



# LARKRISE SCHOOL

## THE USE OF PHYSICAL INTERVENTIONS BY STAFF

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Also refer to:

The use of force to control and restrain pupils (DCS F 2010 guidance)

The school Behaviour Policy

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## **1. OPENING STATEMENT BY THE DIRECTOR, DEPARTMENT FOR CHILDREN AND EDUCATION**

This document sets out policy and guidance relating to the use of physical interventions by staff in the Department for Children and Education, including those in schools.

Its purpose is to ensure that, across the Department and within schools, physical interventions to control and restrain are used as infrequently as possible, that they are only employed in the best interests of all the parties involved and that, when they are used, everything is done to prevent injury and to retain the dignity of all concerned.

For staff in schools, there is a common misconception that any physical contact with a child or adult using the service or pupil is in some way unlawful. This is not true. Where necessary, reasonable force can be used to control or restrain those at risk or posing a risk to others. However, the law does forbid a member of staff from using any degree of force or contact which is deliberately intended to punish, or which is primarily intended to cause pain, injury or humiliation. It is therefore essential that all members of staff, a young person or adult using the services and their families should know what is acceptable and what is not.

I should like to reassure staff that whilst we aspire to the highest standards, the Department does not expect staff to 'get it right' in every conceivable situation. However we do expect reasonable, responsible and professional applications of physical interventions. We will support members of staff who have acted in such a way.

This policy and guidance is therefore intended to support both staff working in the Department for Children and Education, and those working in schools, to make reasoned judgments when faced with a difficult situation. As such, Governors and Head Teachers of our Community and Voluntary Controlled schools must adhere to it, and Governors of Voluntary Aided and Foundation Schools are strongly recommended to apply the same principles as those set out in this policy.

This document is drawn from advice issued by the Department of Health and the DfES (Circular 10/98 – Section 550A of the Education Act 1996: The Use of Force to Control or Restrain Pupils)

In order to support staff it is essential that this policy is widely circulated and discussed so that staff who may have to intervene physically with a child or adult using the services will clearly understand the options and strategies open to them.

Director, Department for Children and Education

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### **TO BE COMPLETED BY THE HEADTEACHER / ESTABLISHMENT MANAGER**

We hereby accept, support and endorse this policy on the Use of Physical Interventions by Staff and will use it as a working policy within this establishment.

SIGNED: \_\_\_\_\_

Headteacher or Head of Establishment

## **2. DEFINITION OF PHYSICAL INTERVENTIONS TO CONTROL OR RESTRAIN OTHERS**

Physical intervention refers to a range of actions, sometimes involving the use of a reasonable amount of force, which restrict or control the movement or mobility of a person. It is a method that may be used to disengage from dangerous or harmful physical contact initiated by a child or adult using the service or to prevent self-injury, injuries to others or serious damage to property.

In this document the term 'physical intervention' is deliberately used rather than 'physical restraint' or 'control and restraint' to indicate the continuum between touching, holding and restraint. This policy and guidance will focus predominantly on the circumstances in which the use of reasonable force is acceptable.

Physical interventions should always be designed to achieve outcomes that reflect the best interests of the young person or adult using the service. As a general rule, physical interventions should only be used as a last resort when other strategies have been tried and found to be unsuccessful or when the risks of not employing an intervention outweigh the risks of using reasonable force.

## **3. WHAT THE LAW SAYS**

### **3.1 General points**

The use of forceful physical interventions raises important legal and ethical considerations that should be fully explored by the service concerned.

It is a criminal offence to use physical force, or to act in a way that leads another person to fear the use of force (for example, by raising a fist or issuing a verbal threat), unless the circumstances give rise to a 'lawful excuse' or justification for the use of that force.

Such justification may be to prevent an injury to oneself or to others or to prevent serious damage to property. In these circumstances, a reasonable amount of force may be used.

There is no legal definition of 'reasonable force' so it is not possible to set out comprehensively when it is reasonable to use force, or the degree of force that may reasonably be used. It will always depend on all the circumstances of the case.

There are two relevant considerations:

- The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it. The use of **any** degree of force is unlawful if the particular circumstances do not warrant such use. Therefore physical force could not be justified to prevent a child or adult using the service from committing a trivial misdemeanour, or in a situation that clearly could be resolved without force.

