

Restraint and Restrictive Practice

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**Introduction**

Every child and young person have a right to be treated with respect and dignity and deserves to have their needs recognised and be given the right support. Some children and young people with learning disabilities, autistic spectrum conditions or mental health difficulties may react to distressing or confusing situations by displaying behaviours which may be harmful to themselves and others. They are therefore at heightened risk of restrictive interventions to minimise the impact of their behaviour, on them and on other people.

Restraint and restrictive intervention can be traumatic for children and young people, their families, and carers. However, there may be times when these approaches may need to be used for their protection and to keep them, and others, safe. Lodge Farm is aware that use of restraint and restrictive intervention can have long term consequences on the health and wellbeing of children and young people, and that it can have a negative impact on staff who carry out such intervention. Using positive behaviour support and other alternatives which can de-escalate challenging behaviour, and tackle the reasons for it at source, should be the preferred approach. There will, however, be times when the only realistic response to a situation will be restraint or restrictive intervention.

Restrictive intervention should only be used when necessary, and in accordance with the law. Lodge Farm has clear ethical values and principles which respect the rights and dignity of children and young people. Restraint and restrictive intervention can never be a long-term solution.

**Aims**

It is our vision to significantly reduce the use of restraint because we understand that, for students with social and emotional difficulties, and with current of historical trauma, it can have damaging and long-term consequences. Lodge Farm is adopting a preventative approach to support students whose behaviours challenge that is complimented by our therapeutic approach P.A.C.E.

The guidance will set- out when physical intervention or restrictive practice can be used and describes clear parameters around Lodge Farm’s expected best-practice and high-quality performance.

This policy aims to support staff to develop PBSPs for each individual’s behaviours that challenge to reduce incidents and risk associated with a specific behaviour.

This policy is written in conjunction with the following guidelines:

* Mental capacity Act code of practice: Protecting the vulnerable
* Protocol for local children’s services authorities on restrictive physical interventions in schools, residential and other care settings for Children and Young People (association of directors of Children’s services, 2009)
* The Children Act 1989 Regulations and Guidance- Volume 2: Care planning, placement and case review (2015)
* Working together to Safeguard Children 2018
* Behaviour and discipline in school (2016)
* Use of Reasonable force (in Schools) (2013)
* Supporting pupils at school with medical conditions (2015)
* Mental Health and Behaviour in schools (2018)

**Definition**

The terms restrictive intervention and restraint are used interchangeably in this policy and refer to:

* Planned or reactive acts that restrict an individual’s movement, liberty and/or freedom to act independently; and
* The subcategories of restrictive intervention using force or restricting liberty of movement (or threatening to do so)

Restrictive interventions and restraint can include, but not exclusive:

* Physical restraint: a restrictive intervention involving direct physical contact where the interveners intention is to prevent, restrict or subdue movement of the body, or part of the body of another person
* Restricting a child or young person’s independent actions, including removing auxiliary aids such as a walking stick or coercion, including threats involving use of restraint to curtail a child or young person’s independent actions.
* Chemical restraint: the use of medication which is prescribed and administered (whether orally or by injection) by health professionals for the purpose of controlling or subduing disturbed/ violent behaviour, where it is not prescribed for the treatment of a formerly identified physical or mental illness.
* Withdrawal: removing a child or young person involuntarily from a situation which causes anxiety or distress to themselves and/or others and taking them to a safer place where they have a better chance of composing themselves, thus reducing the need for restraint and restrictive intervention.
* Segregation: where a child or young person in a health setting is not allowed to mix freely with others on a long-term basis.

**The Legal Framework**

The use of all forms of physical intervention and physical contact are governed by criminal and civil law. The unwarranted or inappropriate use of force may constitute an assault and may infringe on a student’s rights under the Human Rights Act 1998.

**A positive and Proactive Approach to Behaviour**

At Lodge Farm, we understand that our students have complex and varied needs. Often, we experience students communicating through their behaviours, presenting as challenging for others around them. It is of paramount importance and a key life-skill that our students progress by being taught how to self- regulate and communicate by using their voice or other appropriate means, such as writing a letter.

