

# Every child is included and supported: Getting it right in Glasgow, the Nurturing City

## **Physical intervention guidelines**



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# Physical intervention guidelines

## 1. Introduction

- These guidelines are intended to outline and promote the safe, responsible and informed use of Physical Intervention in additional support for learning schools/centres as well as providing guidance for mainstream schools.
- Physical Intervention is a wide term *“which includes restraint but also includes methods where holding is not used”*<sup>1</sup>.  
Throughout this document, the term *“Physical Intervention”* is used to describe any method of responding positively to challenging behaviour which involves some degree of a direct hold to limit or restrict movement or mobility.
- It is recognised that Physical Intervention:
  - is an act of care and control aimed at ensuring the safety of the child/young person and of staff.
  - may also encompass the use of force to disengage from dangerous or harmful physical contact initiated by child/young persons - *“No more than the minimum necessary force should be used and the teacher should seek to avoid causing injury”*<sup>2</sup>.
  - is used in preference to *“Physical Restraint”* which has a narrower connotation.
  - may occasionally be necessary to safeguard the welfare of both children/young people and staff.
- The uses of *“Physical Intervention”* and *“positive physical contact”* are distinguished in section 3.
- These guidelines should be set within the context of Education Services’ *“Promoting Positive Behaviour Policy”* and is in addition to existing authority and establishment policies and practice on:
  - promoting a positive ethos and positive behaviour
  - positive approaches to behaviour management
- Consistent with legislative requirements, it is the policy of Education Services that all staff in an additional support for learning school/centre likely to come into contact with distressed behaviours should be trained to defuse and avert, where possible, potentially critical incidents and - as a last resort - to employ physical intervention safely and effectively. A consistent whole school/centre approach is essential.
- Establishment handbooks should clearly communicate the principles and practice of the nurture corner.  
In certain additional support for learning schools/centres staff will be trained in appropriate Physical Intervention techniques to meet the behavioural support needs of individual children/young people.
- All staff in all schools/centres will be expected to follow the procedures outlined in:
  - these guidelines.
  - in school/centre policies.
  - as specified on the child’s/young person’s Wellbeing Assessment and Plan and/ or Behaviour Management Plans/Risk Assessments.
  - management of critical incidents.Only staff accredited in the use of the Intervention systems approved by the authority will be expected to implement Physical Intervention.
- Physical Intervention is a strategy only justified in the context of crisis management and the control of potentially injurious behaviour. It must not be used routinely or viewed as a long-term solution to behaviour management. Promoting socially acceptable behaviour requires a whole school approach based on a positive nurturing ethos and analysis of presenting behaviours.

<sup>1</sup> Holding Safely: A guide for Residential Child Care Practitioners and Managers about Physically Restraining Children and Young People [SIRCC, 2005].

<sup>2</sup> Section 550a of the Education Act [1996].

- The legitimate use of Physical Intervention must rest on appropriate shared values which place the best interests of the child/young person uppermost. All children/young people must be treated with respect. When a child/young person exhibits unacceptable behaviour, he or she should be helped to understand the consequences of the behaviour. Physical Intervention must neither be threatened nor employed in a punitive manner nor to force compliance with staff instructions.
- These guidelines are designed to promote an ethos of respect, care and safety in additional support for learning school/centre and should:
  - provide a framework for establishment policies
  - promote coherence and consistency of approach across additional support for learning schools/centres.
  - provide a basis for schools/centres and the authority to monitor challenging behaviour and evaluate Education Services' approach in response to it.
  - Provide a basis for Quality Assurance of Physical Intervention.
- The specification of acceptable practice in these guidelines is also intended to re-assure children and young people and their parent/carers.
- It is recognised that, in responding to challenging behaviour, staff are often faced with situations where there are no clear and absolute criteria for the correct course of action to be followed. These guidelines are set out within the confines of the law as it stands.

## 2. Distressed behaviour

- The most common research definition of distressed behaviour includes behaviour which:
    - places the individual or others in physical danger.
    - results in the destruction of the immediate environment e.g. property.
    - causes prolonged disruption which affects the safety and/or education and wellbeing of self or others.
    - limits or delays childrens'/young persons' access to community facilities.
    - is in itself or by its severity inappropriate given the person's age and level of development.
- **Children and young people who have additional support needs**

For a variety of reasons, children and young people may display behaviours that are socially inappropriate and can be, in some instances, could be described as dangerous:

    - Some may have difficulties in appreciating/ understanding consequences of their actions or of their environment.
    - Some children and young people as a result of their own insecurity test the limits of acceptable behaviour by adopting extremes of emotional or physical behaviour.
    - For some children and young people, challenging behaviour may be in response to a particular situation, sensory stimulus, frustration, phobia or obsession.
    - These factors or "*triggers*" are often specific to the individual child or young person. Information about these should be robust and should be considered in the process of planning to meet the young person's needs.
    - In cases where the distressed behaviour is associated with a previously identified additional support need, robust risk planning and restorative approaches should be implemented to reduce the need for Physical Intervention.
    - Where there is an underlying additional support need, there may be a qualitative difference between deliberately disruptive behaviour and impulsive behaviour arising from emotional, psychological or sensory disturbance.
    - This type of socially inappropriate/dangerous behaviour raises concerns as it presents a level of risk which increases the likelihood of injury to children and young people as well as adults.
    - Instances where children and young people have complete disregard for the safety of themselves or others present circumstances where there may be no alternative other than to physically intervene.
    - Some children and young people may require additional support in order to participate. This may require staff to physically prompt, encourage or guide them. This type of Intervention should be used supportively and should only be considered within a framework of planned strategies.