An example would be:

*If there was a particularly vocal playground disagreement between two pupils, a teacher may wish one of the pupils to accompany him/her to an office to discuss the incident. The teacher should ask the child to come to the office rather than immediately grab the child's arm and lead him/her there.*

- The degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent. The degree of force and the duration of its application should always be the minimum needed to achieve the desired result.

An example would be:

*If a parent on school premises argued with a member of staff and held the latter's arm as a restraint to prevent flight, it would be reasonable to seek to remove the parent's arm by pulling free of it. Hitting the parent in the face with the free arm*

*would probably be viewed as disproportionate in the circumstances and would not therefore constitute reasonable force.*

Whether it is reasonable to use force, and the degree of force that could reasonably be employed, might also depend on the age, physique, cultural background, gender and level of understanding of the child or adult using the service.

The use of physical intervention may also give rise to an action in civil law for damages if it results in injury, including psychological trauma, to the person concerned. In these circumstances, the County Council takes liability for the actions of staff with the exception of malicious or deliberate acts intended to inflict harm. For schools that have their own insurance arrangements, such actions would be dealt with via the respective insurers.

All of these facts need to be considered in relation to the duty of care owed by staff in Children and Education (including schools) towards a child or adult using the service. This duty of care requires that reasonable measures are taken by staff to prevent harm to the user.

### **3.2 Guidance for Staff on Interpreting the Law**

#### **The Education Act 1996**

Section 550A of the Education Act 1996 allows teachers, and other persons who are authorised by the Headteacher to have control or charge of pupils (see paragraph below), to use such force as is reasonable in all the circumstances to prevent a pupil from doing, or continuing to do, any of the following:

- committing a criminal offence (including behaving in a way that would be an offence if the pupil were not under the age of criminal responsibility);
- injuring themselves or others;
- causing damage to property (including the pupil's own property);
- 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 a classroom during a teaching session or elsewhere.

The provision applies when a teacher, or other authorised person, is on the school premises, and when he or she has lawful control or charge of the pupil concerned elsewhere e.g. on a field trip or other authorised out of school activity.

#### **The Human Rights Act 1998**

The Human Rights Act 1998 does not in the opinion of the DfES, affect the right of authorised staff to use force to control or restrain pupils.

#### **The Children Act 1989**

Under The Children Act 1989, any practice or measure such as 'time out' or seclusion, which prevents a child from leaving a room or building of his own free will may be deemed a 'restriction of liberty'. Under this Act, restriction of liberty of children by a local authority is only permissible in very specific circumstances - for example when the child is placed in secure accommodation approved by the Secretary of State or where a court order is in operation.

***It is therefore an offence to lock an adult or child in a room without a court order.***

There may be instances where it is appropriate to restrict a child or adult who may be at risk due to a lack of awareness or danger to a room or a particular area in order to keep him/her safe, e.g. if s/he has a severe learning disability and/or severe challenging

behaviour. However, it must be ensured that they are kept under strict supervision at all times. Where this is the case, the safeguards set out in Section 4 (Risk Assessment) and Section 8 (Planning for Incidents) must apply.

### **The Mental Health Act 1983**

To the extent that seclusion involves restricting a person's freedom of movement, it can be considered a form of physical intervention. The use of seclusion for people detained under the Mental Health Act 1983 is set out in the Code of Practice published in 1999.

#### **4. RISK ASSESSMENTS**

It is important that the outcome of any assessment is made known to all relevant staff and other parties.

The assessment process is the same as for assessing any other form of risk.

- involve key people external to the service such as field social workers, a specialist challenging behaviour nurse, a psychologist etc.;
- use an appropriate risk assessment form;
- identify behaviour and settings which result in harm or damage;
- identify the likelihood of an incident requiring physical intervention occurring;
- identify degree of potential harm/damage resulting from not intervening;
- assess the non-intervention situation as high, medium, or low risk;
- where possible and especially for HIGH or MEDIUM risks, identify strategies for reducing the risk including, where necessary, the use of physical intervention;
- re-assess the risk taking these strategies into account;
- if now within acceptable levels - write up appropriate section on service plan. If not possible to reduce the risks to acceptable levels – refer to your line manager;
- agree a review date in line with the protocol within your service;
- implement necessary training and/or actions;
- in social care teams, if still a significant risk, indicate that risk on fieldwork files, CareFirst and the Client Index Register.

When the need for physical intervention is agreed, it is important that appropriate steps are taken to minimise the risk to both staff and child or adult using the service.

