

# NORFOLK JOINT SERVICES POLICY ON POSITIVE HANDLING STRATEGIES

(including restrictive physical intervention)

in respect of children and young  
people with Learning Disabilities and  
Autistic Spectrum Disorder

*to be reviewed by the PHG December 2006*

This policy document informs the practice of Children's Services, and Norfolk Primary Care and Health Trusts. This is also recommended guidance for other partner organisations.

## **Introduction**

This policy document stems from, relates to and should be read in conjunction with the following key references:

- Valuing People White Paper: A New Strategy for Learning Disability for the 21<sup>st</sup> Century
- DoH Guidance under Section 7 of the Local Authority and Social Services Act 1970
- National Minimum Standards for Care Homes for Younger Adults and Adult Placements
- Joint DfES and DoH Guidance for Restrictive Physical Interventions July 2002
- DfEE Circular 10/98 (Section 550A of the Education Act 1996: The Use of Force to Control Or Restrain Pupils)
- BILD document Physical Interventions: A Policy Framework
- Department of Health Children Act 1989 and 1993 Guidance on "Permissible Forms of Control in Children's Residential Care"
- Human Rights Act 1998
- Disability Discrimination Act 1995 and the SEN and Disability Act 2001
- The UN Convention on the Rights of the Child (entered into force 2.9.90)
- Care Standards Act

## **Health and Safety**

This document should also be read in relation to the following Health and Safety Policies and their references to the management of violence and risk reduction:

- Norfolk County Council Corporate Health and Safety Policy (Issued 11.3.04)
- Norfolk County Council Social Services Health and Safety Policy
- Norfolk County Council Education Department Health and Safety Policy (March 2003)
- Norfolk County Council Health Service Primary Care Trust Health and Safety Policies

## **Definitions**

All terms used in this policy document are in reference to the descriptions and definitions given in Section 3 of the Joint DfES and DoH Guidance for Restrictive Physical Interventions, July 2002. It is an expectation that this reference point would be used in all operational and practice guidance.

## **Key policy principles on physical interventions**

- Any physical intervention should be consistent with the legal obligations and responsibilities of departments and their staff and the rights and protection afforded to child or young persons under law.
- Working within the "legal framework", services are responsible for the provision of care, including physical interventions, which are in a person's best interest.

## Values

- The child or young person should be treated fairly and with courtesy and respect. Positive behaviour management strategies must underpin this approach.
- Physical interventions must only be used in the best interests of the child or young person and in partnership with parents/carers.
- Where possible the child or young person should give informed consent to any agreed intervention or approach.
- In the context of any planned intervention the child or young person should be helped to make choices and be involved in making decisions that affect their lives.
- Any physical intervention must be reasonable and proportional in the circumstances and always be conducted in relation to the child or young person's age, gender, health, religious and cultural persuasion, and stage of development.
- Service settings have a responsibility to ensure the safety, well-being and training needs of the staff and carers dealing with the children and young people within them.

## Prevention of challenging behaviour (reckless, dangerous or violent)

- The careful management of the environment and context can often reduce stressful stimuli and prevent challenging behaviours.
- Ensuring clear, accessible and appropriate methods of communication can often prevent challenging behaviours.
- The interaction between environmental factors and personal needs and responses should be explored for each child or young person who presents a challenge. Conditions should be modified to reduce the likelihood of challenging behaviour occurring (primary prevention).
- Early diffusion and de-escalation procedures must be developed to ensure that problematic episodes are properly managed with non-physical interventions before the child or young person becomes violent (secondary prevention).
- Successful early intervention and de-escalation depends to a large degree on an understanding of the causes of the behaviour and our ability to see the behaviour as a form of communication.
- For each child or young person who presents a challenge there must be graduated, individualised strategies for responding to incidents of violent and dangerous behaviour. When appropriate, the strategy should include directions for using approved physical interventions.
- Individualised plans must be established for responding to children or young persons who are likely to present violent or dangerous behaviour. The procedures should

enable staff and carers to respond effectively to violent or reckless behaviours while ensuring the safety of all concerned.

- Unplanned or emergency interventions may be required in response to unforeseen events.

### **Promoting the best interests of children or young persons**

- Wherever possible physical intervention must be regarded as a last resort and part of a planned range of strategies.
- Physical interventions must only be used in conjunction with other strategies designed to help a child or young person learn alternative non-challenging behaviours.
- Planned physical interventions must be justified in respect of: what is known of the child or young person from a formal assessment; alternative approaches which have been tried; a formal evaluation of the potential risks involved; known health factors; reference to a body of expert knowledge and established good practice.
- The use of physical interventions must be subject to regular reporting, recording, monitoring, evaluation and link back to planning around the individual.

### **Physical intervention and risk assessment**

- The potential hazards associated with the use of physical interventions must be systematically explored using a risk assessment procedure. Detailed records must be retained regarding this risk assessment.
- Any risk assessment process needs to involve all those with relevant knowledge of the individual.

### **Minimising risk and promoting the well-being of child or young persons**

- Children or young persons must have individual assessments to identify any risks associated with physical interventions before they are approved.
- Physical interventions must only be employed using the minimum reasonable force.
- For the individual child or young person, any single physical intervention must be sanctioned for the shortest period of time consistent with his or her best interests.
- Physical interventions must not rely on achieving compliance through inflicting pain.
- Children or young persons who receive a physical intervention must be routinely assessed for signs of injury or psychological distress.

- It is important that there is a consistency of approach as far as possible between agencies, to risk assessment and intervention.

### **Management responsibilities**

- Service managers are responsible for implementing policy and practice on the use of positive handling strategies in line with this document.
- The use of any procedure must be clearly set out in the form of written guidance for staff.
- Service managers are responsible for ensuring that all incidents that involve the use of physical interventions are clearly, comprehensively and promptly recorded.
- Parents and carers will be informed in writing when unplanned restrictive physical intervention has occurred.
- All children or young persons and their families and representatives must have ready access to an effective complaints procedure, and they must be made aware of it. Where possible, in each case, the complaints procedure must be available in a format appropriate for the child.
- Careful consideration should be given to the impact of resource management on the use of physical interventions.
- Staff deployment should be organised to ensure that appropriately trained staff are available to respond to any incident which requires physical intervention.
- Staff, including agency staff, must be made aware of the individual positive handling plan for each child they may work with.

### **Employers' responsibility towards staff/carers**

- Employers and managers are responsible for the safety and well being of staff/carers.
- Staff/carers must have access to procedures that allow for the monitoring and reporting of concerns about practice.

### **Staff/Carer responsibilities towards children and young people**

- Staff/carers have a responsibility to report any concerns they have about physical intervention practice.

### **Staff/Carer Training**

- Staff/carers who may be required to use physical interventions must receive induction and ongoing training and refreshers on knowledge, skills, values and duty of care.

- Training must be provided by an instructor with appropriate experience and qualifications and via courses with BILD Accreditation.
- Staff must only employ physical interventions which they have been trained to use except where their duty of care requires emergency intervention.

**Failure to comply with this Policy will result in an agency review of both Departmental and individual practice.**

**The infliction of pain/injury and/or the use of excessive force may lead to the instigation of enquiries under S.47 of the Children Act 1989 (child protection enquiries). All such cases must be referred to the appropriate Children and Families Assessment Team for due consideration.**