Each student has a behaviour audit which clearly identifies the individual diagnosis, medical issues and other conditions that may impede on their behaviour. Each student also has a PBSP (Positive Behaviour support Plan). The plan clearly identifies known ‘proactive strategies’ that staff could use. These strategies are listed, and the list is by no means exhaustive. The strategies within this category are to prevent behaviours from arising.

Reactive strategies (non-restrictive interventions) are to be used when a student starts to display behaviours that could become challenging. These strategies are known to have been successfully previously, therefore all staff are made aware of them and can use them when working with the student.

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Reactive strategies (restrictive interventions) should only be used when all the other strategies have been exhausted. The Head Teacher will take the lead role in ensuring that they are kept up to date and being used to inform practice on a daily basis. All staff will contribute to these.

It is important that students are listened to and understand why restrictive practice may be required in order to ensure that students fully understand, they are part of the RBSP and their views and wishes are sough, regarding their behaviour support plan.
It is important that parents and carers have an input into their child’s behaviour support plan, as their knowledge and expertise can contribute effectively to reduce the need for physical intervention. Parents and Carers are consulted by either the Head Teacher or Key Worker for their child.

**Staff focus and commitment to improving behaviours**

The Head Teacher is responsible for supporting, monitoring, and reviewing student’s behaviours. They will complete observations of the students and collect data throughout the school day. The data will be analysed to identify triggers for the individual. This information informs the student’s PBSP and staff practice.

The data is collected and reviewed bi-weekly (although can be over a shorter or longer time-period depending upon need)

Lodge Farm believes in responding effectively to the communication of the behaviour rather than the student responding to the needs and wants of the adults.

If a student’s behaviour that challenge increase it is expected that the Head Teacher will increase their intensity of observations and support to understand the students needs. Once strategies are identified the staff team will implement them consistently.

The PBSP will be updated in line with successful strategies being implemented.

**Team Teach**

Every staff member, regardless of their role, is trained to an intermediate level of Team Teach. This ensures that each staff member has the ability to keep themselves and others safe at all times. All staff are trained by one of the in-house qualified trainers.

In extreme circumstances it may become necessary to physically intervene to ensure the safety of the student and/or others. This also extends to protecting property if significant damage is likely to occur. Students may also be physically stopped if they are displaying self-injurious behaviours. Any physical intervention will be deemed as a last resort based on assessment of the current situation in conjunction with the student’s PBSP and risk assessment.

Under no circumstances should physical force be used as a form of punishment or compliance.

When using Team Teach, staff must ensure that they always have a ‘critical friend’ to ensure that the safety of the student is monitored. Staff should not use Team Teach whilst alone unless it is to protect themselves from significant harm.

If a staff member finds themselves physically intervening without a ‘critical friend’ then they must shout out for help as soon as practicably possible. Staff who use physical intervention alone, should report this to the Head Teacher as soon as practicably possible.

A small proportion of staff are trained in ‘Advanced Team Teach’ techniques to be able to use physical intervention whilst on the ground. This approach must only ever be used in an absolute emergency and where the dynamic risk assessment suggests that not doing so would be ineffective in ensuring safety. In the event of ‘advanced Team teach’ being used, there must be a first aider present, as well as a ‘critical friend’ who is not holding any part of the student. The students breathing must be checked regularly, to ensure that there is no restriction of their airway. If the student starts to struggle to breathe or they become hot and sweaty then a decision must be made by the ‘critical friend’ as to whether the student should be released from the hold.

If a student is being held using ‘Advanced Team Teach’ techniques, then the Head Teacher must be notified as soon as practicably possible.

The intermediate staff training course is valid for 2 years and the advanced training is valid for 1 year.

**Record Keeping**

Whenever physical intervention is used, the incident, post incident support, consequences and subsequent actions are recorded on ‘Adapt’ as a physical incident report. The report must be collated by the staff that were involved in the incident including those without physical involvement.

