Norfolk County Council

NHS Norfolk

Handling Behaviours that Challenge

For children and young people who have Learning Disabilities or Difficulties including those with Autistic Spectrum Disorder.

A guidance to support the Norfolk Joint Services Positive Handling Policy and Toolkit.

every **child** matters

a **brighter future** for Norfolk's young people

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Preface

The Norfolk Children with Disability (CWD) Project Board commissioned the original policy and subsequent documentation in the development of a shared approach to fulfilling the care needs or children and young people with complex and challenging needs.

The formation of a multi-agency group was seen as a way to develop county-wide policy and guidance for all involved agencies.

Following the brief of the CWD Project Board:

A report was produced in July 2003 by Alison Plumb (Norfolk County Council (NCC) Development Officer CWD) - work which was supported by the Physical Intervention Working Group (now the Positive Handling Group) – which refers to multi-agency working in respect of children and young people who have a learning disability with complex and challenging needs. This provided the groundwork for the development of a multi-agency policy – to inform the work of NCC and it's partnership organisations.

Key Issues have been:

- Different approaches in different settings: consistency versus variability.
- Lack of common language.
- Consistent recordings and documentation.
- Staff training was fragmented and approaches varied across settings.
- Each child/young person has the right to a consistent approach to his/her care in whatever environment he or she is in e.g. school, home, short breaks, foster care, and residential care.

We hope this will support the implementation of your agency/service practice in respect of responding to complex and challenging behaviours including those that might require restrictive physical intervention.

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Executive Summary

The Norfolk Joint Services Positive Handling Group are a multi-agency body of experienced practitioners and managers in the field of children and young people with complex, challenging needs and learning disabilities or difficulties. They have developed this document to support and safeguard children and young people, parents and carers, and staff and managers who are responsible for such children and young people's care and well-being.

The intention of this document is to provide Norfolk agencies with guidance on the circumstances in which:
a) management of behaviours by non-restrictive means, and
b) physical restraint, may be appropriately used, the procedures that should be in place and the techniques which are considered to be suitable. It is vitally important that staff, children, young people and parents/carers understand these procedures and the context in which they apply.

Supporting the management of challenging behaviours can pose difficulties for any agency. This is especially so when a feature of this might involve behaviours that require restrictive physical intervention (restraint). Organisations seek to support good practice, but sometimes need to know how to tackle the subject and how to keep it in perspective. This guidance is an attempt to ask key questions and to provide references and examples of good, safe and positive practice. Furthermore, it is intended to ensure that staff are clear about their role when they are working with children in order that both their own rights and those of children are protected.

The document is guided by

- Legislation that came into force following the Education Act 2006, that supercedes the 1998 section 550A.This guidance is 'The Use of Force to Control or Restrain Pupils'. This national guidance establishes the powers of teachers and other staff who have lawful control or charge of children and young people to use reasonable force in order to prevent children committing a crime, causing injury or damage, or causing disruption. This guidance builds on this particular section of the 2006 Act as a support to schools, services and staff throughout the Education Service who are working with children and young people.

- DfES/DoH 2002, developed specifically for 'Children and Adults with Learning Disabilities and/or Autistic Spectrum Disorders.

- Codes of Practice for Social Care Workers and Social Care Employers 2002 are of binding legislative effect and impose very high standards of care on both workers and employers, in particular the duty of employers to 'provide training and development opportunities' and the duty of the employee to 'undertake relevant training to improve their knowledge and skills'.

In this document, the Positive Handling Group describes physical restraint in accordance with DOH Circular 4/93, namely: the positive application of force with the intention of overpowering the child. The proper use of restraint requires skill, judgment and knowledge of non-harmful methods of control. In an attempt to promote inclusive opportunities, it is strongly recommended that providers produce Positive Handling Policies that provide a transparent outline of all levels of physical interaction with their children and young people.

The risk of improper conduct towards a child or young person needs to be minimised in order that the staff may act appropriately in difficult circumstances. The guidelines support the need for physical restraint as one of the strategies available for the management of challenging behaviour.

Where a team undertakes the management of children and young people, whether in a residential or school setting, it is essential to develop a set of procedures. These should be aimed at preventing violence and aggression and include learning about complex emotions including anger and frustration.

Irrespective of whether incidents occur during work with individuals or groups of young persons, early emphasis should be on managing the incident through non-physical, non-threatening strategies. Only in the event of the failure of clearly defined protocols to bring control to the situation, or imminent danger to persons, should physical restraint be considered.

Strategies which inform young people of their behaviour, offering alternative outcomes, should be developed over time so that they become an integral part of the behaviour of adults providing support.

Establishments should have a set review process for incidents where physical restraint has taken place. For most this could be part of their normal procedures for recording and reviewing incidents.

Staff should have regular training on knowledge, skills and values for the management of anger, restraint and post restraint action. Services should also deliver training for all staff so that their awareness is raised, even if they are not authorised to control or restrain children or young people. The Norfolk preferred approach is Team-TEACH.

The responsible manager should ensure that all authorised staff are appropriately trained and understand and accept the responsibility of their role in the use of reasonable force to control or restrain a child or young person. It is advisable that training should be available for all staff and embrace a whole establishment approach. Clearly the amount of training will depend on the level of need of the children and young people.

Discussed throughout the policy and guidelines are essential pieces of documentation, which are needed to record/report incidents, actions and planning. These should be used in respect of maintaining good practice, monitoring efficacy and practice, evaluation of same and shared approaches for all agencies. Common paperwork and language in multi-agency settings will achieve consistency of approach to a child or young person, prevent duplication and provide accurate personal pictures for moving through services and staff changes. The sample documents provided are a comprehensive toolkit in respect of handling behaviours that challenge:

- Norfolk Joint Services Policy on Positive Handling Strategies
- Audit tool
- Checklist for establishments
- Flowchart for Use of Reasonable Force
- Comprehensive Risk Assessment Planning and notes.

Joint services in Norfolk are committed to following Local Safeguarding Children Board Child Protection Procedures in order to ensure the welfare of all children and, therefore, this document has been subject to consultation with senior representatives of Children's Services and the police.

Introduction

Supporting the management of challenging behaviours can pose difficulties for any agency. This is especially so when a feature of this might involve behaviours that require restrictive physical intervention (restraint). However, positive contingent touch (incidental or dependent touch e.g. guiding, shaking hands sensitive to culture) also poses difficulties in a culture where local authorities are increasingly susceptible to allegations of abuse and claims for negligence. Organisations seek to support good practice, but sometimes need to know how to tackle the subject and how to keep it in perspective. This guidance is an attempt to answer key questions and to provide references and examples of good, safe and positive practice.

Vision

An organisation needs to have a clear vision about what it is intending to achieve. The Norfolk vision for children and young people is:

We believe that all children and young people have the right to be healthy, happy, and safe; to be loved, valued and respected; and to have high aspirations for the future.

These are taken from "Every Child Matters". A more extended version specifically related to children with disabilities can be found in Appendix 1

The Norfolk inclusion statement is another important driver for our work:

The process of taking necessary steps to ensure that every young person is given an equality of opportunity to develop socially, to learn and to enjoy community life.