Some of the main risks to children or adults using the service are that a physical intervention will:

- cause pain, distress or psychological trauma;
- cause injury;
- be used unnecessarily, that is when other less intrusive methods could have achieved the desired outcome;
- become routine, rather than exceptional methods of management;
- increase the risk of abuse;
- undermine the dignity or otherwise humiliate or degrade those involved;
- create distrust and undermine personal relationships.

The main risks to staff are that:

- as a result of applying a physical intervention they suffer injury;
- as a result of applying a physical intervention they experience distress or psychological trauma;
- the legal justification for the use of a physical intervention is challenged in the courts;
- disciplinary action is taken for inappropriate or unjustified use of physical interventions.

#### **5. GOOD WORKING PRACTICE TO REDUCE RISKS**

Physical interventions are usually employed by staff or carers to help individuals to regain control, over behaviour, which is likely to cause injury or serious damage to property. The use of physical interventions should be minimised by adopting good working practices involving primary and secondary preventative strategies. At Larkrise School, we use Team Teach Strategies in situations requiring physical intervention.

Primary prevention is achieved by:

- recognising a service philosophy and approach which values people as individuals, including:
  - \* responding to users in a dignified, considered, polite and respectful manner;
  - \* promoting choice;
  - \* enabling users to develop a valued reputation;

- \* fostering independence;
  - \* ensuring equal opportunities and anti-discriminatory practice;
  - \* supporting users in the development and maintenance of relationships;
  - \* involving users in the development of the service;
  - \* ensuring as good communication as possible with children or adults using the service;
- helping children or adults using the service to avoid situations which are known to provoke violent or aggressive behaviour;
  - having care programmes which are responsive to individual needs;
  - creating opportunities for children or adults using the service to engage in meaningful activities which include opportunities for choice and a sense of achievement;
  - developing staff expertise in working with children or adults using the service who present challenges to the service.

Secondary prevention involves recognising the early stages of a situation or behavioural sequence, which is likely to develop into violence or aggression and employing 'defusing' techniques to avert any further escalation.

All prevention strategies should be carefully selected and reviewed to ensure that they do not unnecessarily constrain opportunities or have an adverse effect on the child or adult using the service 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 (see Section 4).

## **6. USING REASONABLE FORCE**

### **6.1 What is Reasonable Force?**

There is no legal definition of 'reasonable force'. Therefore, it is not possible to set out comprehensively when it is reasonable to use force, or the degree of force that may reasonably be used. It will always depend on all the circumstances of the case.

Whether it is reasonable to use force, and the degree of force that could reasonably be employed, might also depend on the age, understanding and sex of the child or young person.

Physical intervention can take several forms. It might involve staff:

- physically interposing between persons;
- blocking someone's path;
- holding or guiding;
- breakaway skills;
- (in extreme circumstances) using approved techniques for physical restraint.

Staff should not act in a way that might reasonably be expected to cause injury, for example by:

- holding someone around the neck, or by the collar, or in any other way that might restrict the person's ability to breathe;
- slapping, punching or kicking;
- twisting or forcing limbs or digits against a joint;
- tripping up anyone;
- holding or pulling anyone by the hair or ear;
- holding anyone face down on the ground;
- touching or holding anyone in a way that might be considered indecent;
- sitting on anyone;
- applying a 'basket' hold where the person's arms are drawn tight across their chest by a person standing behind them;



- using clothing or belts to restrict movement;
- seclusion (except where the Mental Health Act applies - see *Section 3.2* 'Guidance for Staff on Interpreting the Law').

Where the risk is not immediate the member of staff should consider carefully whether, and if so when, physical intervention is right. All members of staff need to develop strategies and techniques that they can use to defuse and calm a situation.

Staff members should always try to deal with a situation through other strategies before using force. In a non-urgent situation, reasonable force should only be used when other methods have failed. The possible consequences of intervening physically, including the risk of increasing the disruption or actually provoking an attack, need to be carefully assessed.

## **6.2 Who Can Use Reasonable Force?**

Only staff who have been specifically authorised and trained in appropriate techniques may engage in planned physical intervention with a child or adult using the service. Managers and Headteachers should maintain lists of staff who are authorised and trained and inform those who are not that they are not to engage in the use of planned physical interventions. At Larkrise School we are all trained in Team Teach.

All staff, including temporary or agency staff, may use reasonable force to physically intervene in the emergency circumstances set out in the school or departmental policy (see *Section 10*) or to defend themselves in circumstances where they have a genuine fear of being injured.

