

SCOTTISH BORDERS COUNCIL'S



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In our sight, in our minds, in our actions and being heard

POLICY GUIDANCE ON RESTRAINT AND SECLUSION



getting
it right
for every child

 Scottish
Borders
COUNCIL

INTRODUCTION

The aim of this guidance is to:

- **Reduce physical intervention using de-escalation techniques.**
- **Enable staff to understand that physical intervention is used only as a last resort**
- **Understand that staff have a Duty of Care to physically intervene if appropriate even without having received prior training, e.g. stopping someone from running into a road.**
- **Recognise when physical intervention should be used.**

This guidance should be used in line with guidance provided in **Included Engaged and Involved 2 (IEI2)** to support our understanding, and use, of Physical Restraint and Seclusion within Scottish Borders Council settings, with an expectation that all de-escalation techniques are the first options for **all** situations.

There may be times when the use of **restraint or seclusion** is a necessary response as a **very last resort** to prevent a young person causing immediate harm to themselves, or others. However schools must be aware and take into account UN Convention on the rights of the Child (UNCRC) should any physical intervention be considered.

All behaviour is communication. Behaviour is a means of communication, and all behaviour has a functional element. 'Challenging' behaviour should be thought of as communicating unmet needs. When we understand this it supports us to think differently about how we respond to behaviour that challenges us.

1. RESTRAINT/PHYSICAL INTERVENTION

"Restraint is an interference with the child's right to respect for their private life under Article 17 of the Convention on the Rights of Persons with Disabilities, Article 16 of the United Nations Convention on the Rights of the Child and Article 8 of the European Convention on Human Rights. In order to avoid a breach of the child's rights, the interference must be lawful, necessary and proportionate." (Children and Young People's Commissioner Scotland, March 2018)

It is the responsibility of Headteachers to ensure that staff have access to required training and are following the correct procedures in regards to de-escalation strategies and appropriate use and recording of restrictive physical intervention. The following points should always be considered:

- Restrictive physical intervention of any kind must always be seen as a last resort.
- The use of restrictive physical intervention can be regarded as reasonable only if the circumstances of the particular incident warrant it.

- While the use of restrictive physical intervention may be appropriate in order to prevent a pupil causing an injury to themselves or others, it is expected that other appropriate strategies will have been attempted first. **Physical Intervention should be a last resort where all other strategies have been exhausted.**
- The child or young person's individual circumstances must be taken into consideration and it should be recognised that for some children and young people, physical intervention can escalate their emotional state and prove counterproductive.
- The law requires that restrictive physical intervention should be used only when every other approach has been tried and all practical methods to de-escalate the situation, including retreat, have been attempted. Where the use of restrictive physical intervention was unreasonable or excessive, the adult may leave themselves liable to disciplinary, civil or criminal proceedings.
- The rights of all children and young people must be a key consideration where restrictive physical intervention is being considered.
- Damage to property must only be considered as relevant justification for the use of restrictive physical intervention when such damage to property could endanger people's lives or result in serious injury.
- Physical Intervention is used for the least amount of time and with the minimum of force.
- No use of any procedure which restricts breathing or impedes the airways, extending, flexing or putting pressure on the joints and pressure on the neck, chest, abdomen or groin.
- Parents and carers are more likely to support the actions of staff in restrictive physical intervention when staff can demonstrate that they acted in a professional, considerate and informed manner and their actions can be seen as being reasonable, justifiable and in a pupil's best interest.
- **Only staff who have undertaken training provided by TEAM-TEACH, and are within their period of accreditation, are permitted to employ TEAM-TEACH techniques of restrictive physical intervention.**

All incidences of restrictive physical intervention must be recorded using LEXI recording system.

Parents and carers must be informed of all incidents of restrictive physical intervention and the strategies which were used prior to the use of this without delay. Parents and carers should be given the opportunity to engage in a discussion following the incident to put in place plans to reduce the subsequent use of physical intervention.

Following an incident a risk assessment should be carried out or updated. Where physical intervention has been used then a written plan should be made detailing future proactive/de-escalation strategies that should be employed prior to using physical intervention. Details of appropriate physical intervention should be included in the plan. (Examples of Positive Support plan proformas can be found [HERE](#))

2. SECLUSION

Seclusion is defined as the involuntary, solitary confinement of an individual. Seclusion of a child may constitute a deprivation of liberty in terms of Article 5 of the European Convention on Human Rights. Deprivation of liberty must be authorised by a court or a tribunal in order to be lawful.
(Children and Young People's Commissioner Scotland, March 2018)

Seclusion is regarded as a punitive approach. Seclusion should not be used in Scottish Borders Council educational establishments.