- The complexity, range of need and consequent support for the young person is such that ‘positive handling’ [see 3, first bullet point below] may be implemented regularly in a planned and consistent way which supports the young person’s dignity and understanding.

Whilst this guidance is not intended to offer detailed advice on the management of distressed behaviour, the use of Physical Interventions must not be divorced from understanding such behaviour and the **active promotion of alternative positive behaviours over the longer term [proactive strategies]**. This will require systematic approaches in which the development of plans to promote positive behaviour is informed by an analysis and clear understanding of the purpose or function served by the behaviour for the understanding the factors which tend to release the behaviour (triggers).

- It is the responsibility of the Headteacher to ensure that such systems are developed for all children and young people who present behaviour which constitutes a “foreseeable risk” and for ensuring that all staff observe the procedures.

### 3. Physical contact and physical intervention – an overview

- Physical Intervention is qualitatively different from other forms of physical contact. Physical Intervention refers to the actions by which movements of another are restricted and is an act of care and control aimed at ensuring the safety of the child/young person and others. Physical contact in the context of “positive handling” refers to manual prompting, physical care, physical guidance or simply support which might be used in teaching, therapy or in the administration of first aid.
- Physical Intervention may be used: to disengage from a dangerous situation; to prevent the child or young person inflicting self-injury, injuring others or damaging property; to protect oneself from harm. Where Physical Intervention is required, a central concern should be to return personal control of his/her actions to the child or young person concerned as quickly as possible.

Staff are not expected to put themselves at danger by such Intervention, or to become involved in a situation they do not feel confident to handle. Any Intervention should be used as a last resort using professional judgement.

- Advice for all staff:

In all cases, you should not use:

- when you can restore safety in another practicable way.
- when you are not in control of yourself
- when you consider it clearly unsafe to do so (e.g. if the child/young person has a weapon).
- if you know the child or young person has a diagnosed medical condition that may be made worse by being safely held ( e.g. asthma).
- when you consider there are not enough adults to safely hold the child.
- that even with enough adults you are not confident that you can manage to safely hold the child.
- when you are on your own with a child or young person, unless you assess safely holding them to be the least risky action to take (in very rare circumstances).
- other than at the minimum necessary level and duration required to resolve or defuse a situation.
- as a punishment.
- out of malice or with indecent intent.
- where contact is possibly gratuitous.
- to enforce compliance with adult instructions or rules where there is no immediate risk to people or property.

- Physical Intervention must never be used routinely. Safety requires constant assessment of risk. Some simple questions to ask are:
  - Where an individual is displaying a particular behaviour what are the potential implications of ignoring or not reacting to it?
  - Is the use of force legally justified?
  - Will the use of Physical Intervention make things better or worse?
  - Are there other options?
  - Have I been trained in using Physical Intervention safely and effectively?

- Levels of physical management  
There are three levels recognised as being appropriate.

### **Positive Physical Contact**

It is often a feature of good teaching to:

- Physically prompt a child or young person e.g. to demonstrate how to hold an instrument, to execute a movement in PE.
- to encourage - a light pat on the forearm.
- to comfort - limited normally to younger children in distress [early years/early primary/nurture groups].
- Some children/young people may require to be positively handled, i.e. physically prompted, encouraged or guided to participate in activities or to be guided away from situations which could potentially escalate into critical incidents.

### **Planned Physical Intervention**

As identified by the risk assessment process some individuals will require planned Physical Intervention. This should be detailed on a promoting positive behaviour plan as part of the staged Intervention process. Physical Intervention will be part of a planned response when:

- a child or young person with a history of distressed or [self] abusive behaviour first enrolls; or
- there has been a particular incident in a child or young person's past that has required Physical Intervention; or
- a new pattern of behaviour emerges; and
- there is clear documented evidence that particular sequences of behaviour rapidly escalate into serious violence. For example, Physical Intervention may be used to pro-actively move the young person to a safer environment

### **Emergency Physical Intervention**

Unforeseen or emergency Physical Intervention may be necessary when a child or young person behaves in an unexpected way. In such circumstances staff retain their duty of care to the child or young person and any response must be proportionate to the circumstances. Staff should use the minimum Intervention necessary to prevent injury and maintain safety, consistent with the appropriate training they have received.

Two examples of situations which would require emergency Intervention are:

- Where a child/young person is in immediate danger, e.g. running out in front of a car
- Where a child or young person is causing or threatening to cause significant self-harm e.g. aiming a fist at a window or leaning over a railing at a height

All such incidents should be reported to a designated member of staff who will be responsible for the recording of appropriate details. See Appendix 3.

The possibility of future planned intervention should be considered and discussed with all appropriate parties and an agreed plan put in place.