As a County we want to ensure that, we have fully discharged our duty of care to our clients and employees.

Objectives

Having established a vision as above, services can formulate plans containing defined objectives, for example:

- To provide guidance and a model policy that steers and facilitates good practice in the area of restrictive physical intervention.
- To develop training skills in order to support good practice.
- To regularly audit current practice and training already undertaken. To analyse the audits in order to inform strategy.
- To review current documentation.
- To assess the current picture and measure the shortfall in terms of fulfilling the wider vision.

Achieving best practice in your service

Some indicators of things to look out for are given below.

In your own individual service it may be helpful to ask yourselves:

- What is already in place within your team or school with regards to positive handling?
- Are you satisfied that you have taken all reasonable steps to fulfill your Duty of Care within the resources available?
- Are you aware of current and relevant guidance on the use of restrictive physical intervention?
- Have you consulted on this issue within your organisation?
- Do you know the criteria for establishing minimum standards for training courses?

The development of the capacity to deliver training within the County is an important facet of the process.

All training will include theory on the following:

- Communication.
- Causes of challenging behaviour.
- Prevention strategies.
- Positive behaviour management.
- De-escalation.
- Risk Assessment.
- Behaviour Support Planning.
- De-brief following incidents.
- The law and guidance.

It is important therefore that all positive handling training should be accredited by a recognised body. Norfolk's preferred option is TEAM TEACH which is accredited by the British Institute of Learning Disabilities This complies with the joint government guidance requirement of June 2002.

1. The scope of this guidance

1.1 This guidance focuses on Positive Handling Strategies including circumstances when it is appropriate to use minimum physical force to prevent harm to the person being restrained and/or to others. (this may also include damage to property as defined in the joint government guidance June 2002). Initially any necessary warning should be verbal but physical restraint may be appropriate particularly when a child or young people may not be capable of understanding danger.

1.2 Restraint is therefore qualitatively different from other forms of physical contact, such as manual prompting, physical guidance or other contact which might have an appropriate place within the context of particular management approaches, for example where staff are working with children and young people with severe and complex learning difficulties.

1.3 Some contexts will require more specific guidance than others, for example where there is a higher level of risk to children and young people.

1.4 The failure to intervene at an early stage of challenging behaviour can produce situations where control is lost and harm may occur.

1.5 Physical restraint should only be used as a last resort, and never as a matter of course. It should never be used as a sanction or punishment. It can be used proactively as a planned approach towards meeting individual need, or in case of an emergency, when there seems to be a real possibility that significant harm would occur. Section 93 of the Education and Inspections Act 2006 enables school staff to use such force as is reasonable in the circumstances to prevent a young person from doing, or continuing to do, any of the following:

- Committing any offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil).
- Causing personal injury to, or damage to property of, any person (including the pupil himself).
- Prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

2. Intention

2.1 The intention of this document is to provide Norfolk agencies with guidance on the circumstances in which management of behaviour by non-restrictive means, and physical restraint may be appropriately used, the procedures that should be in place and the techniques which are considered to be suitable. It is vitally important that staff, children, young people and parents understand these procedures and the context in which they apply.

2.2 Furthermore it is intended to ensure that staff are clear about their role when they are working with children in order that both their own rights and those of children are protected.

2.3 The Government in recent years has placed greater emphasis on the roles and responsibilities of schools for the promotion of good behaviour and discipline. This includes section 93 of the Schools and Inspections Act 2006 –giving power to some members of school staff to restrain pupils in order to prevent disruption. This cannot be used to apply to all organisations or agencies. This policy also needs, therefore, to be considered in this broader context. There is a fine line to be drawn between advice that will be helpful to clarify where reasonable force might be used as the last resort, and advice that may precipitate violent reactions in children. The purpose of this guidance is to ensure that this line is clearly understood and that reasonable force or restrictive physical intervention is only used as a last resort.

2.4 This guidance sets out the framework for the use of physical restraints in a general sense while recognising that there are circumstances that will require more particular approaches. Any use of physical restraints, however, should always be set within the guidance of an overall behaviour management framework underpinned by sound risk assessment.

2.5 Children and young people present a wide and complex set of differing individual needs and difficulties. The variety of types of behaviour that can be classed under the general heading of 'challenging behaviour' reflects this range. Strategies need to be carefully tailored to particular circumstances and individual needs.

2.6 Although the vast majority of young people will never require any form of physical restraint, many staff come into contact, on a day-to-day basis, with some children and young people who have behaviours that require additional support. In these cases it is essential that agencies carry out a risk assessment. Guidance on risk assessment principles is provided later in this document.

2.7 Successful inclusion of more young people in mainstream settings increases the need for staff training in preserving good order and discipline.

2.8 The risk of improper conduct towards a child or young person needs to be minimised in order that the staff may act appropriately in difficult circumstances. The guidelines support the need for physical restraint as one of the strategies available for the management of challenging behaviour.

2.9 Joint services in Norfolk are committed to following Local Safeguarding Children Board Child Protection Procedures in order to ensure the welfare of all children and, therefore, this document has been subject to consultation with senior representatives of Children's Services and the police.

3. The law

3.1 The most recent DCSF Guidance published in November 2007 "The Use of Force to Control or Restrain Pupils replaces DfES Circular 10/98 which referred to Section 550A of the Education Act 1996. Section 550A has been replaced by Section 93 of the Education and Inspections Act 2006. The November 2007 Guidance explains, with reference to the law, the powers of teachers and other staff who have lawful control or charge of children and young people to use reasonable force in order to prevent children committing a crime, causing injury or damage, or causing disruption

3.2 The DCSF November 2007 Guidance builds on Section 93 of the 2006 Act as a support to schools, services and staff throughout the Education Service who are working with children and young people.

3.3 Restraint is an action of last resort and is not a substitute for behaviour management strategies. Schools are required by law to have a clear school behaviour policy that has regard to the Education Acts 2005 and 2006. Schools should also refer to the DfES Guidance "Guidance on the Use of Restrictive Physical Interventions of Pupils with Severe Behavioural Difficulties issued in September 2003

3.4 Joint DfES/DoH Guidance issued in July 2002 developed specifically for 'Children and Adults with Learning Disability and/or Autistic Spectrum Disorders,' is based on the principles that (a) the use of force should, wherever possible, be avoided, (b) there are occasions when the use of force is appropriate (c) where force is necessary, it must be used in ways that maintain the safety and dignity of all concerned.Physical interventions should only be resorted to when 'There Is No Alternative'. This is founded upon the underlying principals from the 1994 Mental Health Foundation research reports. This is known as the TINA approach. (Lyons C, Pimor A 2004).