Terminology with reference to practices involving various forms of seclusion include:-

time out, exclusion, segregation, seclusion, safe-space, chill out room, de-escalation room, quiet room, calming room, garden time, solitary, inclusive exclusion

Use of an **alternative space** can be considered – but should only be considered as an appropriate response when:

- It is a planned de-escalation technique, which is being used as a positive intervention.
- The young person is regularly taught how to use a space (when they are not in crisis) so that they can use it appropriately when needed.
- For averting immediate danger of personal injury to themselves or others.
- A risk assessment has identified that using a separate space is in the best interests of the pupil as a means of lessening his/her anxiety.

PLEASE NOTE THAT STAFF SHOULD BE ABLE TO OBSERVE THE PUPILS AT ALL TIMES WHILE PUPILS ARE SEPARATED.

All incidents of use of an alternative space must be formally recorded on LEXI and parents must be informed.

3. STAFF DEVELOPMENT AND TRAINING

Scottish Borders Council offers a range of appropriate training and professional learning opportunities to support behaviour management in schools. All instances of training are found within the CPD Online system and the Career Long Professional Learning (CLPL) Brochure.

Team Teach Training for de-escalation and physical intervention

Level 1 (De-escalation Strategies) - Professional Learning training is offered universally for all SBC staff. Sessions will be available on a rolling programme throughout a school session where individuals or whole school teams can sign up for.

Level 2 (Physical Restraint Strategies) – Professional Learning training opportunities are only available for staff who work within an enhanced provision, and on an “as needs” basis.

Aims and Objectives of Team Teach are:

- To promote the least intrusive positive handling strategy and a continuum of gradual and graded techniques, with an emphasis and preference for the use of verbal, non-verbal de-escalation strategies being used and exhausted before positive handling strategies are utilised.
- To enable services develop acceptable and authorised responses to disruptive, disturbing, angry and aggressive behaviours in a manner that maintains positive relationships and provides safety for all, by training in Team-Teach.
- To reduce the amount of serious incidents involving physical controls in all settings and to emphasise the importance of exhausting behaviour management strategies in the first instance.
- To increase the awareness of staff concerning the importance of recording and reporting, monitoring and evaluating, all incidents involving positive handling.
- To provide a process of repair and reflection for both staff and children

Where possible, the expectation is that course members will exhaust **all behavioural management strategies before they physically intervene**. Where and when there is time, the physical interventions should be viewed as a **"last resort option"** for staff.

The physical techniques have sufficient range and robustness to be appropriate across the age and development range, for both the intentional and non-intentional "challenging" individual. The physical techniques provide a gradual, graded system of response commensurate with the situation, task and individuals involved, allowing for phasing up or down as dictated to by the circumstances at the time. **The use of force must be reasonable, proportionate and necessary.**

There is an emphasis on appropriate and targeted verbal and non-verbal communication. Para verbal skills (tone of voice) matter at all times during a restraint however, it is **what** you communicate / say and how you communicate / say it that is important.

The aim is for the person to calm down sufficiently so that staff can return the physical control and help find a better way. A calm approach with staff using is expected at all times when managing such situations.

Staff are encouraged to complete a risk assessment, both before, during and after any serious incident involving physical intervention. Running parallel with this risk assessment is the "duty of care" question they have both to the service user and themselves.

4. RECORDING OF RESTRAINT AND SECLUSION

All incidents of restraint and seclusion/alternative space must be formally recorded, and will form part of the risk assessment recording system on LEXI for the child or young person involved. Within the recording the question must be asked “**How were your actions in the best interests of the child or young person?**” the answer to this **must** form part of the formal recording.

Staff should always be given the opportunity to debrief with line managers following any incidents of restraint.

Staff review and learning from any incidents of restraint after they have occurred is also recommended with a view to help staff avoid having to use it in the future and enabling the needs of children to be met.

Schools should ensure that all recording include sections for de-escalation techniques considered and attempted, the child’s and parents’ and carers’ views.

Staff involved in restraint should be fully trained in line with the councils agreed methods; Team Teach and such interventions must be detailed in a robust risk management plan for the child or young person.



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