- Staff must bear in mind that even perfectly innocent actions can sometimes be misconstrued. Children and young people may find being touched uncomfortable or distressing for a variety of reasons. (These may be related to personal or medical history or to cultural background). It is also important not to touch children or young people, however casually, in ways or on parts of the body that might be considered indecent. (It is useful to consider areas of the body which would be covered by a swimming costume as being wholly inappropriate to touch).
- Staff must recognise that children and young people who present extreme and seriously distressed behaviour are amongst the most damaged and vulnerable young people. Some may have suffered physical and sexual abuse. Staff should be familiar with information contained in the wellbeing assessment which may present underlying contributory factors and increase the likelihood of the young person presenting extreme challenging behaviours.
- The intimate care of children and young people should be subject to specific establishment and authority guidance clearly embedded within Child Welfare and Concern procedures.
- All ASL establishments should have an Intimate Care Policy. Primacy should be placed on maintaining the young person's safety and dignity, staff should ensure that the young person's wellbeing is maintained and that every intervention should promote the values of respect and safety inherent in the wellbeing assessment.

#### ■ **Locks and Restrictive Handles**

If a child or young person is in crisis and their behaviour is such that the risk of harm to themselves or others is extremely high then it is considered acceptable to make the immediate environment secure for this period of time.

In these circumstances, double or high door handles in the classroom, or chill-out room or locked outside doors are considered a safety measure and/or security precaution. Their use might be to contain the behaviour pending assistance being sought or to give the child/young person a stress and demand free safe space to help facilitate the “*calming down*” process. This would be considered a last resort measure to prevent a significant risk of harm both to the individual and to others. The reason for isolating the child or young person must be clearly recorded along with the duration.

**It is essential that the child/young person is kept under constant observation by a member of staff. Any locks on doors are required to be of a single movement.**

- Devices which are required for a therapeutic purpose, such as buggies, wheelchairs and standing frames [including any support harness], may also restrict movement, but are essential for the health and well being of the child or young person. Such devices must be used as directed by the appropriate health care professionals and must **never** be provided or used for the purpose of preventing behaviour or restricting movement.

#### 4. Risk Assessment

- The Health and Safety at Work etc. Act (1974) and subsequent regulations, is the focus for all Health and Safety statutory law in the UK. It places important duties on employers to ensure safe working environments for all employees and expects all employees to comply with whatever arrangements are put in place. It requires the production of clear, written risk assessments to protect employees and non-employees. Moreover, these procedures should be systematically implemented and reviewed. Employers must also outline to employees the risks they can expect to face in undertaking their duties, how these risks can be reduced and who is responsible for co-ordinating any protective measures identified. Employers must also ensure that

all tasks/duties assigned to employees are commensurate with their capabilities and that appropriate training is provided, updated and adapted as necessary. **There is an expectation that employees will undertake the training offered.**

- There is a legal requirement that all schools/centres develop and implement “*suitable and sufficient*” risk assessment and management procedures.
- Some contexts will be common to schools/centres across the sectors:
  - health and safety regulations regarding the school/centre environment as a whole or in specific curricular areas (science, technical, PE, home economics etc).
  - school/centre trips or outdoor/sporting activities.
- Within schools/centres in the additional support for learning sector some contexts might assume greater prominence such as:
  - moving and handling
  - intimate care
  - administration of medicines
  - the management of challenging behaviour

#### ■ **Risk Assessment in the context of Staged Intervention**

There are many reasons for challenging behaviour. Some behaviour may be difficult to predict. This behaviour may be the product of many factors e.g. the environment, peer interaction, inappropriate management by adults etc. These factors should be identified and recorded in the Wellbeing Assessment and Plan.

- Some children and young people may have developed a specific behaviour, or set of behaviours for a variety of reasons, for example, sensory or ritualised behaviours related to autism. They may also have discovered that the employment of such behaviour(s) achieves a specific result, which they find rewarding. For instance, the behaviour may make unwelcome demands recede. Conversely it may be used to gain attention from others. Research recognises that such behaviours often form a pattern which is predictable and maybe managed by a consistent, specified response from adults. In line with recommended best practice in this area, all identified behaviours necessitating the use of Physical Intervention should be formally risk assessed and a positive behaviour plan drawn up in line with the staged Intervention process. Standard forms and completed exemplars are given in Appendix 3.



The use of Physical Intervention must always be considered under the related headings of Risk Assessment and Risk Management. There are two time frames involved as indicated below.

■ **Longer term**

In terms of predicting challenging behaviour over the longer term, proactive (i.e. before it happens) assessment of risk is the cornerstone of good practice. It is also a legal obligation under the Health and Safety Regulations. As a general rule, schools/centres should:

- explore why children/young people behave in ways that pose risk;
- try to understand the factors that influence the behaviour;
- recognise the early warning signs that indicate that the child's/young person's behaviour is beginning to escalate;
- develop the skills to manage difficult situations competently and sensitively.

Risk Assessment must be a continuous process which seeks to inform staff and promote the safe management of risks which may be inherent in the workplace and in the school's/centre's population. Risk assessments have a limited shelf life and must be regularly re-assessed to ensure that changes in circumstances and personnel are taken into account. Systematic risk assessment should be carried out at least annually.

It is the responsibility of the Head to ensure that Risk Assessments are fully implemented in respect of identified children and young people. For further information refer to the Health and Safety Section on Glasgow Online:

[www.goglasgow.org.uk/Pages/Show/309](http://www.goglasgow.org.uk/Pages/Show/309)

Whilst these guidelines offer a general framework they must be translated into effective procedures. This will require assessment, planning and the development of behavioural management strategies in respect of individual child and young people and the specification of suitable methods of Physical Intervention for specific children and young people or groups of children and young people who are identified by the risk assessment process.

**Staff have a personal responsibility to familiarise themselves with, and to observe these guidelines.**

■ **Immediate situations**

When dealing with **any** crisis, the process of risk assessment may involve a need to make quick decisions on how best to intervene.

