

Physical Intervention

RELEVANT CHAPTERS

Behaviour Management Guidance, contains guidance, including definitions of terms such as 'Last Resort' or Significant Injury' and the meaning and use of Physical Intervention.

It also includes guidance on the use of Team Teach for Residential Staff.

AMENDMENT

This chapter was updated in February 2016 is chapter was updated on what should be recorded as restraint and to consider aspects of what might constitute a Deprivation of Liberty.

Contents

1. [Planning for Children](#)
2. [Definition of Physical Interventions](#)
3. [Who may use Physical Interventions](#)
4. [Criteria for Using Physical Interventions](#)
5. [Locking or Bolting of Doors](#)
6. [Seclusion, Timeout and Withdrawal](#)
7. [Medical Examination](#)
8. [Notifications](#)
9. [Recording and Management Review](#)

1. Planning for Children

As part of the assessment and planning process for all children, consideration must be given to whether Physical Intervention (definitions in [Section 2, Definitions of Physical Intervention](#)) may be necessary in managing behaviour.

If Physical Intervention may be necessary, the circumstances that give rise to it and a strategy for managing it should be outlined in a relevant **Service Plan** (see [note](#) at end of this section).

This Service Plan should outline the circumstances that may give rise to the use of Physical Intervention, the methods which are known or likely to be effective and other arrangements for its use.

It is also important to determine whether there are any medical conditions or disabilities which might place the child at risk should particular techniques or methods of physical intervention be used. If so, this must be drawn to the attention of those working with or looking after the child and it must be stated in the child's plan. If in doubt, medical advice must be sought.

The techniques that are used must comply with the principles and procedures set out in this Chapter and the associated Guidance. See [Section 3, Who May Use Physical Interventions](#).

NOTE: PLANS

The existence or absence of a **Service Plan** does not prevent staff/carers from acting as they see fit in the management of highly confrontational or potentially harmful behaviour. However, staff/carers may only deviate from agreed plans where they are able to demonstrate that that the plan would not be sufficient to prevent injury or damage to property and the alternative actions they take are consistent with the principles contained in this Chapter.

Any deviation from an agreed plan or from the principles contained in this Chapter must be reported to the manager and child's social worker as soon as practicable thereafter.

2. Definition of Physical Intervention

There are four broad categories of Physical Intervention.

1. **Restraint:** Defined as the positive application of force with the intention of overpowering a child. Practically, this means any measure or technique designed to completely restrict a child's mobility or prevent a child from leaving, for example:

- Any technique which involves a child being held on the floor;
- Any technique involving the child being held by two or more people;
- Any technique involving a child being held by one person if the balance of power is so great that the child is effectively overpowered; e.g. where a child under the age of ten is held firmly by an adult.
- The locking or bolting a door in order to contain or prevent a child from leaving.

The significant distinction between the first category, Restraint, and the others (Holding, Touch and Presence), is that Restraint is defined as the positive application of force with the intention of overpowering a child. The intention is to **overpower** the child, completely restricting the child's mobility.

The other categories of Physical Intervention provide the child with varying degrees of freedom and mobility.

2. **Holding:** This includes any measure or technique which involves the child being held firmly by one person, so long as the child retains a degree of mobility and can leave if determined enough.
3. **Touching:** This includes minimum contact in order to lead, guide, usher or block a child; applied in a manner which permits the child quite a lot of freedom and mobility.
4. **Presence:** A form of control using no contact, such as standing in front of a child or obstructing a doorway to negotiate with a child; but allowing the child the freedom to leave if they wish.

Restraint also includes restricting the child's liberty of movement. Restriction on liberty of movement can involve adaptations to the environment such as using high door handles or removing physical aids, but it also refers to behaviour support strategies such as requiring a child to take 'time out' in a specific area of the home, asking a child to spend time away from the group to regain control of their behaviour (i.e. if a child is struggling to maintain a socially acceptable level of behaviour at the meal table, asking them to move away from the group to another area, can be defined as restricting their liberty of movement). Where there is no need to use restrictive physical intervention (i.e. the child goes willingly once instructed to do so) a record of the incident must still be recorded (see recording and reporting). This is to ensure the intervention can be monitored and to ensure that children are not be scapegoated or unduly being isolated from the group.