## **6.3 When Might Physical Intervention be Justified?**

There are a wide variety of situations in which physical intervention might be appropriate or necessary. These will fall into three broad categories:

- a) Planned intervention (see *Section 8*)
- b) Unplanned / Emergency intervention (see *Section 9*)
- c) As part of a therapeutic or educational strategy (see *Section 5*)

## **6.4 The Role of Medication**

Medical practitioners may prescribe medication to control the behaviour of children or young people using our services. Staff should not depart from the prescribed regime of medication without proper medical advice.

## **6.5 The Role of Mechanical Aids**

Devices which are required for a therapeutic purpose for a disabled child or adult, such as buggies, wheelchairs and standing frames (including any supporting harness) may also restrict movement. Such devices should never be provided or used solely for the purpose of preventing problem behaviour, although, in an emergency situation they might be used as a last resort to reduce risks as defined in *Section 9*.

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

interventions. A risk assessment and written plan as described in *Sections 4 and 8* must always be completed in these circumstances.

## **6.6 Self-defence**

The best form of self-defence is often simply to leave or get away using any pretext that may work. However individuals do have the legal right to defend themselves, or others, if attacked. The amount and degree of defensive force used must be proportional to the level of risk being faced. This will depend upon the circumstances. You do not have to be hit first if you are in genuine fear of being injured.

## **7. PHYSICAL INTERVENTION IN OTHER CIRCUMSTANCES**

In schools, there are occasions when physical contact with a child or young person may be proper or necessary other than those covered in this policy. Some physical contact may be necessary to demonstrate exercises or techniques during PE lessons, sports coaching or design technology, or if a member of staff has to give first aid. Young children and children with special educational needs may need staff to provide physical prompts or help. Touching may be appropriate where a child or young person is in distress and needs comforting. Members of staff must use their own professional judgement when they feel a pupil needs this kind of support.

Physical contact with pupils becomes increasingly open to question as young people reach and go through adolescence, and staff should bear in mind that even innocent and well-intentioned physical contact can sometimes be misconstrued.

## **8. PLANNING FOR INCIDENTS**

Pre-arranged strategies and methods to deal with a situation should be planned where a risk assessment has identified the likelihood of the need for physical intervention. At Larkrise School we create 'De-escalation' risk assessments and Behaviour Management Plans to plan for the behaviours of individuals.

Planned physical interventions should be:

- agreed in advance by relevant professionals working in consultation with the child or adult using the service, his or her carers, an independent advocate if appropriate and, in the case of a child, those with parental responsibility;
- implemented under the supervision of an identified member of staff who has relevant qualifications, training and experience;
- recorded in writing so that the method of physical intervention and the circumstances when its use has been agreed are clearly understood;
- included as part of the care plan, individual service plan or any formal planning for the child;
- routinely reviewed.

Where planned physical interventions are employed, they should be just one component of a broader approach to meeting that person's needs.

If it is agreed that a child or adult will require some form of physical intervention, there must be an up-to-date copy of a written protocol included in the person's individual care plan or any formal planning for that person.

The protocol should include:

- a description of behaviour sequences and settings which may require a physical intervention response;
- the results of an assessment to determine any counter reasons for the use of physical interventions;

- a risk assessment which balances the risk of using a physical intervention against the risk of not using a physical intervention (see *Section 4*);
- 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 physical interventions;
- previous methods which have been tried without success;
- a description of the specific physical intervention techniques which are agreed and the dates on which they will be reviewed;
- a description of staff who are authorised to use these methods with this person (see *Section 11* on Training);
- the ways in which this approach will be reviewed, the frequency of review meetings and members of the review team;
- in schools, ensure that parents/carers are made aware of the action the school may need to take.

## **9. UNPLANNED / EMERGENCY USE OF PHYSICAL INTERVENTIONS**

Emergency use of physical interventions may be required when children or adults using the service behave in unforeseen ways. Research evidence shows that injuries to staff and to a child or adult using the service are more likely to occur when physical interventions are used in an emergency.

An effective risk assessment procedure together with well-planned preventative strategies will help to keep emergency use of physical interventions to an absolute minimum. However, staff should be aware that in an emergency the use of reasonable force is permissible if it is the only way to prevent injury or serious damage to property.

Even in an emergency, the force used must be “reasonable”. That is to say it should be commensurate with the risk posed by the situation and the person concerned should be confident that the potential adverse outcomes associated with the intervention (for example, injury or distress) will be less severe than the adverse consequences which would have occurred **without** the use of a physical intervention.