When considering whether to employ a Physical Intervention staff must consider the degree of risk involved and the likely outcomes. Key issues that should be rehearsed with staff on a regular basis include the following:

- would the outcome be any worse if I chose not to intervene?
- are there alternative methods of resolving the situation?
- is the use of force justified?
- are there specific Interventions that should not be used with the child/young person?
- will Physical Intervention make the situation better or worse?
- is assistance necessary and/or available?
- am I capable of implementing a Physical Intervention safely?
- what are the hazards in the environment?
- if I employ a Physical Intervention what happens next?

## 5. Implementation of policy and practice in Physical Intervention

■ **Additional support for learning schools/centres only**

Some children's and young people's behaviour presents an increased probability of Physical Intervention being employed. These children and young people should be identified through the process of risk assessment. The Headteacher is responsible for ensuring that all such children and young people have an individual positive behaviour plan and that all staff are familiar with it.

In situations involving hostile aggression, the greatest risk is likely to be at the moment when staff move forward to initiate contact. In such crisis situations it is impossible to prescribe the exact method of Intervention - since much will depend on the location and circumstances. However, staff should always try to employ the underpinning safety principles of the intervention technique.

Throughout the application of a restrictive Physical Intervention, the level of the child's/young person's distress must be constantly monitored. All such Interventions should be timed and de-escalated as soon as possible.

- The positive behaviour plan should include the following features:
  - situations in which disruptive behaviour is likely to occur;
  - the level of risk that the behaviour presents;
  - staff responses likely to assist and/or impede the process of de-escalation;
  - any pre-disposing risk factors (e.g. medical conditions etc.);
  - any known patterns of behavioural arousal;
  - the minimum number of staff required for any Physical Intervention;
  - the technique(s) to be employed.
- The head should co-ordinate an environmental audit of their school/centre and ensure that processes are in place to maintain a safe environment. Staff should engage positively with their responsibility to maintain a safe environment.
- The Head of School/Centre is responsible for the development of additional guidelines tailored to the specific needs of the school/centre.  
Among the areas covered should be:
  - the balance of staff teams;
  - the procedures and techniques to be adopted when employing Physical Intervention;
  - maximising the safety of the school/centre environment;
  - the identification of staff training needs;
  - the provision of practice opportunities;
  - the monitoring, auditing and reporting of Physical Interventions.
- The parents/carers of all children and young people assessed as likely to require the use of repeated Physical Interventions should be consulted. Whilst such consultation is intended to promote collaboration and the promotion of acceptable behaviour it should be noted that the withholding of parental/carer approval should not prevent staff intervening in those situations in which Physical Intervention is a legitimate response.
- The use of Physical Intervention should be continually monitored and audited. Where repeated Physical Interventions are necessary with a specific child or young person the behavioural management strategy should be subject to regular review.
- Staff are responsible for familiarising themselves and complying with the measures

outlined in the Wellbeing Assessment and Plan, behaviour plans and risk assessments. Skills in implementing Physical Intervention should be maintained through practice with colleagues otherwise these will decline. In situations of foreseeable risk this may impede the safe use of Physical Intervention techniques. Staff are responsible for maintaining their skill level by accepting the practice opportunities made available. The senior management team in each establishment is responsible for the maintenance of staff training records.

- **Staff in mainstream schools**

Staff are responsible for familiarising themselves and complying with the measures outlined in behavioural management plans.

- Unless the situation is judged to present a clear and imminent danger of harm, staff should not attempt to employ Physical Intervention without assistance.

In dealing with the specific instance of children or young people fighting, staff should always assess the level of presenting risk before intervening.

- **Incident Management**

As a child or young person gets increasingly angry/emotionally aroused their ability to comprehend language decreases in direct relationship to their emotions. It is very important therefore not to further add to the child or young person's distress and confusion by using complex language which might convey negativity. Language should be kept to a minimum and be softly spoken.

In all circumstances staff should communicate effectively and with sensitivity before intervening. One person should take the lead and talk to the child and communicate with other staff. Excessive staff numbers can increase the level of perceived threat for the child/young person, as can a number of staff talking simultaneously. Staff must employ the lowest level of Intervention commensurate with the safe management of the situation and de-escalate as soon as it is safe to do so. Knowledge of individual child/young persons should inform the exact measures used to defuse situations. The child/young person should be given every opportunity to terminate the behaviour and be presented with alternative courses of action.



## 6. Recording and Reporting procedures

- Incidents of challenging behaviour constitute potentially harmful situations and as such require to be documented and assessed in order to determine the risks associated with their safe management.
- *For additional support for learning schools/centres only (where staff have been appropriately trained)*  
Recording the anticipated and actual use of restrictive Physical Intervention is necessary for a number of different purposes;
  - compliance with statutory requirements, including Health and Safety;
  - monitoring of the child/young persons' progress and welfare;
  - quality assurance and the identification of training needs;
  - risk assessment and management;
  - audit of the use of Physical Intervention at both school/centre and authority level;
  - compliance with best practice guidance<sup>3</sup>.
- Employees have a legal obligation to report identified risks. It is the duty of individual establishments to ensure that there are procedures in place that allow and encourage staff to openly express concerns in relation to the child/young person behaviour. The extent of the problem can then be identified by systematic recording and a risk assessment carried out as appropriate as well as updating the child's/young person's Wellbeing Assessment and Plan.  
The risk assessment plan for additional support for learning schools/centres will include the following content:
  - Situations in which disruptive behaviour is likely to occur.
  - Situations in which disruptive behaviour is less likely to occur.
  - Staff responses likely to assist and/or impede the process of de-escalation.
  - Any pre-disposing risk factors (e.g. medical conditions etc).
  - Any contra indications for the use of Physical Interventions.
  - Any known patterns of behavioural triggers.
  - The minimum number of staff required for any Physical Intervention.
  - The technique(s) to be employed.

