to at all times.
- VI. Staff need to be assessing situations before they physically intervene.  
Always thinking of the least restrictive form of intervention that is necessary to prevent the child from significant harm to themselves or others, and or causing serious damage to property.
- VII. Staff need to take steps to avoid the need for physical intervention, e.g. through de-escalation and diversion techniques as well as having an up to date individual behaviour support plan for each child which states triggers and ways of managing the individual's behaviour that requires support.
- VIII. All children need to be verbally informed that physical intervention may be needed to prevent harm or damage.
- IX. Always use the least restrictive approach, this might help staff to justify and defend their actions by demonstrating that
  - All other options were explored and failed, or that the alternatives were deemed to be unsuitable for the level of risk presented
  - The minimum amount of force was used for the minimum amount of time
  - The staff response was professionally and legally defensible.
- X. Make every effort to secure the presence of other staff before applying physical intervention techniques. These staff can act as witnesses or assistants.
- XI. Physical Intervention should be a last resort risk management, NOT punishment, revenge or retaliation.
- XII. Physical Intervention should not be used purely to force compliance with staff instruction when there is no immediate significant risk to the children, others or serious damage to property.

These principles ensure that all staff are adhering to the The Children's Homes Regulations, National Minimum Care Standards, Children Act, Human Rights Act, Health and Safety Act, Education Act.

In order to ensure good practice there are certain operational procedures which must be carried out, these are detailed below.

## 5. Policy

This policy outlines practical guidance and support to staff in the use of physical intervention skills (holding, disengagement) in the management of aggression and violence.

1. It is not the intention of this policy to describe in detail the specific intervention skills, nor is it the intention to provide photographic images of skills. Our Place Schools is committed to ensuring all staff working in these areas where there is a known risk that aggression may occur attends MAPA (Management of Actual Potential Aggression) training. This course has to be delivered by a fully qualified trainer who is registered with CPI to deliver our training.
2. Staff working in the provision have the right to protect themselves, however all staff have a duty of care towards the children, meaning that it is staff's responsibility to protect children and others from aggression and violence.
3. The approaches and skills described in this policy are not to replace proactive management strategies (BSP (Behaviour Support Plan) primary and secondary strategies), systematic risk assessment, and Health and Safety protocols. The skills should be used in the context of an overall behaviour management approach where varieties of interventions are necessary to maintain everyone's safety.
4. The provision adopts the view that all staff, no matter what grade or area of work, have a responsibility for the safety of themselves, their colleagues and the children.
5. The Health and Safety at Work Act states: 'The purpose of the Health and Safety at Work Act 1974 and subsequent amendments is to secure the health and safety, and welfare of all people at work and to protect them from risks arising from work place activities'. In addition Standard 26 of the National Minimum Standards states: 'Positive steps are taken to keep children, staff and visitors safe from risk from fire and other hazards'. With this in mind it is the duty of every member of staff to ensure that, when required, assistance is offered where and when necessary to help in the management of an aggressive or violent incident. This does not mean that all staff are to get involved in all physical interventions, but it does mean that staff have a duty and obligation to assist others, if there is a potential for a risk to occur.
6. The specific physical intervention skills referred to within this policy relate to 'Therapeutic Holding' (as described by Stirling and McHugh, 1997, 1998).
7. The holding skills described by Stirling and McHugh (1997, 1998) do not involve pain and are not used to gain compliance from the child.
8. The skills should be employed therapeutically in the management of children who present challenging behaviour in the form of aggression or violence. The disengagement skills are designed to gain release from risky situation and enable the member or staff to continue to interact in a safe manner. The skills should be employed therapeutically in the management of those children who present challenging behaviour in the form of aggression and violence.

9. It is the responsibility of the Senior Management Team (SMT) to ensure that any method of physical intervention adopted in the management of a child has been through a process of risk assessments and team reviews to ensure that all actions taken are in the best interest of the child concerned.
10. Prior to any form of restraint being used the relevant intervention and behaviour Support plans must have been completed and agreed by the SMT. This will outline specific interventions to use, when to intervene and what are the appropriate circumstances.
11. The use of any form of physical intervention should always be considered the **last** resort and should not be utilised until all other approaches have failed and/or violence is imminent. Equally, physical interventions may be used in situations where a member of staff has assessed that violent or reckless behaviour is predicted and acting proactively may **minimise** the likelihood of harm occurring or minimise the level of potential harm.
12. Any physical intervention must be reasonable in the circumstances, using the least restrictive option, e.g. the minimum amount of force for the minimum amount of time necessary to manage the incident safely.
13. Under no circumstance should any physical intervention, disengagement or breakaway technique be used to gain control or compliance from any child who challenges staff. The application of any intervention in this manner would constitute an assault and therefore would be regarded as misconduct and subject to Our Place School's disciplinary procedure. In addition, a formal complaint will be made to the local Police.
14. It is not the purpose of this policy to give an account of all the legal issues surrounding the use of physical interventions since this matter is covered in detail during staff training.
15. The use of physical interventions can be assessed and planned as to the appropriateness to each individual child, taking into account their unique needs both physically, socially and psychologically. Depending upon the seriousness of the situation, the staff involved should consider contacting other colleagues for help rather than trying to cope with a difficult situation unsupported. It may also be appropriate to contact the child's parents/guardians immediately physical interventions are used as well as considering contacting the police. This course of action may be discussed as part of the multidisciplinary team.
16. Any form of intervention involves a degree of risk. It is impossible to guarantee a risk free physical intervention. However, it is essential that all staff discharge their duty of care in that no action or omission on their behalf knowingly or negligently causes harm to others (staff or child's), and that so far as is reasonably practicable, the safety of everyone involved is maintained. Where injury does occur, it is important that appropriate medical attention is sought immediately and that the injury is clearly documented and appropriate notifications made.