3.5 The joint DfES/DoH Guidance emphasises that every adult and child is entitled to:-

- Respect for his/her family life
- The right not to be subjected to inhuman or degrading treatment
- The right to liberty and security, and
- The right not to be discriminated against in his/her enjoyment of those rights

(The Human Rights Act 1998 and The United Nations Convention on the Rights of the Child (ratified 1991)

3.5 It is a criminal offence to use physical force, to threaten to use force (eg raising a fist or issuing a verbal threat) unless the circumstances give rise to a "lawful excuse" or justification for the use of force. It is also an offence to lock an adult or child in a room without a court order except in an emergency when the use of a locked room as a temporary measure while seeking assistance might provide legal justification. (See the joint DfES/DOH Guidance referred to above)

3.6 The Codes of Practice for Social Care Workers and Social Care Employers 2002. These are of binding legislative effect and impose very high standards of care on both workers and employers. In particular, the duty of employers to 'provide training and development opportunities' and the duty of the employee to 'undertake relevant training to improve their knowledge and skills'.

3.7 For children in residential care, the relevant guidance is the DoH Guidance "Permissible Forms of Control in Children's Residential Care (LAC (93) 13 issued in April 1993). This provides guidelines on forms of control in children's residential homes but does not apply to any other setting

3.8 For a comprehensive understanding of physical handling and the law please refer to the publication "Physical Interventions and the Law" (Lyons C, Pimor A 2004). this book is extremely useful but it still refers to S550A of the EA 1996 and DfES Circular 10/98 so caution must be exercised.

4. Definition of physical restraint

4.1 In the Lyon/Pimor book, "restrictive physical intervention" is described as set out in paragraph 3.1 of the July 2002 Joint Guidance ie "a restrictive form of intervention, designed to prevent movement or mobility or to disengage from dangerous or harmful physical contact and is distinguished from non-restrictive methods".

4.2 The Positive Handling Group describes, in this document, physical restraint in accordance with DOH Circular 4/93 namely, the positive application of force with the intention of overpowering the child. The proper use of restraint requires skill, judgment and knowledge of non-harmful methods of control. In an attempt to promote inclusive opportunities it is strongly recommended that providers produce Positive Handling Policies that provide a transparent outline of all levels of physical interaction with their children and young people.

5. Emotional and behavioural difficulties

5.1 The needs of children and young people who present emotional and behavioural difficulties pose a range of challenges.

5.2 At one end of the spectrum of need are young people who behave in ways that are considered disruptive. They may display behaviour that is socially inappropriate and in some instances is dangerous. At the other end there is impulsive behaviour arising from emotional/psychological disturbance - such as self-harm.

5.3 Both sorts of behaviour raise concerns because of the possible increase of risk of harm. Sometimes, young peoples behaviour may give rise to situations where there may be no alternative other than to restrict their range of movement by the use of reasonable force. For example, instances where children and young people have a total disregard for the safety of themselves or others (such as deliberately pushing their hands through window glass, throwing items at others, self-injury or deliberately wandering across a busy road).

5.4 Young people often have difficulties in appreciating or understanding the consequences of their actions on their environment. Some young people, as a result of their own insecurity, will test the limits of acceptable behaviour by adopting extremes of emotional or physical behaviour.

6. Severe learning and communication difficulties

6.1 Young people and children with severe learning difficulties or communication difficulties may lack self-motivation and self-care skills that invariably require staff to prompt, encourage or guide them to participate in activities with which other young people would join in naturally.

6.2 For some children or young people, challenging behaviour may be a response to a particular situation that is disturbing to them. It may be an act of frustration as a result of being unable to express or do something. In many cases it will be of a very individual nature. Particular triggers or circumstances are entirely unique to that

individual. The complexity, range of need and consequent support for the young person is such that physical intervention is the norm, not the exception. In such circumstances, any necessary non-restrictive or restrictive physical intervention, for this behaviour should relate to an Individual Positive Handling Plan designed specifically for the individual and agreed with the parent/carer.

7. Children and young people with severe and profound learning disabilities

7.1 For the most profoundly learning disabled children and young people, the complexity and range of needs may mean they use devices and aids for safety and posture. These devices should at no time be used for the purposes of restraint other than when specifically sanctioned by specialist advisors as part of a complete behavioural improvement plan. Adhering to the guidance contained herein is recommended.

7.2 Policy must guide staff strategies and responses to the need for physical intervention in such a way that staff feel empowered within that policy to respond according to the needs of the situation.

8. Physical intervention

It is important to note that there is a difference between non-restrictive and restrictive physical intervention.

8.3 A child or young person's particular needs should be reflected in their Individual Education Plan, Positive Handling Plan or Behaviour Plan. Where an individual protocol is in place, arising from a risk assessment, procedures should be followed by the service responsible for the child or young person.

8.4 Incidents and events that constitute **LOW Level Intervention** would include measures to assist individual safety, limiting opportunity for exposure to harm:

- Helping to escort a child to a safe place.
- Double handles.
- Rediversion.
- Hand-on-Hand work.

8.5 **MEDIUM Level Intervention** would include measures to include imminent risk where:

- Confinement or separation where the child's actions are overpowering.
- Force is not required.

8.6 Incidents and events that constitute **HIGH Level Intervention** would include measures where the use of force is necessary to control or restrain:

- Restraint of a child/young person who presents a risk of significant harm.

9. Restrictive physical intervention

9.1 Section 93 of the Education and Inspections Act 2006 "enables school staff to use such force as is reasonable in the circumstances".

- Where action is necessary in self-defence or because there is imminent risk of injury.
- Where there is a developing risk of injury, or significant damage to property.
- In a school or education setting, where a child or young person is behaving in a way that is compromising good order and discipline.

9.2 Judgement on whether to use force and what force to use always depends on the circumstances of each case and information about the individual concerned. Examples of situations, which might require judgements of this kind,are included in section 28 of the Guidance "The Use of Force to Control and Restrain Pupils' DCSF 2007.

9.3 There is no legal definition of reasonable force and therefore it is not possible to set out when it is reasonable to use force, or the degree of force that may reasonably be used. This will always depend on the circumstances of the case.

9.4 The use of force can be regarded as reasonable only if circumstances warrant it. The use of any degree of force is unlawful if the circumstances do not warrant the use of physical force. Therefore physical force could not be justified in order to prevent a child or young person from committing a trivial misdemeanor, or as a punishment, or in a situation that clearly could be resolved without force.

9.5 The degree of force employed must be in proportion to the circumstances and the seriousness of the behaviour or the consequences it is intended to prevent. Any force used should always be the minimum needed to achieve the desired result.

9.6 The use of physical restraint is only considered lawful where it is:

- Reasonable.
- Proportionate.
- Necessary.

9.7 Types of physical intervention , which may be appropriate, should be identified through training, the use of risk assessments and joint agreement with relevant involved parties.

Any person exercising any planned positive intervention must be authorised and should have received appropriate approved British Institute of Learning Disabilities (BILD) Accredited training. The Norfolk Joint Agencies preferred approach is **Team Teach**.

10. Technical procedures

10.1 Children and young people must not be restrained in a prone or supine position unless staff have received specialist training. Where a risk assessment has taken place it is imperative that techniques are outlined within the child or young person's Positive Handling Plan. Following ground-holds the individual should be observed at 5, 30 and 60 minutes intervals. (Refer to 'Response and Responsibilities-ground recovery minimum safeguards') - Team Teach 2007. All relevant authorities, including the parents, must be informed as soon as possible following the incident.