Where the likely application of this strategy is a reasonable assumption due to a child's previous behaviour or level of emotional needs, this should be included in the ECH plan/Care plan. This should be monitored as part of the normal review process. This strategy should be clearly recorded on the child's Individual Behaviour Support Plan. In this instance, there is no requirement to complete an incident report, unless the behaviour displayed is new, unusual or falls under any other category of incident.

If a child has an EHC plan or statement of educational need in which a specific type of restraint/physical intervention is used as part of the day to day child's routine, the home is exempted from the recording requirement. Where these plans provide for a specific type of restraint that is not for day to day use, the restraint used must be recorded. Any other restraint used must always be recorded.

3. Who may use Physical Interventions

Normally, trained staff may only use Physical Intervention if they have undertaken approved training. Where staff have not undertaken such training, the use of force may still be justified if it is **the only way** to prevent injury or damage to property. In these circumstances, staff must always act in a manner consistent with the values and principles set out in this manual and should preferably be undertaken in the presence of a colleague/carer. Any intervention used must:

- a. Not impede the process of breathing
- b. Not be used in a way which may be interpreted as sexual
- c. Not intentionally inflict pain or injury
- d. Avoid vulnerable parts of the body, e.g. the neck, chest and sexual areas
- e. Avoid hyperextension, hyper flexion and pressure on or across the joints
- f. Not employ potentially dangerous positions

In any case, the use of force must reflect the values and principles set out in this Chapter and the associated guidance (See **Behaviour Management Guidance** (this includes Team Teach Guidance for Residential Staff)).

Physical Intervention should only be used if it is safe to do so. If staff/carers believe their actions may escalate the situation or place anyone at unacceptable risk, they must seek assistance from a colleague/manager or the Police.

4. Criteria for Using Physical Interventions

NOTE: Various terms are used in this Section, e.g. 'Significant Injury', 'Last Resort' and 'Predictable Future'. These terms are defined in **Behaviour Management Guidance**.

There are different criteria for the use of Restraint and other forms of Physical Intervention, such as Holding, Touching and Physical Presence/proximity.

1. Restraint, which is the form of Physical Intervention used with the intention of overpowering a child, may only be used where there is likely **SIGNIFICANT** Injury or **SERIOUS** Damage to Property.
2. Other forms of Physical Intervention, such as Holding, Touching or Presence, are less forceful and restrictive than Restraint and may be used to protect children or others from injury which is less than significant or to prevent damage to property which is less than serious.
3. Before Restraint or **any other** form of Physical Intervention is used, all of the following principles must be applied:
 - a. For the intervention to be justified there must be a belief that injury or damage is likely in the Predictable Future.
 - b. The intervention must be Immediately Necessary.
 - c. The actions or interventions taken must be a Last Resort.
 - d. Any force or intervention used must be the Minimum Necessary to achieve the objective

A child/young person can be prevented from leaving the home if it is felt they are at significant harm in the following circumstances:

- Sexual Exploitation;
- Gang Related Activities;
- Use of drugs or other illicit substances.

This restriction of a young person's liberty should be for the minimum amount of time possible and in response to immediate danger. Staff will need to ensure that in the recording of this incident they clearly outline all the steps taken to prevent the need to restrict the child's liberty using physical means.

If a young person continually requires this level of intervention to help them to remain safe, there must be clear evidence of a planning meeting with the placing authority to consider the appropriateness of the placement. It may be recognised that this is a process of testing and an agreement regarding strategies will be set and reviewed in conjunction with the local authority, this will need to be

5. Locking or Bolting of Doors

It is acceptable to use mechanisms or modifications to a children's home or foster home which are necessary for security, for example on external exits or windows, so long as this does not restrict children's mobility or ability to leave the premises if they wish to do so. It is also acceptable to lock office or storage areas to which children are not normally expected to gain access.