All reports must be completed by the end of the school day. In exceptional circumstances where this isn’t possible the report must be completed within 24 hours of the incident occurring. If a report is not going to be completed before the end of the working day the staff member must gain permission from a member of SLT.
Staff are required to attend a debrief at the end of each day. This is led by the Head Teacher.

A fundamental part of the process is to ensure that the student involved has the opportunity to reflect and debrief with a staff member. To facilitate this, there are a range of differentiated reflection and student voice sheets that must be completed within an appropriate timeframe (this can be different for each student) The student can be supported in completing a reflection sheet ensuring that the student has the opportunity to understand why physical intervention was used and give their feedback about the experience. Students are also encouraged to comment in the hard-back record book. The Head Teacher will action the students’ views and use the information to inform practice.

Parents and carers must be notified of the physical incident before the student returns home that day, to ensure that they understand why the actions of physical intervention were deemed necessary. Their feedback must be sought, where appropriate actioned and/or used to inform practice. The conversation must be recorded on the relevant physical intervention slip.

If the student is in the care of the Local Authority (LAC) then the social worker must also be notified of the need for physical intervention as well as receive a copy of the completed report.

**Monitoring and review of physical intervention reports**

When writing a report, student initials must be used throughout the whole report. At the top of the report, staff must ensure that they list the staff involved using their full names and initials in brackets. The report should have the full name of any student witnesses, initials in brackets also.

If the incident is a student being absent without permission, no perceptions or details of the external environment should be included, for example road names.

All reports must be typed on Adapt using the relevant tab, reports must then be proof read and signed off by the Head Teacher. For all physical incidents the Head Teacher will analyse the physical intervention reports on a weekly basis. This will then be given as feedback to the staff team during the whole school team meeting.

As part of the formal report writing process the Head Teacher will monitor the decisions made, encourage staff to reflect, check decision- making, check on practice and review student and parent feedback. The Feedback received will be actioned and shared with the staff involved. This can be done using the ‘iupdate’ facility on Adapt.

Each week the Head Teacher will summarise the incidents and identify trends, areas for reflection and to share student needs.

**All Staff will:**

* Complete reports by the end of the day or with permission within 24hours
* Engage with the debrief element of the report writing workshop
* Adhere to the school’s Physical Intervention policy
* Always seek to defuse situations
* Apply the principles of P.A.C.E
* Always use minimum force for the shortest period necessary
* Write a high quality and accurate recount of the incident
* Inform the parents/ carers and social worker if applicable
* Complete the student reflection sheet
* Use knowledge of the child to develop accurate PBSPs, risk assessments and to inform practice

**Protocol for physical intervention/ restrictive practice:**

* At all times, staff will remain calm and objective
* Call for assistance urgently from another member of staff. This member of staff will remain throughout and will assist or ‘take over’ if this can quickly diffuse the high risk situation.
* Never leave a student in a room alone without an adult available if they are deemed high risk.
* Both student and staff will be offered a debrief and reflection time.
* The students’ views must be discussed and recorded. If the student refuses to make a comment, this should be recorded.
* When required, other students / observers will be offered explanations and reflections as to why the physical intervention was necessary.
* On-going support and reflection will be offered to both staff member and student
* Positive Behaviour Support Plans will be reviewed and amended where necessary in line with a student requiring physical intervention.

**Therapeutic Learning environment**

Lodge Farm provides a therapeutic learning environment, in consequences students will always be offered emotional support following an incident and will be given.

* Time to reflect following a restrictive physical intervention
* Opportunity to discuss their feelings and consequences of their actions
* Opportunity to explore (perhaps rehearse) alternative behaviours
* Assistance to make reparation
* Access to peer support
* On-going, positive feedback on improvement in their behaviour
* Reassurance that the relationship with the adult continues to be positive

Staff will be offered personal and emotional support following an incident and will be given:

* Time to reflect
* Opportunity to discuss the incident and to receive feedback from their critical friend
* Opportunity to identify trigger points, consequences of their actions and to explore alternative strategies that might have been used at different points to defuse the escalating conflict.
* Access to training, support and skills development if requested or deemed necessary
* Time to write and discuss the report
* Assistance in the management of similar, difficult situations in the foreseeable future.