10.2 Staff should not give the impression of acting out of anger or frustration, or to punish. They should make it clear, in a calm and measured manner, that physical contact or restraint will stop as soon as it ceases to be necessary.

10.3 The young person should be released from restraint as soon as is safely possible. Release must always be carried out in a planned and controlled way.

10.4 As far as is possible staff should avoid any actions that could be viewed as sexual. A dispute might lead to an allegation against a member of staff. These should be dealt with in accordance with the agreed service policy and procedure for handling allegations against staff.

10.5 If restraint is required for an extended period because the child cannot be released safely the senior member of staff on duty will monitor the situation closely with a view to safeguarding the young person and the staff concerned.

10.6 As far as possible actions should be calculated to reduce the need for restraint or, when restraint is used, to reduce the length of time for which it is necessary.

10.7 Only a court may judge what is reasonable in terms of the amount of force used in physical restraint and obviously does so retrospectively.

10.8 The following actions may be deemed as unreasonable:

- Striking a person.
- Locking of joints or pain compliance.
- Causing actual injury to a young person.
- Forcing a young person's arm up his/her back.
- Restricting a young person's breathing.
- Sitting on a young person.
- Pulling a young person by the hair or ears.

10.9 To use corporal punishment is **illegal** in all state maintained schools. Corporal punishment may be defined as any act or threat of an act, such as hitting, kicking, slapping, punching, poking, prodding, biting, throwing an object, rough handling etc, which causes or threatens harm.

- Restriction of liberty (e.g.: locking someone up).
- Deprivation (of food, warmth, light etc).
- Restriction or refusal of visits/communication.
- Requiring the wearing of distinctive or inappropriate clothing. (Clearly this does not include wearing of school uniform or school sports-wear).
- Fines.
- Intimate physical searches.

11. Restrictive physical intervention procedures

11.1 As soon as a member of staff has decided to intervene physically in order to prevent injury occurring to any person, or serious damage to property, then she/he should:

- Give clear instruction, warning the young person of the consequences of failure to comply. Note: this warning must not comprise any threat of unlawful assault.

- If at all possible, summon a second adult. The importance of the presence of a colleague is twofold: a) another member of staff may be able to reduce the risk of the member of staff or young person suffering bodily harm - a solitary person is in a very exposed position and b) there is a witness if allegations of assault are subsequently made by a young person or parents.

11.2 While intervening the member of staff must:

- Employ the minimum force necessary to restrain the young person.

- Employ minimum physical force necessary for the minimum period needed to restrain the young person.

- Keep talking to the young person for example: 'if you stop kicking I will release my hold' (unless an individual protocol is in place).

- Avoid committing any act of punitive violence.

- Keep his or her temper under control.

11.3 Ensure that there is a written record of the incident completed after a period of recovery and during debrief.

The use of a restrictive physical intervention whether planned or unplanned (emergency) should always be recorded as quickly as possible and in any event within 24 hours of the incident in a book with numbered pages

12. Promoting good practice

12.1 Where a team undertakes the management of children and young people, whether it is in a residential or school setting, it is essential to develop a set of procedures. These should be aimed at preventing violence and aggression and include learning about complex emotions including anger and frustration.

12.2 Irrespective of whether incidents occur during work with individuals or groups of young persons, early emphasis should be on managing the incident through non-physical, non-threatening strategies. Only in the event of the failure of clearly defined protocols to bring control to the situation, or imminent danger to persons, should physical restraint be considered. These principles are explored further below.

12.3 Strategies which inform young people of their behaviour, offering alternative outcomes, should be developed over time so that they become an integral part of the behaviour of adults providing support.

12.4 An audit of settings where physical restraint may be necessary should be undertaken, and an audit of the behavioural environment could be considered within the guidance offered.

12.5 A set of strategies should be set out for those areas identified.

- A primary strategy for the whole group; the expectations of the adults.
- A secondary strategy if this breaks down.
- A strategy for responding to unforeseeable challenging behaviour.

12.6 Where services are catering for children with severe emotional and behavioural difficulties or challenging behaviour all staff should be provided with written guidance on permissible methods of physical restraint. In some settings, this will be specific as part of an agreed individual plan or 'handling strategy' agreed with parents. Other types of provisions may consider this practice.

Additional Note for schools:

12.7 Where a child with identified Special Educational Needs, whether statemented or not, is at serious risk of disaffection or exclusion, the IEP should reflect appropriate strategies to meet their needs.

13. Management Responsibilities

13.1 The responsible manager should ensure that all authorised staff are appropriately trained and understand and accept the responsibility of their role in the use of reasonable force to control or restrain a child or young person. It is advisable that training should be available for all staff and embrace a whole establishment approach. Clearly the amount of training will depend on the level of need of the children and young people and may be assisted to be identified by the use of risk assessments..

13.2 All services need to ensure that, as far as possible, preparation and planning has taken place to identify areas where physical restraints might be used (see Risk Assessment, paragraph 9, below).

13.3 All services should monitor and record any use of physical restraint and the recording should be clear, comprehensive and prompt. These documents should form part of a yearly review that examines practice for policy review and informs future planning.

13.4 There should be easy access to a complaints system for children or young people, parents or staff, with known procedures and identified senior member of staff to monitor the outcome; the involvement of an appropriate person outside of the establishment should be considered. The complaints procedure must be consistent with Child Protection procedures.

13.5 Any allegations against staff or concerns regarding suitability to work with children should be processed in a way that is consistent with government guidance set out in Appendix 5 of Working Together 2006. HM Gov TSO.

13.6 This monitoring procedure should have a known timescale.

13.7 Where physical restraint is used, the resource implication of procedures should be consistently reviewed. This should include the role of the management/team in the support of staff.

13.8 Following an incident of restraint, clear procedures should be established to support both the young person(s) and the member(s) of staff involved in the incident.

14. Risk Assessment

14.1 This section has particular reference to settings that cater for children with severe emotional and behavioural difficulties or challenging behaviour. However, it is recommended that all agencies and support services develop this practice as an integral part of their overall strategy for behaviour management. Risk assessments need to address two central issues:

General

14.2 All services should consider some form of risk assessment at a general level in order to inform their policy.

14.3 It should enable the service to assess the environment or setting in order to gauge the potential triggers or factors that might provoke or exacerbate difficult behaviour.

14.4 Risk assessment and monitoring should carefully consider equality issues including race, ethnicity, gender, sexuality and disability.

14.5 Procedures for risk assessment should help staff to identify activities or environments that are associated with risk. The procedures should:

- Establish the likelihood of adverse outcomes for either children or adults.
- Provide some estimate of the likely consequences if such outcomes were to occur.
- Enable staff to take steps and seek assistance in order to avoid unreasonable risk to themselves.
- Provide opportunities to discuss, as a staff, responses to unforeseen situations.

Individual

14.6 There is a need to establish the possible consequences of using a particular method or methods of physical restraint when difficult behaviour occurs.

