



## **Parkfield Community School**

### **Policy to clarify the Use of Withdrawal, Time Out and Seclusion**

This Policy incorporates Physical Intervention, Positive Touch, Physical Contact and Restraint.

#### **Introduction**

This policy has been prepared following consultation with relevant members of staff and was adopted by the Governing Body. The responsible person for the implementation of the policy is Hazel Pulley. The policy will be reviewed as and when needed by the Head Teacher and the Governing Body.

The policy takes cognisance of relevant legislation, regulations and guidance, including the most recent examples from the Department for Education, Department of Health and the Health and Safety Executive. .

This policy has been prepared in order to support all staff that will come into contact with children and for volunteers/work place students working within the school to explain the school's arrangements for care and control. The purpose is to give staff the confidence to act in the best interests of the child. This policy should be made available to parents and pupils upon request. Within this policy there will be references to the most current government guidance and legislation and a glossary.

#### **Duty of Care**

All staff have a duty of care towards the children they look after, their colleagues and others, both at common law and under Health and Safety Legislation. They have a responsibility to familiarise themselves with policies and risk assessments **and pupil profiles**, and to participate in any training which has been deemed necessary to assist them in the performance of their duties. They should look out for obvious hazards and reduce foreseeable risks wherever possible.

The Children Act 1989 makes clear that in any decision involving a child the paramount consideration must be the child's welfare. For that reason staff need to carefully consider what is in the best interest of the child, both in the short term and the longer term. It would require a court to determine that the child's welfare was the paramount consideration.

Staff members' duty of care towards the children in their care and others may, on occasions, require them to balance, often competing, interests of a particular child with those of others who may be affected by that child behaviour.

Staff should therefore act in the best interests of both the child and those of others in the school and the use of reasonable force may be required to achieve this. Parkfield Community School acknowledges that physical interventions which use varying degrees of reasonable force are only a small part of a whole setting approach to behaviour management.



Every effort will be made to ensure that all staff in this school:

- Understand their responsibilities in the context of their duty of care.
- Understand that the paramount consideration is the welfare of the individual child.
- Understand that 'reasonable' force means that it is necessary and proportionate, i.e. that no more force than is needed is used.
- Are provided with appropriate training to manage risk and this training is maintained at an appropriate level.

## Legal Justification

Section 93 of the Education and Inspections Act 2006 prescribes the circumstances in which use of reasonable force may be lawfully used in relation to a pupil, namely where its use is intended to prevent a pupil from doing (or continuing to do) any of the following:

- Self-injuring.
- Causing injury to other children, staff, parents and visitors.
- Causing damage to property.

Staff should be aware that reasonable force should only be used when no other effective alternatives are available.

## Identifying hazards and making risk assessments

It is essential to make risk assessments when considering the use of reasonable force. Staff should balance the risk of taking action against the risk of not taking action. The Health and Safety Executive (HSE) has developed a 5 step approach to risk assessment. This can easily be applied to situations where staff need to make a decision whether to use de-escalation or physical contact,

1. Look for hazards.
2. Decide who might be harmed and how
3. Evaluate the risk and decide on the necessary and proportionate action.
4. Record your findings.
5. Review and revise if necessary.

It is not always possible to predict all risks relating to a specific behaviour of a child. When an unforeseeable risk presents itself a "dynamic risk assessment" can be used to support staff in conducting a quick risk assessment and then act in the best interests of both the child him or herself and those of others in the school. Once a risk has been identified or if the risk is already known then a planned risk assessment needs to be put in writing (**Positive Handling Plans**). If physical touch or restraint is required a Risk/Restraint Reduction Plan needs to be recorded by staff who work closely with the child using their knowledge of the child's behaviour and the environment they are working in.

The Health & Safety Executive is keen to stress that risk assessment is a simple process. It should focus on the most likely and serious risks. Formal risk assessments should be clear and concise so that staff can recall useful information. Information should be explicit and honest. Parents need to be informed and involved with this process as they need to be notified of why and how reasonable force is being used in the best interests of their child. Where possible the child's views should be sought and included in the risk assessment.

