



**Gloucester
House**

Working together for
learning and development

Physical Care, Containment & Restraint Reduction Procedure

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1. Introduction

This policy has been developed taking account of DfE guidance 'Use of Reasonable Force in Schools', the NICE guidance on 'Violence and Aggression' and the Team Teach system (see section 11 for references).

Gloucester House is a high risk setting by nature and there are occasions when physical intervention and management of pupils is appropriate and necessary. The Education and Inspections Act 2006 stipulates that reasonable force may be used to prevent a pupil from doing, or continuing to do any of the following:

- self – injuring
- causing injury to others
- committing a criminal offence
- engaging in any behaviour prejudicial to maintaining good order and discipline at the school or among any of its pupils, whether the behaviour occurs in a classroom during a teaching session or elsewhere within school (this includes authorised out-of-school activities).

We also recognise that children who exhibit this level of behaviour need a clear and structured framework for behaviour management including de-escalation and physical containment. There are a number of restraint frameworks but we have chosen Team Teach for its ethical and holistic approach as much as its clear framework for restraint procedures and emphasis on ongoing efforts to reduce use of physical intervention. Team Teach is certified by the BILD ACT Association of Certified Training and complies with the Restraint Reduction Network Training Standards.

Team Teach offers a holistic approach to enable individuals and organisations to develop a full range of effective and flexible supports and encouragements for children and adults who exhibit challenging behaviour.

Team Teach emphasises a spectrum of gradual and graded responses to reduce the probability of challenging behaviour escalating towards violence. The emphasis is always on preventive measures, diffusion and de-escalation. As a high-risk setting, we aim, within a framework, only to physically contain safely as a last resort when all other de-escalation attempts have been exhausted.

Physical techniques and restraint are always a safeguard and never a sanction. They are based on providing the maximum amount of support and therapeutic containment.

We include positive physical contact (contingent touch) within this policy as is important to emphasise that physical contact also has a positive role in containment.

Staff need to be aware of sensitivities of any form of physical contact with pupils. Contact between children and adults might be appropriate for a variety of reasons, including:

- Calming/reassuring/comforting contact
- A gentle touch on the arm to re-focus attention
- Guiding (without force) a pupil away from a situation or location.

- Sensory regulation approaches

Any physical contact has to be managed in order to make sure that it is appropriate and leaves neither party vulnerable to allegations of abuse. Factors to consider might include:

- Knowledge of the child, e.g. history/background/developmental trauma
- Age (and age difference) – of child and adult
- Context – where, when, why
- Relationship between staff member and child
- Gender

2. Purpose

As part of its behaviour management Gloucester House recognises that good personal and professional relationships between staff and pupils are vital to ensure good order in Gloucester House.

Gloucester House has a strong focus on Personal, Health & Social Education (PSHE) and personal development to help children to learn about feelings and managing conflict, where this is appropriate to their level of development. Gloucester House's curriculum and ethos promote independence, choice and inclusion and children are given maximum opportunity for personal growth and emotional wellbeing.

This policy clarifies when and how force and control may be used. It is also acknowledged that staff may need to take action in situations where the use of reasonable, proportionate and necessary force may be required. Gloucester House acknowledges that physical techniques are only a small part of a whole setting approach to behaviour management. This policy also describes when and how staff may use contingent touch.

3. Definitions

Physical Interventions (Holds): These are devised to allow staff to be strong in presence but gentle with their touch. The principles of biomechanics are part of all physical interventions to reduce reliance on power and strength. (See team teach manual)

Guides: The positive application of reasonable force to overcome minimal resistance promoting and encouraging a person's free movement.

Restraints: The positive application of force to overcome rigorous resistance; completely directing, deciding and controlling a person's free movement in order to keep people safe. (see Team teach manual). Physical intervention, resulting in restraint can be both exhausting and a distressing experience for children and staff. Staff and children are provided with support to allow for recovery, reflection, repair, and change.

Contingent touch: calming, reassuring, comforting contact (see section in introduction).

4. Policy Statements

The application of any form of physical control inevitably carries an attached risk of unintended harm and this places staff and the school at risk of potential litigation. It can only be justified according to the circumstances described in this policy. Staff, therefore, have a responsibility to follow this policy and to seek alternative strategies wherever possible in order to prevent the need for physical intervention. Staff need to be aware that they are responsible for:

- Assessing risks (dynamic risk assessment) related to individual circumstances which may arise in the course of their day-to-day duties.
- Making judgements about when the use of force is necessary and the degree of force which may be regarded as proportionate to manage a situation.
- Remaining mindful that physical interventions are never a sanction and always a safeguard.