14.7 Where there is physical restraint as part of a continuum in managing challenging behaviour, then an assessment of the risk arising from these restraints should be undertaken.

14.8 The type of physical restraints which are used, or authorised for use, should be identified.

14.9 For each, the following questions should be asked and itemised:

- What are the potential hazards?
- What possible outcomes, positive and negative, could arise from this physical restraint?
- What are the likely outcomes if no action is taken?
- How is staff kept informed of children or young people who may present a risk and those for whom there is an agreed protocol?
- Note that doing nothing (planned ignoring) is a realistic course of action if it is taken deliberately and contains the processes identified in paragraph 9.
- Who and what might be harmed and how, e.g. the young person, the adult, bystanders and property?

14.10 Look for the least restrictive physical restraint to respond effectively to foreseeable incidents.

14.11 Regularly review and record the findings of such an evaluation.

15. Review Procedures

15.1 Establishments should have a set review process for incidents where physical restraint has taken place. For most this could be part of their normal procedures for recording and reviewing incidents. That review should include the following:

- What steps are taken to ensure that minimum reasonable force is used if physical restraint is needed?
- Have the incidents needing physical restraint increased/decreased?
- Are incidents monitored to ensure that the length of time physical restraint is used is kept to a minimum?
- Are practices reviewed and alternative methods of not using physical restraint explored as a possible outcome in each case?
- What steps are taken to ensure that physical restraint used causes a minimum of pain or distress?
- Where physical restraint is used, what method is there for checking medical advice?
- What steps are taken following physical restraint for the young person and the adults involved?
- Are there separate debriefing sessions for both children and young people and members of staff who have been involved in a restraint? Does the review explore antecedents, consequences and alternative courses of action?

16. Employers Responsibility

16.1 All organisations, employers and managers have a responsibility for the safety and well being of their staff.

16.2 Policy statements should acknowledge clearly that physical restraint should not put staff at risk of injury.

16.3 Staff are entitled to appropriate medical treatment and sick leave.

16.4 Staff involved in violent incidents or repeated physical restraint may become stressed. Procedures should be in place to monitor and support them.

16.5 Through supervision or appraisal, all staff should be allowed access to discussions of incidents involving physical restraint.

16.6 Different adults respond in different ways to psychological stress. Support following incidents of aggression should reflect the individual needs and strengths of each member of staff including, where necessary, time for the member of staff to recover after an incident.

16.7 The establishment should have a procedure for monitoring the use of restraint.

16.8 Monitoring should promote good practice and reduce poor methods of restraint.

16.9 Employers have a duty regarding allegations against staff. They must comply with organisation policies and Appendix 5 of Working Together 2006.

17. Staff Training

17.1 Staff who are authorised to control or restrain children and young people must receive training in behaviour management as an integral part of training in restraint methods.

17.2 Staff should have regular training on knowledge, skills and values for the management of anger, restraint and post restraint action.

17.3 Services should also deliver training for all staff so that their awareness is raised, even if they are not authorised to control or restrain children and young people.

17.4 Services need to ensure that, as far as possible, preparation and planning has taken place to identify areas where physical restraint might be used.

17.5 Where young people are identified as having challenging behaviour that may need physical restraint. Staff involved should have adequate and appropriate training made available.

17.6 Staff development should be organised to ensure that appropriate training on physical restraint or behaviour management is available if identified by or for a member of staff.

18. Documentation

18.1 Discussed throughout these guidelines are essential pieces of documentation, which are needed to record/report incidents, actions and planning. These should be used in respect of maintaining good practice, monitoring efficacy and practice, evaluation of same and shared approaches for all agencies.

18.2 Common paperwork and language in multi-agency settings will achieve consistency of approach to a child or young person, prevent duplication and provide accurate personal pictures for moving through services and staff changes.

18.3 It is important to note that it is vital to adhere to statutory and guidance procedures and record accurately all actions in case of a formal complaint and or legal proceedings result from an incident

Summary

This document promotes consistency in positive handling, the safe management of behaviours and their reduction. A member of staff should only use physical force where the member of staff sincerely believes that it is necessary to do so to prevent or restrict harm.

It is lawful for a member of staff to use such 'reasonable' physical force in restraining young persons as is necessary in order to prevent and/or restrict harm to the young person, to third parties (including any other young persons), to colleagues, members of the public, and to the member of staff involved.

Only a court can decide, after the event, whether or not the degree of physical force used was 'reasonable' in the circumstances. The use of 'excessive' force - whether in defence of self or others - constitutes assault and is subject to criminal prosecution/civil action.

Members of staff face a difficult situation when the Duty of Care can only be discharged through the use of physical restraint. In law, members of staff have a responsibility to take all 'reasonable' steps to ensure that young persons in their charge are not exposed to the risk of harm, or suffer any undue injury.

It is essential that members of staff who have to resort to the use of restraint should do so as a last resort to prevent a situation escalating into one where the young person is likely to damage themselves, others or property.

The following sample documents are provided for a comprehensive toolkit in respect of handling behaviours that challenge.

1. Norfolk Joint Services Policy on Positive Handling Strategies
2. Audit tool
3. Checklist for establishments
4. Flowchart for Use of Reasonable Force
5. Comprehensive Risk Assessment Planning and notes.

Norfolk Outcomes for children

These outcomes were developed for Norfolk's Children/Young People and have become the basis for planning in Norfolk, such as the Children and Young Peoples Plan (CYPP).
The Council has identified a number of more specific outcomes for Disabled Children (CDC) and these have been included in the Norfolk List.

Be Healthy	
Outcome	**Ref in CYPP or CDC**
Children and Young People understand risks and make informed choices about their health.	BH1, BH3, BH4
Children and Young People are physically healthy.	BH2
Children and Young People have improved mental health.	BH2
Parents and carers feel supported in the healthy development of their children.	BH1-4
More specifically disabled children: Have equal and appropriate access to universal and specialist services.	CDC
Are able to take responsibility for their own health and well-being.	CDC
Have support to achieve maximum mobility and independence.	CDC
Have access to advice and support for emotional well-being and control of pain.	CDC adapted

Stay Safe	
Outcome	**Ref in CYPP or CDC**
Children and Young People are, and feel safe from maltreatment, neglect, violence and exploitation.	SS1
Children and Young People are, and feel safe, and are increasingly equipped to deal with risk.	SS2
Children and Young People are, and feel safe from bullying and discrimination.	SS3/ PC3
Children and Young People are, and feel safe from crime and anti-social behaviour.	SS4
More specifically disabled children: Are safe from accidental injury or death.	CDC
Have secure, stable and appropriate care.	CDC

Enjoy and Achieve	
Outcome	**Ref in CYPP**
Children are eager, excited, curious, engaged and ready for school.	EA1
Children and Young People attend and enjoy school.	EA2
Children and Young People are learning and achieving at primary school.	EA3
Children and Young People are learning and achieving at high school.	EA4
Children and Young People are emotionally secure, confident and able to make positive relationships.	EA5/PC3
Children and Young People participate in leisure and recreation.	EA5
Be patient and prepared to communicate with me in a variety of different ways.	Added from Joint working day

Make a Positive Contribution	
Outcome	**Ref in CYPP or CDC**
Children and Young People have a sense of achievement and engage in decision-making.	PC1
Children and Young People are law-abiding and engage in positive behaviour.	PC2
More specifically disabled children are able: To develop positive relationships.	CDC
To develop self-confidence.	CDC
To develop enterprising behaviour.	CDC

Economic Well-Being	
Outcome	**Ref in CYPP**
Children and Young People have positive expectations for their future and continue to engage in their learning on leaving school.	EW1
Children and Young People live in safe and suitable homes.	EW2
Children and Young People have access to transport.	EW3
Children and Young People live in households free from poverty.	EW4

Children and Young People are and feel loved, valued and respected by their families.	All

Ref. - Norfolk Open Strategies and Children and Young People's Partnership and Steve Broach, Council for Disabled Children.