Sometimes, for personal safety reasons, a staff member should not intervene in an unplanned situation without help. Some examples of when this might apply are:

- when dealing with a physically large child or adult using the service, or more than one;
- where an intervention technique can not be applied safely by one person;
- if the staff member believes he or she may be at risk of serious injury.

In those circumstances the staff member should:

- remove other children or young people who might be at risk;
- summon assistance from a colleague or colleagues or where necessary phone the Police;
- inform the children or young people that he or she has sent for help;
- continue to attempt to defuse the situation orally, and try to prevent the incident from escalating, until assistance arrives.

Before intervening physically a staff member should, wherever practicable, tell the child or young person who is misbehaving to stop, and what will happen if he or she does not. The staff member should continue attempting to communicate with them throughout the incident, and should make it clear that physical contact or restraint will stop as soon as it ceases to be necessary. A calm and measured approach to a situation is needed and staff members should never give the impression that they have lost their temper, are acting out of anger or frustration, or that they will punish the child or young person concerned.

Where the member of staff believes that non-compliance with instructions is creating an unsafe environment and children or young people are at risk, they should consider the use of physical intervention very carefully. As the key issue is establishing a safe environment, any action, which could exacerbate the situation, needs to be avoided. The possible consequences of intervening physically, including the risk of increasing the disruption or actually provoking an attack, need to be carefully evaluated. The age and level of understanding of the pupil is also very relevant in those circumstances. Physical intervention to enforce good order and discipline, in order to maintain a safe environment, is likely to be increasingly inappropriate with older pupils. It should never be used as a substitute for good behavioural management. Physical intervention solely to enforce compliance with staff instructions in situations which present no risk is unacceptable.

## **10. SETTING A SCHOOL OR DEPARTMENTAL POLICY**

In the Department for Children and Education, each establishment should draw up procedures and guidance about the use of physical intervention to control or restrain children, using this policy as the main basis, and discuss these procedures with the staff who may have to apply them. For staff in children's homes, this will also need to be reflected in the home's Statement of Purpose and Objectives.

In schools, the Headteacher should also draw up procedures setting out guidelines about the use of physical intervention to control or restrain pupils and discuss these with the staff who may have to apply them, and with the Governing Body of the school. (A model school procedure is provided in *Appendix I*). A statement of the school's policy on this issue should be included with the information given to parents about the school's other policies on discipline and standards of behaviour. It may be useful to refer to the DfEs document issued in 2005 – 'Guidance for Safe Working Practices for the Protection of Children and Staff in Education Settings'. This document can be found at [www.teachernet.gov.uk](http://www.teachernet.gov.uk) and also on WISEnet.

In both cases, the guidance issued by the Department for Children and Education should be used as the main body of any individual policies. It may also be helpful to seek advice from professional associations.

## **11. TRAINING**

Managers and Headteachers are responsible for ensuring that staff receive appropriate training, including updates and refresher sessions, to a standard, which is appropriate to their role and responsibilities within the service.

All staff will receive an induction. This induction should include reference to this policy, individual school or departmental guidelines and other associated local procedures.

Staff who are expected to employ physical interventions will require additional specialised training. The nature and extent of the training will depend upon the characteristics of those who may require a physical intervention, the behaviours they present and the responsibilities of the individual member of staff. Team Teach qualifications last for 3 years, whole school and 'catch-up' courses are booked accordingly.

It is critical that temporary or agency staff expected to engage in planned physical intervention have received up-to-date training consistent with the nature of that received by employed staff. Managers should proactively seek this information.

Staff should only use methods of physical intervention for which they have received training. Techniques should be closely matched to the characteristics of individual clients and reflected in the risk assessments.

## **12. ACTION FOLLOWING AN INCIDENT**

The use of a physical intervention involving force, whether planned or unplanned (emergency) should be recorded promptly, as a minimum action ***in all circumstances***. (A copy of this report is shown in *Appendix II*).

### **12.1 Recording and Informing**

The County Council's 'Red' Record of Incident Involving Restrictive Physical Intervention should be used to record details of any incident in which physical or psychological harm occurs as a result of the incident. Copies of these forms are kept in the Admin Office. Once completed, they should be returned and sent to Wiltshire Council within 24 hours of the incident. Cases that involve the alleged abuse of children by staff ***must*** be reported to the Department for Children and Education, Human Resources (in the case of schools), the relevant social work team (for other departments of DCE) and/or to the police, in accordance with ACPC guidance and the DfES 'What To Do' guidance. All establishments should be aware of these procedures, but further details can be found at [www.wiltshire.gov.uk](http://www.wiltshire.gov.uk).