Whilst the physical techniques are intended to reduce risk, there is always risk when two or more people engage to use force to protect, release or restrain. Team Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the service user remains safe. Any such injury will be reported using the Incident Reporting system. Any injuries to pupils as a result of incidents involving restraint will be reported in line with locally agreed LADO procedures, as indicated.

In addition, procedures are in place to ensure that appropriate support is provided for staff and that following an incident pupil/staff relationships are rebuilt and repaired to ensure that a positive learning environment is maintained.

5. Duties and Responsibilities

- The Headteacher is responsible for ensuring that the Team Teach framework and training requirements are adhered to in order to safeguard staff and children.
- The Team Teach trainer shall ensure that all staff are trained in skills to help them to defuse situations before behaviour becomes challenging and how to de-escalate incidents should they arise. They also ensure that staff are trained in appropriate physical management skills and techniques.
- The Team Teach leads monitor the use of holds and restraints.
- Information on the use of Physical Restraint is reported regularly with the Gloucester House Steering Committee, the Integrated Quality and Performance Review Meeting, the Quality and Safety Committee and the Trust board.
- All Restrictive Physical Interventions are reported on Radar. These reports are reviewed to ensure appropriate mitigations, safety considerations, and safeguarding measures are in place.
- All staff need to be aware that they are responsible for:
 - assessing risks (dynamic risk assessment) related to individual circumstances which may arise in the course of their day-to-day duties and

- making judgements about when the use of force is necessary and the degree of force which may be regarded as proportionate to manage a situation
 - Recording holds and escorts on class debrief forms.
 - Recording restraints in the restraint log and on incident forms as agreed during debrief/follow up.
- Staff need to be aware of Positive Handling Plans and consider these when working with children.
 - During the assessment period all new children and families are informed of our Care and Control Policy and Procedures for physical management. At Gloucester House we work in partnership with service users and carers. The class teacher in conjunction with the child, parent/carer and case co-ordinator will draft a Positive Handling Plan. These are updated regularly by the class team and core clinical team and shared with all new staff as well as social workers and the wider professional network around the child.
 - PHPs will include information such as specific de-escalation techniques and strategies for managing and supporting the child with any unsafe behaviours, as well as the safest and most effective methods of supporting the child if a physical intervention is necessary.

6. Procedures

Where staff decide physical intervention is necessary, it is important that it happens quickly, smoothly, confidently, and under considered, calm, control of the members of staff involved.

Staff will need to make a dynamic risk assessment of the situation, and this will involve a number of considerations:

- The children's characteristic ways of responding to stress and authority
- The known intention of the child
- Personal history
- The current context
- Knowledge of the child's performance, including the Gloucester House education, health and care plans and PHPs
- Age
- Level of understanding
- Cultural influences
- Whether the child is taking prescribed medication or under the influence of drugs
- Whether there is a weapon involved
- The availability of TeamTeach trained staff
- The presence of other children
- The confidence, competence and self-control of the staff involved

Key Points

- Staff are expected to exhaust all behavioural management strategies, where possible, before using any physical intervention.

- Staff should be aware of current Positive Handling Plans for all children and contribute to these.
- The force used should be the minimum necessary to control the situation. It should be reasonable and defined by the circumstances.
- Staff should not act alone when assistance is available when carrying out a physical intervention.
- Staff have a duty of care to themselves as well as to the pupils.
- A risk assessment should be made of the situation and a balanced and appropriate decision made. Restraints/holds are recorded on the day sheet/restraint log as indicated and monitored.
- De-brief provides a space for staff to acknowledge the impact of difficult behaviour on themselves. It also provides a supervised space for recording holds/restraints. It is a meeting where managers can monitor impact and offer further space for staff who need it. Staff also use this space to identify children that may need follow-up meetings the following day.
- Following a restraint the incident will be written up on Radar where a recording of the restraints used will be filled in by members of staff involved. This includes post incident discussions and any instances of 'withdrawal and the use of closed doors'. This form will be evidence of the reason for the closed door, duration and consequence of this.
- Front, Ground and Recovery (FGR) holds are currently not used in Gloucester House. If it is felt that this level of physical intervention is helpful or necessary, staff would need to be trained accordingly.