## 6. Documentation and Follow Up

1. All physical interventions must be clearly and factually documented on the Our Place incident and intervention forms. The forms must include as much detail about the incident as possible that is factual and a clear de-brief has taken place for both young person and staff.
  - I. The Children's Homes Regulations 2001 within the National Minimum Standards for Children Homes states that the registered person shall ensure that within 24 hours of the use of any measure of control, physical intervention or discipline in a children's home a written record is made in a volume kept for the purpose which shall include-
    - The name of the child concerned
    - Details of the child's behaviour leading to the use of the measure
    - A description of the measure used
    - The date, the time and location of, the use of the measure, and in the case of any form of restrictive physical intervention, and its duration.
    - The name of the person using the measure and of any other persons present
    - The effectiveness and the consequences of the use of the measure and;
    - The signature of a person "authorised by the registered provider to make the record.It should also be recorded in the child's Permanent File and the senior member of staff on shift at time should hand over the information to all relevant staff.
  - II. The child should be counselled on the reasons for the application of restrictive physical intervention where possible. They should be allowed the opportunity to explain their perception of events.
  - III. The incident should be debriefed with the most senior staff on duty within 24 hours of the incident taking place. (Current legislation states this).
  - IV. It is important that incidents of restrictive physical intervention are openly discussed to prevent a culture of routine physical intervention. Staff involved in the incident need to have time to discuss the incident. This will offer the opportunity for staff to assess what happened and what can be done to prevent the need for physical intervention in the future and gives staff the chance to talk about the incident - debriefing, staff meetings and handovers can give this opportunity to staff.
  - V. The Registered Manager is responsible for monitoring the incidence of physical intervention.
  - VI. We have confidence in our proceeding and practices and therefore will co-operate fully with any independent enquires about incidents of physical intervention.

## 7. De-brief

Under standard 3.16 of the National Minimum Standards it states:

*3.16. Where there has been physical restraint, children's homes must be able to call on medical assistance as required and children are always given the opportunity to be examined by a registered nurse or medical practitioner.*

A de-brief pack is in place for all staff to ensure they use with the young people following an incident and physical restraint, the pack is found in the team office and the last question is "do you require medical assistance" unless a protocol is in place stating that this is not in the best interest of the young person then this question must be asked if the young person has been physically restrained.

Young people who were witness to the restraint or incident must also be given the opportunity to have a de-brief to ensure they have not been adversely effected.

2. Any injury must be reported and appropriate first aid or medical attention sought. All serious injuries should also be reported to the HSE under the RIDDOR Regulations (1995).
3. Following any incident, the senior on shift should de-brief all the staff involved and discuss/review the intervention plan. In addition, the young person involved should be de-briefed by someone who they feel comfortable with, any young people who were witness to the intervention must be de-briefed and this to be clearly documented. This allows everyone involved in the incident to discuss their feelings about how the event was managed, anything that could have been done differently and also ensures the welfare and safety of the young person and how they are feeling.
4. It is also good practice to ascertain whether the child wishes to make a complaint about how the incident was managed. A pro-active approach to complaints often prevents serious allegations of misconduct from being raised.
5. All incidents should be recorded and logged to enable long-term patterns and trends to be evaluated. This enables staff to make better judgement when completing risk assessments as well as providing information which can aid the review of management strategies.

## 8. Training

Our Place provide every member of staff with MAPA training. Kuba Poturalski is our CPI certified MAPA trainer and delivers the full training which consists of 2 days and the refresher annually which is 1 day.

Staff who have attended a suitable training course should not, under any circumstances, attempt to teach physical intervention skills to other staff who have not.

However, staff who have received training have a duty to instruct those staff who have not, as to avoiding the use of any physical intervention which they know is potentially dangerous.



Up to date training records for all staff should be maintained by the Senior Team co-ordinator and Head of Services indicating when people received training and who the training was delivered by.

It is widely recognised that in the interests of safety and good practice, staff who have received training undertake regular updating. It is a requirement within Our Place that all staff attend a minimum of one update per year in order to promote and maintain good practice.