Assistance can be sought from other members of staff to help reduce the risk. Physical intervention is seen as a proactive response to meet individual pupil needs and any such measures will be most effective in the context of the overall ethos of the school, the way that staff work together as a team, share their responsibilities and the holistic behaviour management strategies that are used.

Consideration must be given to clarify the distinction between:

- **Withdrawal:** this term is used when removing the person from a situation which causes anxiety or distress, to a location where they can be continuously observed and supported until they are ready to resume their usual activities.
- **Time Out:** As a term “time out” properly describes a behavioural intervention that restricts a child’s access to the curriculum of their setting. Time out is usually implemented as part of the child’s Individual behaviour Support Plan or a specific behavioural target, and is used in conjunction with other behaviour interventions. Importantly, the use of time out is not contingent on placing a person in a specific room.
- **Seclusion:** the term used where a child is forced to spend time alone against their will in a room or restricted space which they cannot leave. Seclusion of a child should only be considered as an emergency response and where it is in the best interests of the child.

It may be necessary for staff to consider other, alternative strategies before the above interventions are implemented.

It is important for staff to consider the differences between Seclusion and Time Out and to use the correct terminology.

### Identifying Withdrawal & Time Out:

- Does the child access the room or space voluntarily and the member(s) of staff closely support and monitor the child?
- Is the child accompanied by a staff member(s) when withdrawn to a specific environment to implement time out?
- Can the child leave that space or room independently? Do they know how to leave the area or room they are in?
- Is the use of Time Out part of an agreed positive behavioural support plan that suggests ways of reducing the use of time out with the child and is assessed by those staff involved?
- Can the Time Out strategy be implemented outside of the area where the child is normally educated?

***If the answer to each of the above questions is ‘Yes’, then it is likely this would be considered to be a Withdrawal and/or Time Out strategy.***

### Identifying Seclusion:

- Is the child left on their own in a room or space?
- Is the child unable to leave the room when they want to?
- Is the room only used for confining children?



***If the answer to each of the above questions is 'Yes', then it is likely to be Seclusion and may be illegal except in specific emergency circumstances.***

### **Rooms/Spaces used for Withdrawal and / or Time Out:**

Rooms or a space that may be considered or used for time out should be multi-use. Any such room or space must not be presented as a place of punishment but as one of support and reassurance. Children could use this room or space for a variety of reasons, such as working 1:1 with a staff member, a place to which children are allowed to go to be alone or to vent certain feelings, to access curriculum activities or work as part of a group activity.

It is important that any room or space is risk assessed to ensure that it is comfortable and safe. Attention to size, lighting, stimulation, windows, soft furnishings and staff supervision must be taken into account. Rooms need to be kept clean and presentable. All furnishings and fittings need to be robust and edges protected. Padlocks and locking mechanisms of any kind should be avoided. This may lead to allegations of false imprisonment and/or deprivation of liberty, which, other than in clearly defined, prescribed circumstances (such as a Court Order placing the child in secure provision), is illegal.

It is advisable to paint pictures or use photographs placed in the room or space that provide behavioural prompts and encourage positive memories and feelings. Key phrases or words can be painted or written on the walls to promote positive discussion and/or negotiation. The colour scheme of the room needs to be considered.

### **Reporting and Recording**

Whenever a staff member places a child in Time Out or Seclusion, a record of the incident needs to be kept. If a physical intervention is used to take the child to a place that either is considered to be Time Out or Seclusion then this needs to be recorded in a Bound and Numbered Book (this can be in the form of a hard-backed book, with numbered pages, retained by the Head Teacher), with additional notes explaining in a clear and accurate manner why the child was restrained and why it was considered necessary and reasonable to take that child to a Time Out space or Seclusion. It should be considered reasonable and good practice for staff to collaborate when recording an incident in order to ensure the most clear and accurate record possible. If staff do not agree on details of an incident, they should write separate reports. This is because the necessary and honest information is more likely to be recorded.