Permitted:

- All de-escalation techniques as outlined by Team Teach in addition to other therapeutic and behaviour management strategies.
- Any intervention that is able to be justified as reasonable and proportionate in exceptional circumstances.
- All the physical strategies as described and practised in the Team Teach manual (in accordance with the level of Team Teach training the individuals have completed).

Not Permitted:

- Intentional or malicious pain inflicted on a pupil. It is accepted that on some occasions, it is impossible to take action without causing discomfort. Any pain caused will be accidental and is not used as a means of control
- Using restraint as a punishment
- Hitting a pupil
- Forcing a pupil's arm behind the back
- Twisting limbs
- Sitting on a pupil
- Any restraint which restricts circulation or breathing
- Any holding that could reasonably be interpreted as being sexually invasive

Withdrawal and the use of closed doors:

Withdrawal involves assisting a pupil to move away from a situation in which they are struggling to cope, to a safer more comfortable place where they have a better chance of

regaining their composure. A key aspect of withdrawal is that staff are actively supporting and monitoring the pupil to help them recover.

Ideally, the best way to monitor and support the pupil is to be in the same room as them, however this may not always be possible. For example, if they ask to be left alone or the proximity of another person is distressing them. If carers/staff are not in the same room as them they must remain close enough to monitor the situation and offer immediate support if required.

Outside of licensed secure accommodation, as a general rule, locked doors **should not** be used to confine people within rooms or areas, unless they are especially vulnerable. Some people pose a significant risk to others when they are in a highly aroused state and, while it would not be reasonable to hold a door shut in order to prevent somebody from leaving, it may be justifiable against personal attack. Similarly, if there was good reason to believe a person would attack someone else if allowed to leave in a highly aroused state, then it may be reasonable to temporarily prevent them from doing so. The key is that such measures should be exceptional and result from a competent dynamic risk assessment.

Part of this risk assessment would include:

- To assess if a staff member can safely be in the room with the pupil
- To ensure that a staff member is outside of the room with eyes on the pupil unless this is deemed to be escalating the pupil
- To ensure that each staff member is using verbal therapeutic scripts to add emotional containment to help the pupil return back to a regulated state
- To ensure that sensory strategies are offered to the pupil to support regulation (refer to PHP and Sensory Profile)
- If the door needs to be held shut on-call and SLT will need to be informed immediately. This is to be continually monitored by staff to ensure that this is a reasonable and proportionate decision to the situation, so that at the earliest opportunity staff are able to open the door or enter the room
- Change of staff to be prioritised as needed
- Parents to be updated

Example of staff scripts:

"I can see this is difficult for you, I am going to step outside the room to give you some space. This is to help keep things safe for you and for me. I will be talking to you through the door and giving you..... So that I can come back in the room when its safe to do so."

"It looks like you are finding it difficult to keep your body safe, if you can sit on the chair, I will be able to come back in.

"I can come back in as soon as it feels safe to do so."

There is no set point at which restriction of liberty (which may be lawful) becomes deprivation of liberty (which is not). As a general rule any restraint or restriction should involve the minimum force and the minimum restriction for the shortest amount of time.

All physical management situations should embody the post incident support structure as described in Team Teach. The aim of this is to go back and discuss issues that provoked a violent episode and get the child/staff to reflect on the incident.

Staff must enable pupils to realise and learn that there are acceptable and appropriate ways of managing feelings and dealing with situations without resorting to violence and/or serious disruption.

(The above is taken from the Team Teach training and accompanying manual 2019 Team Teach Ltd)

7. Training Requirements

The Team Teach trainer ensures that all staff in Gloucester House:

- (i) Clearly understand this policy and their responsibilities in the context of their duty of care in taking appropriate measures where use of force is necessary and
- (ii) Are provided with appropriate training to deal with these difficult situations.
- (iii) Provide training on Team Teach methods to educational, clinical and admin staff.

Courses are as follows:

- a) 6-hour courses are appropriate for some staff (e.g. admin staff) however most staff including all teachers, Progress Support workers (PSW's) and clinical staff who spend substantial time in Gloucester House attend 12-hour basic Team Teach courses as soon as is practical after appointment.
- b) If it is required some staff will be given further training in advanced techniques.
- c) Further training and refresher sessions will be via Inset days, group refresher sessions, and problem-solving discussions.
- d) Training is reaccredited every 12 - 15 months for Advanced Team Teach Tutors, if deemed necessary.
- e) PSWs, teachers, and clinical staff are reaccredited at least every 12months (as per Team Teach guidance) with regular refresher sessions held on site.