The risk assessment plan for mainstream schools will include the following content:

- Situations in which disruptive behaviour is likely to occur.
  - Situations in which disruptive behaviour is less likely to occur.
  - Staff responses likely to assist and/or impede the process of de-escalation.
- The use of Physical Intervention must always be reported as quickly as practicable (within 24 hours if possible) by the person(s) involved in the incident. The report should be sufficiently detailed and contemporaneous to help prevent any misunderstanding or misinterpretation of the incident, and it will be referred to should there be a complaint. Violent incidents must also be reported to Health and Safety using the online reporting system:  
[connectorig.glasgow.gov.uk/WorkingforUs/Health\\_Safety/Health\\_and\\_Safety/HealthAndSafetyIncidentReport.htm](http://connectorig.glasgow.gov.uk/WorkingforUs/Health_Safety/Health_and_Safety/HealthAndSafetyIncidentReport.htm)
  - A debriefing opportunity must be offered to both staff and child/young person involved in the incident [See Section 7].
  - Parents/Carers should be informed of significant violent incidents or incidents involving Physical Interventions at a level that is recorded (see Management Circular No. 8). Where a pattern of incidents involving their child is emerging they should also be informed. In both instances parents/carers should be given the opportunity to discuss such an incident or pattern with the school/centre. The school/centre should maintain a record of these contacts with parents/carers in pastoral notes.
  - For additional support for learning schools/centres where Physical Intervention may be used this must be included in the School Handbook. Parents/Carers should be made aware of the policy on the use of Physical Intervention in the school/centre. The following statement is suggested for this purpose:  
*"When school/centre staff are exercising their duty of care within the framework of the law and GlasgowCity Council Education Services Guidelines, situations may arise which involve the use of Physical Intervention. Only staff trained within the context of the guidelines will be involved in the use of Physical Intervention techniques."*

<sup>3</sup> Holding Safely: A guide for Residential Child Care Practitioners and Managers about Physically restraining Children and Young People [SIRCC, 2005]  
Safe and Well: A handbook for staff, establishments and education authorities [Scottish Executive, 2005]  
Code of Practice for the use of Physical Interventions - 2nd edition [BILD, 2006]

## 7. Operational debriefing

As recognised in *'Holding Safely'*, a handbook for staff, schools/centres and education authorities, it is best practice that both staff and children/young people are offered the opportunity of a debriefing session following an incident that involves the use of Physical Intervention. This is seen as part of the duty of care of a Head to staff.

- Debriefing is not a simple or a stand-alone solution, but is part of a supportive, no blame culture. It offers the employee the opportunity to discuss the incident in a safe controlled environment. There is a need to promote comfort, and ensure the individual has a non-judgemental environment to reflect on the incident and its' effect on them.
- It is essential that the aims of a de-briefing session are specific and openly stated. Those involved in debriefing should be sensitive to emotional distress.
- The timing of the debriefing should take place between 24-48 hours after the incident. Any sooner and the memory of the incident might be impaired by cognitive disruption. However Senior Managers should be sensitive to the needs and circumstances of individual staff members and also take account of the timing of the incident. If it occurred just before a weekend or holiday then it might be advisable to *"debrief"* before the member of staff leaves the premises.
- Where staff members are reluctant to undertake a debriefing session, alternative arrangements to help deal with the emotional and/or physical reaction of the staff member must be offered. These might include the debriefing session being conducted by a different staff member, or a representative from Care First, etc.
- One of the key aims is to maximise learning for the individual and the establishment with a view to improving practice. Any implications for operational practice that emerge from a debriefing session should be discussed at a later date.
- In the case of a child/young person debriefing session - the same criteria and aims will apply with the additional one of attempting to get the child/young person to recognise/accept responsibility for his actions. See Appendix 4.

## 8. Complaint procedures

The response to complaints regarding any aspect of school/centre practice should be in line with current Council guidance. As part of best practice, the procedures should be explained in the School Handbook, Staff Handbook and displayed in a prominent common area of the school/centre.

## 9. Review

These guidelines will be subject to regular review and update by the Physical Intervention Strategy Group.

## Appendix 1: Legislation and Guidance

*“The term Physical Intervention is, as it suggests any method of intervening physically with a young person in order to resolve an unsafe situation...”*

*Lindsay and Hosie (2000), page 11*

The use of Physical Intervention involves important legal and ethical considerations. Glasgow City Council Education Services recognise that all Physical Interventions used by staff must:

- employ the minimum level of force;
- take place for the least amount of time;
- cannot be used to force compliance (unless refusal to comply would lead to safety being compromised and possible injury).

It is important to note that it is a criminal offence to use physical intervention, or to act in a way that leads another person to use force (e.g. by raising a fist or issuing a verbal threat), unless the circumstances give rise to a “lawful excuse” or justification for the use of physical intervention. Such justification may be to prevent an injury to oneself or to others or to prevent serious damage to property. In these circumstances, reasonable physical intervention may be used. The degree of physical intervention employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent. Justification also includes the right of every citizen to “self-defence”. The level of physical intervention used in any instance must be appropriate for the circumstances or risk presented, to be justified in court.