National Vision

To simplify services and improve the experiences of disabled children and their families so they might receive "co-ordinated, high quality child and family-centred services which are based on assessed needs, which promote social inclusion and, where possible, which enable them (disabled children and young people) and their families to live ordinary lives."

National Service Framework for Children, Young People, and Maternity Services: Standard 8 - Disabled Children and Young People and those with Complex Health Needs' page 5: DfES, DoH 2004:-

The fundamental tenet of the Government's policy framework remains the development of an overall framework for universal children's services, which includes the provision of targeted services to protect the more vulnerable.

A1.1 Every Child Matters: Change for Children, 2004

A1.1.1 Every Child Matters: Change for Children offers the opportunity to change current arrangements to ensure that positive outcomes for children and young people lie at the heart of service provision. The five outcomes that matter most to children are:

- Being healthy.
- Staying safe.
- Enjoying and achieving.
- Making a positive contribution.
- Economic well-being.

A1.1.2. Every Child Matters states that to achieve this staff should work in a co-ordinated way to address the needs of children, young people and families using this service. In order to do this it is likely to include some degree of joint training and joint working.

A1.2 National Service Framework for Children, Young People and Maternity Services, 2004

A1.2.1 In respect of Standard 8 (Disabled Children and Young People and those with Complex Health Needs), which is the main standard relevant to this Project, children and young people who are disabled or who have complex health needs are supported to participate in family and community activities and facilities.

A1.2.2 Health, education and social care services are organised around the needs of children and young people and their families, with co-ordinated multi-agency assessments leading to prompt, convenient, responsive and high-quality multi-agency interventions that maximises the child's ability to reach his or her full potential. (Ref National Service Framework, Standard 8).

Norfolk County Council

NHS Norfolk

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

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 21st 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
- DCSF Guidance The Use of Force to Control or Restrain Pupils November 2007
- DfES Guidance on The Use of Restrictive Interventions for Pupils with Severe Behavioural Difficulties LEA/0264/2003 (September 2003)
- 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 & 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 and restrictive physical interventions , which are in a person's best interest.

- **The use of force should, wherever possible, be avoided.**

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 and must be proportionate to the risks prevented by the behaviour.

- 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 that 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 that 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 enquires under S.47 of the Children Act 1989 (child protection enquires). All such cases must be referred to the appropriate Children and Families Assessment Team for due consideration.

Audit Tool

This tool offers a baseline assessment of the situation, if the exercise is repeated in intervals, progress can be measured.

Audit of Positive Handling

Strategic Management Level - Data Collection and Evaluation at three monthly intervals

Area - Establishment - Location (of incident) - Time - Date

No. Of incidents involving Restrictive Physical Intervention.

Ethnic background of child/young person involved in Restrictive Physical Intervention.

For each incident was there a Positive Handling Plan in place?

How many incidents of Restrictive Physical Interventions were unplanned?

Justification for engaging in Restrictive Physical Intervention:
Causing or at risk of causing-

Personal injury – staff
Personal injury – child/young person
Damage to property
Committing an offence
Disrupting the education of pupils (LEA)

Outcomes of Restrictive Physical Intervention:

Personal injury – staff
Personal injury – child/young person
Damage to property
Committing an offence
Disruption of Pupils? (LEA only)
Medical check completed?

Number of incidents involving Positive Handling e.g. guiding (excluding Contingent Touch)

Personnel

- Were the personnel involved trained to BILD accredited standards?
- Was the physical intervention unplanned – if, so was a Positive Handling Plan put in place?
- Did debriefing take place?

Trends to be evaluated (Copied to PHG and Operational Manager)

- Falling numbers of incidents
- Falling numbers in use of Restrictive Physical Interventions
- Falling numbers of injuries
- Possible rise in Positive Handling

Operational Management Level - Data Collection and Evaluation

How many children have there been more than 4 incidents in one month?

Location (of incident) - Time - Date

Were Care Plans / PHP followed?

If unplanned, was de-escalation attempted?

Were all parents informed if a member of staff had physically restrained their child?

Were there: -

Any issues to address in Supervision?
Any issues to address in Staff Appraisal?
Any future training issues?

Checklist for Establishments/Schools

1. Aims, objectives, mission statement which mention:
   Physical, emotional, material and social well being that will provide the environment in which children and young people, parents and staff will work together.

2. A Care and Control policy that reflects how these aims are maintained and provides a transparent overview of all aspects of physical interaction between the organisation, young people and the staff.

3. A philosophical statement in relation to Positive Handling distinguishing between actions in which one restricts the movements of another against resistance, as against other forms of physical contact such as manual prompting, physical guidance or simply support which might be used in teaching, therapy or reassurance.

For Schools:

4. Use of the SEN Code of Practice to identify specific pupils who are likely to need to be handled.

5. Produce individual Positive Handling Plans that identify the strategies and techniques to be used when challenging behaviour occurs in respect of each child who has been assessed as being at risk of needing restrictive physical interventions.

