

## THE USE OF PHYSICAL INTERVENTION

This policy should be read in conjunction with the Schools Care and Control Policy and the Therapeutic Crisis Intervention/Team Teach, Crisis Prevention and Management Systems Documentation.

“The only approved technique for holding or restraining young people will be those as referred to, and taught, in the Therapeutic Crisis Intervention Training/Team Teach course. No other techniques are permissible, including those, which rely on the former care and control techniques in terms of the use of staff restraint.” (Care and Control Policy.

S:14).

All staff at Meadows School will receive training in Therapeutic Crisis Intervention/Team Teach and be supplied with a copy of the schools policy and procedures on Care and Control and the Use of Physical Intervention. Staff will be expected to gain an understanding of these and sign copies. Evidence of this will be retained on their personal file.

The main aim of Therapeutic Crisis Intervention/Team Teach is to develop skills and techniques that provide opportunities to assess and de-escalate potential crisis situations. For these techniques to be most effective the staff team should develop a good understanding of the needs of the individual students by building positive working relationships through mutual respect. This will help to assess triggers to crisis situations and promote early intervention techniques which must be utilised whenever possible to avoid the need for physical intervention. Staff meetings and handover meetings should be used to plan and agree practicable and acceptable responses to behaviour and control problems with consideration to group and individual needs. Staff should familiarise themselves with each young person's ICMP.

When a young person joins the school a Partnership Meeting takes place. At this meeting the young person, their family/carers and local authority representatives will be provided with information about expectations of behaviour at the school, any rules they are expected to keep to, and what sanctions and physical interventions are used and how they relate to unacceptable conduct. The Complaints procedure and information on how to access independent advice and support will also be shared at this initial meeting.

Sections 11 to 16 of the Care and Control Policy provide a definition of physical restraint with information and guidance on avoiding and using physical intervention. New members of staff who have not received Therapeutic Crisis Intervention/Team Teach Training should not use physical intervention unless their professional judgement indicates that without it there is a high risk of harm to themselves or others. Where possible untrained staff should seek the assistance of trained colleagues before any given situation reaches a crisis state.

In accordance with DoH Minimum Care Standards and Barnardo's Policy and Procedure physical intervention is only justified when a young person is in danger of harming him/herself, others or likely to cause serious damage to property.

Physical intervention should not be used as a punishment, as a means to enforce compliance with instructions, or in response to challenging behaviour other than in situations set out in s550A of the Education Act 1996 ( National Minimum Care Standards S: 10.10).

In making a decision to restrain staff should consider three factors. Firstly their knowledge of the young person and how they can best be handled, secondly, Barnardo's procedure in relation to the use of restraint and thirdly, the likely impact on other young people (C & C Policy. S:14)

With these considerations in place restraint should still be avoided if:

- It is judged that the young person and/or situation can not be safely controlled
- Environmental factors are not conducive to a positive outcome.
- The location is judged to be not appropriate, i.e. in a public place, or an area that may add a greater risk of harm to a situation that already carries a high degree of risk.
- It is judged that the young person's motivation for restraint is sexual stimulation.
- The young person has a weapon.
- The young person has a medical condition or emotional problems that prohibit it.
- The young person is on medication that prohibits it
- The young persons Individual Care Plan and/or risk assessment prohibits it.

Should physical intervention prove unavoidable it is important to ensure that T.C.I./Team Teach techniques are followed as these promote safety for all involved. During a restraint the staff involved should at all times be assessing the safety of the young person.

Some of the indicators that a child may be in danger are:

- Rapid breathing
- Shallow breathing
- Panting
- Grunting
- Purple facial colour
- Absence of breathing
- Vomiting
- Extremities are cold to the touch
- Face becomes ashy or flush
- Bleeding
- Bruising
- Seizures
- Unconsciousness
- "I can't breath" statement
- Limpness

Restraints should be as short as possible. As soon as the young person has regained self control the staff involved should work through the letting go procedure ( TCI)

Young people should not be allowed to go to sleep directly after a restraint as any injury resulting from out of control behaviour or restraint may not be detected.

## **Recording**

The incident report relating to the use of holding or restraint should be completed by the staff involved on the TCI/Team Teach restraint record. This record provides opportunities for the staff involved, the young person and a member of the senior management team to comment and sign. This should be placed on the young persons file within three days.

The goals of physical restraint are two-fold. The short term goal is to help the young person regain self control, and the long term goal is to teach the young person better ways to cope with difficult situations, uncomfortable or stressful feelings (C&C Policy. S:12).

All incidents of physical restraint must be followed by a Life Space Interview with the young person concerned conducted by the member of staff who carried out the restraint (C&C Policy. S:14). This process allows the young person to work through the incident and the behaviour that led to it. This provides an opportunity for an action plan to be developed with the young person which promotes the use of behaviours designed to help the young person to cope more positively with similar situations or feelings in the future. This plan and the young person's feelings should be recorded on the TCI restraint record which the young person should be encouraged to sign.

The young people at Meadows also have opportunities to discuss issues of behaviour and individual incidents and have these recorded through key-working, unit meetings and the Student Council. These forums also provide opportunities to discuss rights and responsibilities in relation to the young people who use the school, the adults that work there and people in the community.

A record of any use of physical intervention is kept in a separate bound and numbered book and is supported by a detailed intervention sheet that is collated and recorded centrally within the administration department. Information that is recorded includes:

- The name of the child,
- The date and location where the physical intervention took place,
- Details of the behaviour requiring the use of physical intervention
- The nature of the physical intervention used,
- The duration of the physical intervention,
- The name of the staff member/s using physical intervention, the names of any other staff present,

- The effectiveness and any consequences of the physical intervention,
- Any injuries caused to or reported by the young person or any other person,
- The signature of a member of the senior management team

This record is to be completed within 24 hours of the incident. These records will be reviewed at least twice a term by a member of the senior management team. This will monitor compliance with the schools procedures and identify any patterns in incidents or practice leading to physical intervention action becoming necessary. Members of the Governing body and Standard 33 visitors have access to this record and may make comment on their findings.

Incidents of physical restraint should also be discussed with other relevant managers and staff in order to help identify underlying causes, learn any lessons and improve practice. The young persons care plan and ICMP may need to be adjusted.

All incidents of physical restraint must be followed by a discussion between the staff members concerned and their supervisors. The Life Space Interview format should also be used for their discussion.