### Duty of Care

All members of staff with Glasgow City Council Education Services have a Duty of Care which requires them to take reasonable steps to prevent injuries (physical and psychological) to young people and staff. Damage to property should only be considered as relevant justification for the use of Physical Intervention when such damage to property could endanger people’s lives or result in serious injury.

### Health and Safety Legislation

Leadbetter and Trewarton (1995) stated that “Employers have to give equal priority to the safety of staff and service users”.

Glasgow City Council Education Services has a legal obligation to ensure the safety of its staff and its service users through the 1974 Health and Safety at Work Act.

This includes:

- ensuring safe workplace practices;
- carrying out risk assessments and taking appropriate action to eliminate risks;
- providing appropriate information, instruction, training and supervision for staff;

Whilst the legal liability of health and safety laws remain with the Council each Headteacher/Manager is responsible for day to day management of all health and safety measures as they relate to the school/centre.

All employees are expected to co-operate in the implementation of the Council’s Health and Safety Policy by:

- Acting in the course of their employment with due care for their own safety and that of others, who may be affected by their acts or omissions at work.
- Co-operating, so far as is necessary, to enable the Council to perform any duty or comply with any requirements, as a result of Health and Safety legislation.
- Use correctly all work items provided by the Council.

### Standards in Scotland’s Schools Act (2000)

Making a decision regarding the use of Physical Intervention raises staff anxiety and may lead to a failure to act. However staff have a duty of care to children and young people in their charge and in some circumstances, failure to intervene, could be viewed as negligence. Section 16 of this Act states: “Corporal punishment shall not be taken to be given to a pupil by virtue of anything done for reasons which include averting:

- (a) An immediate danger of personal injury to: or
- (b) An immediate danger to the property of, any person (including the pupil concerned)”.

This infers that a Physical Intervention by a staff member for one of the above reasons is permissible.

### Human Rights Law: The Human Rights Act 1998

This act is legally enforceable and establishes important protection from abuse. Article 3 of the European Convention on Human Rights prohibits inhumane and degrading treatment.

Any inappropriate or unjustified restraint may fall into this category as well as being dealt with through criminal and civil law.

### **United Nations Convention on the Rights of the Child (1989)**

United Nations Convention on the Rights of the Child gives in Article 19 children and young people the right to be free from all forms of violence. Article 37 puts this responsibility on governments who must do everything to protect children and young people from torture or other cruel, inhuman or degrading treatment or punishment.

### **The Children and Young People Act (2014)**

This Act became law on 19 March 2014.

The aims of this legislation are:

- To help the Scottish Government achieve its ambition to make Scotland *“the best place in the world to grow up”*.  
*(Scottish Government, 2012)*
- To strengthen children and young people’s rights, as described in the United Nations Convention on the Rights of the Child.
- To improve and expand the services that support and protect children and families, including looked after children.

Part 18 (2) of the Act defines wellbeing and states that the role of professionals is to assess the

wellbeing of the child or young person by reference to the extent to which the child or young person is safe, healthy, achieving, nurtured, active, respected, responsible and included.

Through this consistent focus on the wellbeing of children and young people by all agencies the Scottish Government are focused on *“Getting it right for every child”*.

### **Guidance - Holding Safely (2005)**

Holding Safely was produced to guide managers and staff in residential child care settings. It noted that damage to property might not always result in Physical Intervention.

“...You may only restrain a child when it is the only practicable means of securing the welfare of that child or another child and there are exceptional circumstances. You must reasonably believe that:

- *A child will cause Physical harm to themselves or another person.*
- *A child will run away and put themselves or others at serious risk of harm; or*
- *A child will cause significant damage which is likely to have a serious emotional effect or create a Physical danger”.*

## Appendix 2: Training Systems in Physical Intervention and Staff Training

The recent publications supported by the Scottish Government:

- Holding Safely - A guide for Residential Child Care Practitioners and Managers about Physically restraining Children and Young People [2005].
- LNCT Circular 8 and 14 Physical Intervention policy
- Children and Young People (Scotland) Act 2014

The British Institute For Learning Disabilities (BILD) Code of Practice for Trainers in the Use of Physical Interventions (Section 3.4) exemplifies criteria for techniques to comply with legal requirements as defined in *“Physical Intervention and the Law”* [BILD 2004].

Glasgow City Council engages training organisations that are accredited by BILD.

Literature suggests that where staff training is introduced as part of an integrated package of measures, it can act to increase staff confidence and widen the range of de-escalation strategies employed. Consequently, the number of situations requiring Physical Intervention is likely to decrease. All staff, identified through the process of risk assessment and training needs analysis, as coming into contact with challenging behaviour will be offered appropriate training in managing critical incidents including Physical Intervention techniques. These particular aspects will form a part of an integrated programme which will incorporate the legal framework, the role of the establishment, de-escalation, staff support etc. in accordance with Health and Safety at Work Act 1974.

Training will be provided under the aegis of the authority. Head teachers are responsible for conducting the risk assessment and training needs analysis. Need for all additional support for learning schools/centres to have training based on risk assessments. Support and training is provided for this by Health and Safety Officers and Crisis and Aggression Limitation and Management Development Officer.