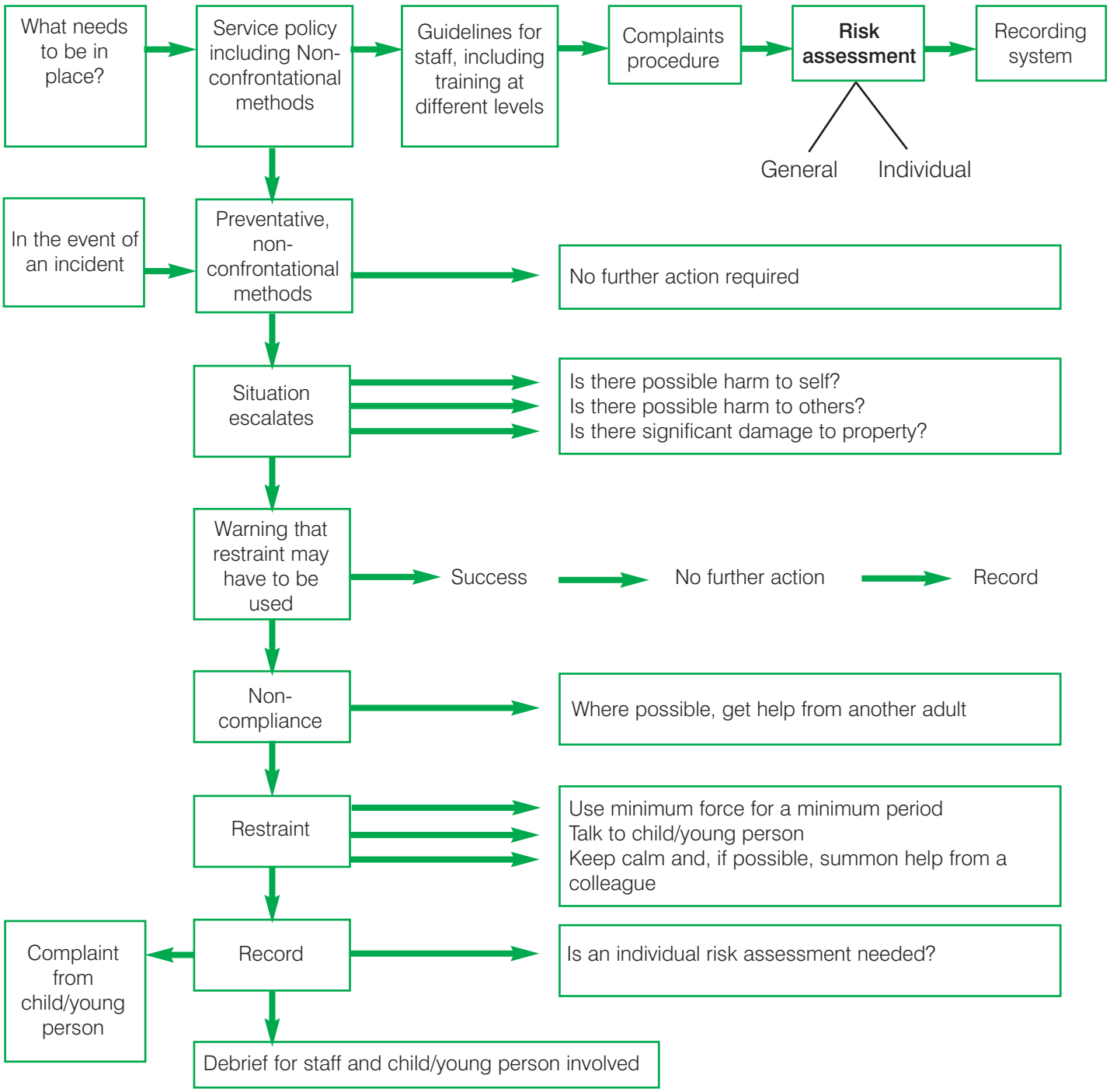
6. Produce a Policy on Physical Interventions including Restrictive Physical Interventions (See the Joint DoH and DfES Guidance July 2002 for more information).

7. Create a system for recording instances where physical restraint is used, identifying the antecedent, the behaviour, the type of physical intervention used and the action taken following the incident.

8. Provide a system to interview both staff and children or young people following an incident where debriefing can take place and support provided.

9. Identified Senior Staff Advisors to support the monitoring procedure.

Flowchart for Use of Reasonable Force



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Children's Services

Individual Child Risk Management Plan

This document is an example of an individual child Risk Management Plan This example has four sections.

Hazard Overview and Acknowledgement
Risk Reduction Plan (Child)
Risk Reduction Plan (Staff)
Hazard Analysis Check List

Context

When conducting a risk assessment health and safety guidelines recommend that the following five steps be followed:

- Look for the hazard
- Decide who might be harmed and how
- Evaluate the risk to decide whether existing precautions are adequate (Standard policy and procedures)
- Record your findings
- Revise your plans if necessary.

Hazard Overview and Acknowledgement

Child's Name	
Child's DoB	
Plan Co-ordinator	

Issue No:	
Issue Date:	
Review Date:	
Closing Date:	

Risk Assessment Type (please tick as appropriate)

Prior to admission	
Review/Planning. Co-ordinator	
Following a major incident (incident reports attached)	

Staff Acknowledgement

All staff and interested parties should read Risk Reduction Plans for the child and sign and date to accept the plan. If staff are unable to intervene in line with the plan they should request a 'Staff Risk Reduction Plan' to be attached.

Staff Signature		Staff Signature	
Date		Date	
Request Staff Risk Assessment		Request Staff Risk Assessment	
Staff Signature		Staff Signature	
Date		Date	
Request Staff Risk Assessment		Request Staff Risk Assessment	
Staff Signature		Staff Signature	
Date		Date	
Request Staff Risk Assessment		Request Staff Risk Assessment	
Staff Signature		Staff Signature	
Date		Date	
Request Staff Risk Assessment		Request Staff Risk Assessment	
Staff Signature		Staff Signature	
Date		Date	
Request Staff Risk Assessment		Request Staff Risk Assessment	

Parent/Carer/Link Professionals Acknowledgement

All Parent/Carer/Link Professionals should read Hazard Reduction Plans and sign and date to accept the plan. Where possible the child should also be included.

Child		Date
Parent/Carer		
Other (Specify)		
Other (Specify)		
Other (Specify)		

Generic Hazard Analysis

Hazard/Behaviour	Opinion Known O/K	Deliberate Accidental Involuntary D/A/I	Seriousness Of Outcome A 1/2/3/4	Probability Of Hazard B 1/2/3/4	Severity Risk Score A x B	Risk Reduction Plan Needed
Harm to Self						
Harm to Peers						
Harm to Staff						
Damage to property						
Harm from Disruption						
Criminal Offence						
Harm from Absconding						
Other Harm 1						
Other Harm 2						

Risk which is ..... or more (probability x seriousness) should result in an 'Risk Reduction Plan'.

Seriousness	
4	Foreseeable outcome is loss of life or permanent disability, emotional trauma requiring counselling or critical property damage
3	Foreseeable outcome is hospitalisation, significant distress, extensive damage
2	Foreseeable outcome is harm requiring first aid, distress or minor damage
1	Foreseeable outcome is upset or disruption
Probability	
4	The Risk of Harm is persistent and constant
3	The 'Risk of Harm' is more likely than not to occur again
2	The 'Risk of Harm' has occurred within the last 12 months, the context has changed to make a reoccurrence unlikely
1	There is evidence of historical risk, but the behaviour has been dormant for over 12 months and no identified triggers remain

The scoring should be based on evidence of harm or evidence of near miss where information is available. For a score of 9 (3x3), it would be expected that there was recent documented evidence of hospitalisation, significant distress or extensive damage or recent documented evidence that a 'near miss' could have lead to hospitalisation, significant distress or extensive damage.