Records should normally be completed within 24 hours of the use of Time Out or Seclusion but the welfare of those involved takes precedence over paperwork. If this is not possible, the Head teacher needs to be informed as soon as possible of both the use of Time Out or Seclusion and the reason for the delay in recording the incident. Records should be kept for at least 25 years, although this period may need to be extended if the child concerned lacks capacity (in which case, the usual rules in relation to the limitation of legal actions do not apply).

After the review of the incident, a copy of the details will be placed on the pupil's file. Parents/carers of the child should be informed following the use of reasonable force. A record of this communication should be retained by the school. When a child has been secluded, there needs to be an open and honest discussion of why this was necessary and how further Seclusion can be avoided in the future.

A Health and Safety Accident/Incident Form will be completed and returned to the Authority in situations where injury has occurred to either members of staff or pupils. Where staff



have been involved in an incident, they should be given time to recover and have access to support such as counselling and debriefing.

The fundamental aspect of using Seclusion is that there was no other alternative intervention to prevent the child's behaviour causing serious harm to themselves and/or other children/adults. If a child is secluded repeatedly over a period of time, staff and managers are obliged to consider advanced Team Teach training, outside help from specific agencies and Alternative Provision.

### **Support for staff and children after a child is placed in seclusion:**

The Head Teacher will ensure that each incident is reviewed and take such action as is deemed necessary, for example:

- Reviewing the child's risk assessment, including the frequency of the use of Seclusion.
- Reviewing curriculum access.
- Reviewing staffing levels.
- Considering the Involvement of outside agencies.
- Reviewing provision.

The priority after a child is placed into Seclusion is to look after all of the people involved in the incident, not least the child him or herself.

### **Listening and Learning**

Any incident in which Seclusion or Time Out is used provides a teaching and learning opportunity for the child or young person concerned. Staff should try to explain the reasons for any use of seclusion to the level of understanding of the child. They should clearly distinguish between restraint, which is designed to keep people safe, and sanctions or consequences. Staff should reinforce simple messages:

- We hold children to keep them safe from harm.
- We hold children to prevent them doing something they will regret.
- We care about children too much to let them be out of control.

### **Complaints**

The availability of an accessible policy about reasonable force and early involvement of parents should reduce the likelihood of complaints but may not eliminate them.

All allegations will be investigated thoroughly; however, it is the responsibility of the person making the allegation/complaint to prove that the member(s) of staff involved in the incident acted inappropriately.

Parkfield Community School  
October 2015

To be reviewed October 2017



## Use of Calming Room

The calming room is a space that is used for a variety of activities which include one to one reviews, mentoring and multi-agency work.

At times, your child may choose to use this space to have time out in order to calm down, to have thinking time and to manage their feelings positively. Your child will always be supervised by an adult during these times.

On occasion, in order to keep your child, other children, adults and property safe, we may use the calming room to implement the team teach method of putting children into a safe hold. This procedure will be implemented and supervised by trained members of staff and you will be informed if your child is involved.

In rare and extreme circumstances, with the same safety considerations as above in mind, your child may be in the calming room on their own. In this situation your child will be supervised at all times by an adult standing at the other side of the unlocked door.

Name of parent/carer \_\_\_\_\_

I agree to the use of the calming room for my child \_\_\_\_\_ as stated above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Use of Quiet Room

- **Child to be supervised by an adult at all times, two adults to be available**
- **Team teach will be used to put child in a safe hold if necessary by fully trained adults in order to keep the child and/or others safe or to ensure property is not damaged**
- **If child wants to be left alone or it is not safe for an adult to be in the room, adults will supervise from outside and the door can be closed**
- **If the child pushes the door shut, adults will explain that the door is now closed from the inside but will be opened immediately by an adult when the child is ready to come out or for an adult to go in.**
- **At no point will the door be held closed by the handle from the outside.**