In some cases, 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.

Staff may find it helpful to seek advice from a senior colleague or a representative of their professional association when compiling a report.

The written record should include:

- the names of the staff and details of the child or adult involved;
- the reason for using a physical intervention (rather than another strategy);
- the type of physical intervention employed;
- the date and the duration of the physical intervention;
- whether the child or adult using the service or anyone else experienced injury or distress and, if they did, what action was taken.

Records of incidents should be reviewed by managers on a weekly basis and used to help determine the need for any action.

Incidents involving the use of force with children can cause the parents of the child involved great concern. It is always advisable to inform parents / carers of the incident, and give them an opportunity to discuss it. The Headteacher, Manager or member of staff to whom the incident is reported, will need to consider whether this should be done straight away or at the end of the session / day, and whether parents should be told orally or in writing.

### **12.2 Supporting Staff**

Being involved in physical interventions may be an unsettling experience for all parties and managers should recognise that staff, and the child or young person involved may need some form of reassurances.

If an intervention has involved the use of force to an extent that someone has been, or alleges to have been, injured then medical attention/examination should be an immediate priority.

### **12.3 Debriefing and Follow-Up Action**

Staff should be debriefed about the intervention and this will be particularly important where the intervention was unplanned. Staff should refer to the Department of Children and Education's policy on Violence and Aggression to Staff, section 7, which includes advice on debriefing and staff support.

Any concern about the validity or method of intervention should be thoroughly investigated. Any such investigation should seek to protect the safety and well-being of staff and a child or adult using the service alike. If individual members of staff are concerned about the methods that have been used, they should refer to the Council's "Whistle Blowing Policy".

Managers and Headteachers should ensure that an individual's care plan, or any other formal plan, is reviewed in the light of any intervention.

### **13. COMPLAINTS / INVESTIGATIONS**

A clear policy about physical interventions, that staff adhere to, should help to avoid complaints from a child or adult using the service, their parents, other relatives or carers.

However, it will not prevent all complaints and the possibility that a complaint might result in a disciplinary hearing, or a criminal prosecution, or in a civil action being brought cannot be ruled out. In any of these circumstances, it would be for the disciplinary panel or the court to decide whether the use and degree of force was reasonable in the circumstances.

The department has procedures for investigating complaints and staff should refer to their line management for details. Involving parents when an incident occurs with their child, plus a clear policy about physical contact with pupils that staff adhere to, should help to avoid complaints from parents.

Where there is a complaint that unreasonable force has been used on a child or young adult, it is important to follow Child Protection procedures and inform the Head of Child Protection immediately.

# APPENDICES

**The Use of Physical Interventions by Staff to Control and Restrain Children**

This procedure supports the application of the LA/School Policy on the use of physical intervention to control and restrain children. All staff should study the policy statement carefully – it can be found in the Admin Office.

1. The person responsible for authorising staff to use physical intervention to control and restrain children as part of a structured and planned intervention within this school is the Headteacher
2. The person responsible for ensuring that all planned use of physical intervention is risk assessed is the Headteacher.
3. Copies of all risk assessments are held within pupil files and are reviewed after every use of force and termly.
4. As of 21 June 2010, the people who are authorised to use force in planned interventions are listed here. No other person should engage in a planned intervention.
  - Headteacher/Deputy Headteacher/Assistant Headteacher
  - Classroom Teacher
  - Teaching Assistant
5. Trained in appropriate techniques (Team Teach) should take place every three years. The person responsible for ensuring that appropriate training is provided, including regular updates, is The Headteacher.
6. Training records are held in the Admin Office.
7. Those not named in "4", but whose roles include the supervision of children may use reasonable force in an unplanned intervention where it is necessary to prevent a serious injury from occurring.
8. Every use of physical intervention is to be reported the same day to the Headteacher or the Deputy Head/Assistant Head if the Headteacher is off-site. The Headteacher or the Assistant Head will ensure that a parent of the child who has had force used against them is notified that day.
9. In addition, the details of each use of physical intervention must be recorded on the Use of Physical Intervention Form which is held in the Admin Office. The person leading the planned or unplanned intervention must complete this form.
10. The Headteacher will review every use of physical intervention.