Any staff unsure about their fitness to undertake training in the techniques of Physical Intervention will be expected to undertake those aspects of training (school/centre/agency based) that focus on underlying principles and legal aspects. This will ensure all staff are aware of best practice and will promote a whole school/centre approach.

If a member of staff has any concerns relating to health and fitness to practice then this should be mentioned to and evidenced by the Headteacher. Where appropriate staff should be withdrawn from duties and Occupational Health/General Practitioner consulted. Excepting emergency, only staff currently accredited in the use of training systems approved by the authority will be expected to implement Physical Intervention in situations where this is required. However, all staff will be expected to support the procedures outlined in the child and young persons' behaviour management plans and the incident management and recording processes developed by the school/centre as required by all employees pertaining to *“Duty of Care”*.

At present, two training systems are employed by Glasgow City Council Education Services. These are: Crisis and Aggression Limitation and Management, and Therapeutic Crisis Intervention.

Following a review of these training systems it has been agreed by Education Directorate that Education Services will move towards Crisis and Aggression Limitation and Management being the only Physical Intervention approach that is used in designated establishments. The move from Therapeutic Crisis Intervention to Crisis and Aggression Limitation and Management is likely to take up to two years and a timescale will be drawn up by the Crisis and Aggression Limitation and Management Training Officer and existing Therapeutic Crisis Intervention Instructors in how this is achieved.

In co-located schools/centres (e.g. additional learning needs units, speech, language and communication needs units) where staff are Crisis and Aggression Limitation and Management trained the techniques that are required for staff will be reviewed and to ensure a consistent approach. Schools/Centres such as Middlefield School and Govan Language and Communication Resource will continue to use a wider range of Crisis and Aggression Limitation and Management techniques based on the level of need identified with each child/young persons Wellbeing Plan.

Enhanced Nurturing Provision, Greenview Learning Centre, Cartvale Secondary School and Westmuir High School will move from Therapeutic Crisis Intervention (where most staff are trained) and will be trained in low level movement techniques such as Turning and Guiding, Comfort Hold and Secure Comfort Hold. Higher level holds will not be considered unless there was clear evidence that these were required.

Ongoing “Quality Assurance” is fundamental to any system employed by the authority. Within any system there is an expectation that staff who have undertaken basic training will maintain, through regular practice, their level of skill which will be re-assessed on an annual basis. Quality Assurance and best practice determine the minimum number of training sessions in the selected Physical Intervention techniques to be once a month. This may be increased in response to the requirements of the school/centre.

In-house instructors/trainers will undertake regular/periodic courses as appropriate to maintain and extend their own skills. Where trained staff have moved on/retired it is an absolute necessity that additional staff be trained to replace staff. Continuity of managing training over all additional support for learning schools/centres is imperative.

There is also an expectation that all establishments employing these systems will maintain appropriate

records and will provide summary information for the authority, as requested, on an annual basis.

The role of in-house instructors/trainers is set out in separate documentation which specifies their contribution to the authority’s programme as well as that of their own school/centre.

Where schools or centres have no trained instructors it is the responsibility of the Head of School/Centre to inform the Crisis and Aggression Limitation and Management Development Officer or another Crisis and Aggression Limitation and Management trained instructor that there is a requirement that training should be overseen at least twice per term by an external instructor.

Where no in house instructor is present in a school or Unit staff should still continue to practice and have this recorded. Any support in respect of needs of training and competency will be addressed by visiting instructor to continue to maintain competency levels.

### Level of training by school/centre

Type of School/Centre	Staff PI Trained	Additional Training
<b>Mainstream</b>		
Early Years	No	No
Primary	No	No
Secondary	No	No
<b>Language and Communication Resource</b>		
Primary Co-located	Yes Low Level	De-escalation
Secondary Co-located	Yes Low Level	De-escalation
Middlefield School	Yes	
Govan Language and Communication Resource	Yes	
<b>Enhanced Nurturing Provision</b>		
Enhanced Nurturing Provision	Yes Low Level	De-escalation
<b>Social, Emotional and Behavioural Needs</b>		
Primary	Yes	
Secondary	Yes	
<b>Complex Learning Needs</b>		
Primary	Yes	
Secondary	Yes	
<b>Additional Learning Needs</b>		
Primary Co-located	No	De-escalation
Secondary Co-located	No	De-escalation
Primary	Yes	
Secondary	Yes	



## Appendix 3: Risk assessment examples and online reporting

Risk assessment examples:

[www.goglasgow.org.uk/content/UserGenerated/file/GO%20Health%20Safety/ASN-Risk%20Assessment.pdf](http://www.goglasgow.org.uk/content/UserGenerated/file/GO%20Health%20Safety/ASN-Risk%20Assessment.pdf)

[www.goglasgow.org.uk/content/UserGenerated/file/GO%20Health%20Safety/Generic%20Risk%20Assessment\(1\).pdf](http://www.goglasgow.org.uk/content/UserGenerated/file/GO%20Health%20Safety/Generic%20Risk%20Assessment(1).pdf)

[www.goglasgow.org.uk/content/UserGenerated/file/GO%20Health%20Safety/Updates%20May%202014/Blank%20Risk%20Assessment%20\(2014\).doc](http://www.goglasgow.org.uk/content/UserGenerated/file/GO%20Health%20Safety/Updates%20May%202014/Blank%20Risk%20Assessment%20(2014).doc)

Online reporting link:

[connectorig.glasgow.gov.uk/WorkingforUs/Health\\_Safety/Health\\_and\\_Safety/HealthAndSafetyIncidentReport.htm](http://connectorig.glasgow.gov.uk/WorkingforUs/Health_Safety/Health_and_Safety/HealthAndSafetyIncidentReport.htm)

# Child/Young Person Debriefing Form



PLEASE USE BLACK INK AND BLOCK LETTERS

**THIS FORM IS TO BE FILLED IN, PREFERABLY COMPLETED WITHIN 24-48 HOURS OF THE INCIDENT OR AS SOON AS IS PRACTICABLY POSSIBLE.**

**Discussing the incident with the child/young person. (If you require any additional paper make sure it is properly attached and referenced as appropriate, if additions are used then mark number of sheets used)**

**This meeting should be conducted by a member of staff not involved in the incident. Both the wrong doer and the harmed person should be prepared by going through the questions separately before being brought together for a restorative meeting.**

<b>1</b>	<b>DETAILS</b>
	Name of Child/Young Person
	Date of discussion
	Debriefing conducted by
	All parties involved

<b>2</b>	<b>CHILDS/YOUNG PERSONS UNDERSTANDING OF INCIDENT</b>
	Tell me what happened?

<b>3</b>	<b>CHILDS/YOUNG PERSONS POINT OF VIEW</b>
	What were you thinking at the time?
	What do you think about it now?

<b>4</b>	<b>CHILDS/YOUNG PERSONS UNDERSTANDING OF OTHERS</b>
	Who was affected? Staff, Children/Young People?

<b>5</b>	<b>POINTS OF REFLECTION</b>
	How were you affected?

**6 FUTURE UNDERSTANDING/BEHAVIOUR**

What would create a more positive outcome?

**7 EXPLORING PLANNING OPTIONS TO RESOLVE FUTURE BEHAVIOUR/ADDITIONAL SUPPORT MANAGEMENT**

Staff involved: (Educational Psychologist, Social Work Services, Senior Management Team, Parent/Carer etc.)  
*Offer a Restorative meeting with the person who has been harmed and repeat the process with them*

**8 The information contained in this form is confidential and due to the supportive nature of debriefing should not be shared with other parties unless supported by the child/young person.**

Does the child/young person wish for this information to be shared:  YES  NO

Checklist for offered support if relevant. Please tick if offered and/or undertaken

Doctor

Pastoral Care

School Chaplain

Family Member

Other

Child/Young Person has received a copy of this Debriefing Form:  YES  NO

Additional information if required:

# Staff Debriefing Form



PLEASE USE BLACK INK AND BLOCK LETTERS

**THIS FORM IS TO BE FILLED IN, PREFERABLY COMPLETED WITHIN 24-48 HOURS OF THE INCIDENT OR AS SOON AS IS PRACTICABLY POSSIBLE.**

**Discussing the incident with the member of staff. (If you require any additional paper make sure it is properly attached and referenced as appropriate, if additions are used then mark number of sheets used)**

**This meeting should be conducted by a member of staff not involved in the incident. Both the wrong doer and the harmed person should be prepared by going through the questions separately before being brought together for a restorative meeting.**

<b>1</b>	<b>DETAILS</b>
Name of Member of Staff	
Date of discussion	
Debriefing conducted by	
All parties involved	
<b>2</b>	<b>MEMBER OF STAFFS UNDERSTANDING OF INCIDENT</b>
Tell me what happened?	
<b>3</b>	<b>MEMBER OF STAFFS POINT OF VIEW</b>
What were you thinking at the time?	
What do you think about it now?	
<b>4</b>	<b>MEMBER OF STAFFS UNDERSTANDING OF OTHERS</b>
Who was affected? Staff, Children/Young People?	
<b>5</b>	<b>POINTS OF REFLECTION</b>
How were you affected?	

**6 FUTURE UNDERSTANDING/BEHAVIOUR**

What would create a more positive outcome?

**7 EXPLORING PLANNING OPTIONS TO RESOLVE FUTURE BEHAVIOUR/ADDITIONAL SUPPORT MANAGEMENT**

Staff involved: (Educational Psychologist, Social Work Services, Senior Management Team, Parent/Carer etc.)  
*Offer a Restorative meeting with the person who has been harmed and repeat the process with them*

**8 The information contained in this form is confidential and due to the supportive nature of debriefing should not be shared with other parties unless supported by the member of staff.**

Does the member of staff wish for this information to be shared:  YES  NO

Checklist for offered support if relevant. Please tick if offered and/or undertaken

Doctor

Occupational Health

Colleague

Other

Member of staff has received a copy of this Debriefing Form:  YES  NO

Additional information if required:

## References

### **Code of Practice for the use of Physical Interventions: 2nd edition**

*BILD, 2006*

### **Holding Safely: A guide for Residential Child Care Practitioners and Managers about Physically restraining Children and Young People**

*SIRCC, 2005*

### **The Edinburgh Inquiry - Recommendation 55: The Independent Evaluation Report**

*The University of Strathclyde and the former Centre for Residential Childcare*

*Lindsay, M., & Hosie, A (2000)*

### **Leadbetter and Trewartha (1995) cited in Report on the use of Physical Intervention across Children's Services**

*Di Hart and Steve Howell, National Children's Bureau, 2004*

### **Safe and Well: A Handbook for staff, schools and education authorities**

*Scottish Executive, 2005*

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