8. Process for monitoring Compliance with this Procedure

- Class debriefs/RADAR incident report forms/Restraint logbook are how we record holds and incidents. These are monitored by the Team Teach Tutor, Clinical Team and Senior Leadership Team (SLT). A summary is reported to the Gloucester House Steering Committee.
- The clinical team and SLT identify trends in the monitoring which can then be addressed for individual or group behaviour causing concern. These are discussed in Core Teams (Class based matters), Pupil Welfare Meeting (clinical concerns), Whole Team Meeting (wider concerns) or SLT Meetings (significant concerns) as appropriate.
- Follow-up after de-brief and morning briefing the following day provides a space and opportunity to ensure follow-up for children and staff is arranged.

Holds/Restraints:

- Holds/restraints are recorded daily on the day sheet.
- Restraints are recorded in the restraint logbook by all staff involved and are shared with parent/carers and monitored by the Headteacher and Team Teach lead.
- Low-level guides where no restrictive physical intervention is used are recorded on the internal behaviour system such as the Team Teach 'Friendly Hold' used to gently redirect a pupil to the right space.
- All holds/restraints are monitored weekly by the Deputy Head Teacher and shared with staff and Case Co-ordinators to identify patterns or concerns.
- Holds/restraints are also monitored on a termly basis. The range of monitoring techniques ensures we tackle both strategic issues and individual issues. We can then deal with concerns on a strategic basis through whole team meetings, child reviews, SEF, individual risk assessments, positive handling plans, daily targets, Gloucester House education, health and care plans targets and further Team Teach refreshers.
- Risk assessments are written for all children and additional risk assessments are done for those who present a particular risk and for OSV (Off Site Visit).

Positive Handling Plans:

- Positive Handling Plans are reviewed termly by staff and discussed at Inset days and whole team meetings. These are also shared and signed by parent/carers and the children.
- Positive Handling Plans are also reviewed following serious incidents or concerns about the number of restraints/holds used.
- All staff are responsible for requesting a PHP review if this is in their view indicated.

Incidents

- Incident forms are all reviewed by the Clinical lead.
- Incidents are discussed as they occur. At class debriefs, follow up, whole team meetings, clinical meetings with GH psychiatrist.
- The clinical lead also reports a summary of all incidents to the Gloucester House Steering Group; this includes a focus on specific incidents of concern.
- Outcomes and key actions from incidents are shared with Case Co-ordinators and Class Teachers and PHPs are updated as necessary.
- In addition to the Gloucester House Steering Committee, incidents are also reviewed by the Integrated Quality and Performance Review Meeting, the Quality and Safety Committee and the Trust board.

9. References

- 'Use of Reasonable Force'-Advice for teachers, staff an governing bodies 2013 (reviewed 2015)
<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>
- Nice Guidelines: Violence and aggression: short-term management in mental health, health and community settings (NG10 May 2015) specifically 1.7 Managing violence and aggression in children and young people
<http://www.nice.org.uk/guidance/NG10/chapter/1-recommendations#managing-violence-and-aggression-in-children-and-young-people-2>

- Violent and aggressive behaviours in people with mental health problems Quality standard [QS154] Published date: June 2017

<https://www.nice.org.uk/guidance/qs154>

- Team Teach System

<https://www.teamteach.co.uk/>

10. Associated Documents

The Education and Inspections Act 2006

DOH/DFES Joint Guidance on Physical Interventions (July 2002)

Children's Act 1989

The Education Act 1996

Gloucester House Behaviour Policy

Gloucester House staff wellbeing policy

Health & Safety Policy

Risk Assessment Policy

Working Together to Safeguard Children (Feb 2019)

DFE guidance – Use of Reasonable Force in Schools (July 2013)

The Deprivation of Liberty Safeguards as part of Mental Capacity Act (2005, Mental Capacity (Amendment) Act 2019)

Nice Guidelines: Violence and aggression: short-term management in mental health, health and community settings (NG10 May 2015)

Keeping Children Safe in Education – September 2021

Guidance to Tackle Restraint- positive and proactive care (September 2014 – CQC)

Behaviour and Discipline in schools – January 2016

Positive environments where children flourish OFSTED March 2019

Reducing the Need for Restraint and Restrictive Intervention (DfE 2019)