If such mechanisms are used in foster homes, they must be agreed by the manager of the fostering service and set out in the Foster Care Agreement. If such mechanisms are used in children's homes they must be set out in the home's Statement of Purpose.

Apart from this, it may be reasonable to temporarily (see next paragraph) bolt or lock a door to contain a child or prevent a child from leaving. Such action would be a Restraint and therefore may only be used if there was a risk of Significant Injury or Serious Damage to Property.

Temporarily means that the child may only be contained or prevented from leaving until the risk of Significant Injury or Serious Damage to Property has diminished. As soon as the risk diminishes, the door must be unlocked or unbolted. However, staff/carers may still impose less intrusive forms of Physical Intervention upon a child if it is necessary to prevent injury or damage to property.

For example, staff/carers may closely supervise or otherwise use their presence whilst remonstrating with or using other de-escalating techniques to calm a child sufficiently to re-join a group or activity or to block a child's exit to give other staff/carers time to remove a group or other stimulus.

Where the locking or bolting of a door extends beyond a reasonable timescales or the risks to the child, staff or others become too great, staff/carers should consider asking the Police for assistance. See **Contacting the Police Procedure**.

Locking of external doors, or doors to hazardous materials, may be acceptable as a security precaution if applied within the normal routine of the home.

6. Seclusion, Timeout and Withdrawal

Where the following measures are used, they must be formally approved and the arrangements for their use set out in writing. In Children's Homes, the arrangements must be set out in a Statement of Purpose. In Foster Homes, the arrangements must be set out in the Foster Care Agreement and [Placement Plan](#) for relevant children.

Seclusion is where a child is forced, by use of Physical Intervention, to spend time alone against their will, for example where a child is placed or made to remain in their bedroom.

Time out involves restricting the child's access to all positive reinforcements as part of a behavioural programme. Time-out can also mean where the child chooses or can be asked to go to a particular area to spend time away from other children and staff. Time-out can also include where a child is forced, by use of Physical Intervention, to spend time away in another area of the building from other children and staff.

Withdrawal involves removing a child from a situation, which places the child or another person at risk of **Injury** or to prevent Damage to Property, to a location where s/he can be continuously observed or supervised until ready to resume usual activities.

7. Medical Examination

If Physical Intervention has been used, the child, staff/carers and others involved must be given the opportunity to see a Registered Nurse or Medical Practitioner as soon as possible but within 24 hours, even if there are no apparent injuries.

The Registered Nurse or Medical Practitioner, if seen, must be informed that any injuries may have been caused from an incident involving Physical Intervention.

Whether or not the child or others decide to see a Registered Nurse or Medical Practitioner must be recorded, together with the outcome.

8. Notifications

Unless it has previously been agreed that it is not necessary to do so, the child's social worker (and manager, for children placed in foster care) must be notified as soon as practicable but within 1 working day if an Incident of Physical Intervention upon a child occurs.

The social worker should make a decision about whether to inform the child's parent(s) and, if so, who should do so.

Depending on the seriousness of the Incident, other people/agencies may have to be notified, the Contacts Appendix, describes who should be notified.

9. Recording and Management Review

The use of Physical Intervention is deemed to be an Incident, and must be recorded as such. In all circumstances both the child and staff member should be given the opportunity to de-brief after an incident which has involved physical intervention. If refused this should be recorded. Please see **Incidents Guidance**, which contains details of the records that must be completed.

All Incidents involving Physical Intervention must be subject to a Management Review. In residential and foster placements the child's risk assessment must also be reviewed alongside the Management Review. See **Incidents Guidance**, for guidance on conducting Management Reviews.