Risk Reduction Plan (Child)

Child's Name:	
No. of Plans	Sheet of
DoB:	
Age:	
Risk Assessment Coordinator:	
Issue No:	
Issue Date:	
Closing Date:	
Risk Score	

Potential Harm	
Behaviour resulting in potential Harm	

Risk Reduction Measures	Notes
Proactive Intervention 1. 2. 3.	
Developing Intervention 1. 2. 3.	
Reactive Intervention 1. 2. 3.	
Debrief Preferences	

Monitoring Sheet

			Manager		
Date	Effectiveness of support Impact on risk Suggestion to modify Reasons implementation not possible	Signature	Accept for Review	Accept for Re-issue	Maintain Current Plan

Sheet ..... of.....

Review Date:.....

Closure / Re-issue Date:.....

Manager's Signature:.....

Date:.....

Risk Reduction Plan (Child)

Child's Name:	
No. of Plans	Sheet of
DoB:	
Age:	
Risk Assessment Coordinator:	
Issue No:	
Issue Date:	
Closing Date:	
Risk Score	

Potential Harm	
Behaviour resulting in potential Harm	

Risk Reduction Measures	Notes
Proactive Intervention 1. 2. 3.	
Developing Intervention 1. 2. 3.	
Reactive Intervention 1. 2. 3.	
Debrief Preferences	

Monitoring Sheet

			Manager		
Date	Effectiveness of support Impact on risk Suggestion to modify Reasons implementation not possible	Signature	Accept for Review	Accept for Re-issue	Maintain Current Plan

Sheet ..... of.....

Review Date:.....

Closure / Re-issue Date:.....

Manager's Signature:.....

Date:.....

Risk Reduction plan (Staff)

Staff Name:	
Young Persons Name:	
Link to Plan	Sheet of
Risk Assessment Co-ordinator:	
Issue No:	
Issue Date:	
Closing Date:	

Link to young persons Risk Reduction Plan	Why named staff would be unable to intervene
Identified Proactive Intervention 1. 2. 3. 4.	
Identified Developing Intervention 1. 2. 3. 4.	
Identified Re-Active Intervention 1. 2. 3. 4.	

Management Strategy	Impact on Risk
Not to work with child	
Not to work 1:1 with child	
Not to be off site with child	
Relocation to alternative provision	
To receive additional training (Specify)	
To receive Additional Supervision (Specify)	
Specified Team Support (Named Teams)	
Other	
Other	

Monitoring Sheet

			Manager		
Date	Effectiveness of support Impact on risk Suggestion to modify Reasons implementation not possible	Signature	Accept for Review	Accept for Re-issue	Maintain Current Plan

Review Date:.....

Re-issue Date:.....

Manager's Signature:.....

Date:.....

Risk Reduction plan (Staff)

Staff Name:	
Young Persons Name:	
Link to Plan	Sheet of
Risk Assessment Co-ordinator:	
Issue No:	
Issue Date:	
Closing Date:	

Link to young persons Risk Reduction Plan	Why named staff would be unable to intervene
Identified Proactive Intervention 1. 2. 3. 4.	
Identified Developing Intervention 1. 2. 3. 4.	
Identified Re-Active Intervention 1. 2. 3. 4.	

Management Strategy	Impact on Risk
Not to work with child	
Not to work 1:1 with child	
Not to be off site with child	
Relocation to alternative provision	
To receive additional training (Specify)	
To receive Additional Supervision (Specify)	
Specified Team Support (Named Teams)	
Other	
Other	

Monitoring Sheet

			Manager		
Date	Effectiveness of support Impact on risk Suggestion to modify Reasons implementation not possible	Signature	Accept for Review	Accept for Re-issue	Maintain Current Plan

Review Date:.....

Re-issue Date:.....

Manager's Signature:.....

Date:.....

Hazard Analysis Check List

Name:	
DoB:	
Potential Harm	
Behaviour resulting in potential Harm	
Risk Score	

Fields should be modified and added to reflect the individual setting and situation.

Influencing Factors	√	Identified by	Notes
Frustration			
Conflict with Staff			
Conflict with Peer			
Pressure			
Ego defence			
Response to Challenge			
Response to Consequence			
Change to Routine			
Substance Abuse			
Control Issues			
Defensive Behaviour			
Transition			
Unstructured time			
Other			
Other			

Times of Risk	√	Notes
Persistent and continuous		
Pre School		
Assembly		
Early am lessons		
Morning Break		
Late am Lessons		
Lunch Time		
Early pm Lessons		
Afternoon Break		
Late pm lessons		
After School Cub		
Out of School Time		
Monday Morning		
Friday Afternoon		
Beginning of Term		
End of Term		
Other		
Other		

Locations	√	Notes
All Locations		
Corridors		
Toilets		
Cloakrooms		
Assembly Hall		
Sports Hall		
Dining Hall		
Classroom 1		
Classroom 2		
Classroom 3		
Classroom 4		
Classroom 5		
Classroom 6		
Science Labs		
Workshop		
Outside play areas		
School Transport		
Other		
Other		

Focus of Risk	√	Notes
Self		
All Staff		
Specific Staff Groups		Gender / Age / Ethnic Minority / Authority
Specific Individual Staff		
All Peers		
Specific Peer Groups		Gender / Age / Ethnic Minority / Vulnerable
Specific Individual Peers		
Own Property		
Peers Property		
School Property		
Public Property		
Other		
Other		

Proactive Intervention	√	Notes
Limit Group Size		
Restricted Off Site Times		
Restricted Access to Vehicles		
Increased Key Work Sessions		
Specified 1-1		
General 1-1		
Specified Observation		
Escorted Travel		

continued

Structured Off Site Only		
Restricted Access to Equipment		
Restricted Access to Possessions		
Restricted Access to Areas		
Structured Activity		
Outside Agency		
Other		
Developing Interventions	√	**Notes**
Specified Withdrawal		
Verbal Advice and Support		
Reassurance		
Negotiation		
State boundaries		
State Consequences		
Planed Ignoring		
Distraction		
Contingent Touch		
Removal of Staff		
Removal of Peers		
Allow to Leave		
Increase Supervision		
Secure Areas		
Guide Away		
Move Away RPI		
Restrict Movement RPI		
Other		
Other		
Reactive Intervention	√	**Notes**
Removal of Staff		
Removal of Peers		
Replacement of Staff		
Allow to Leave		
Confine to Area		
Remove Objects		
Guide Away		
Single Elbow		
Figure of 4		
Double Elbow		
Graded Holds to Chairs		
Graded Holds to Kneeling		
Standing T-Wrap		
T-Wrap to Chairs		
T- Wrap to Kneeling		

continued

Shield Escort		
Defend Yourself RPI		
Parental Involvement		
Police Involvement		
Other		
Debrief		**Notes**
Preferred Staff		
Preferred Location		
Preferred Time		
Notes		

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Children's Services

Individual Child Risk Management Plan (Notes)

The 'Individual Child Risk Management Plan' should be used where existing behaviour management planning leaves a significant residual risk of harm.

Examples of residual harm would include:

- Emotional or physical harm to self
- Emotional or physical harm to peers
- Emotional or physical harm to others
- Damage to property
- Loss of peers' education through disruption
- Committing Criminal Offences

Context

When conducting a risk assessment health and safety guidelines recommend that the following five steps be followed:

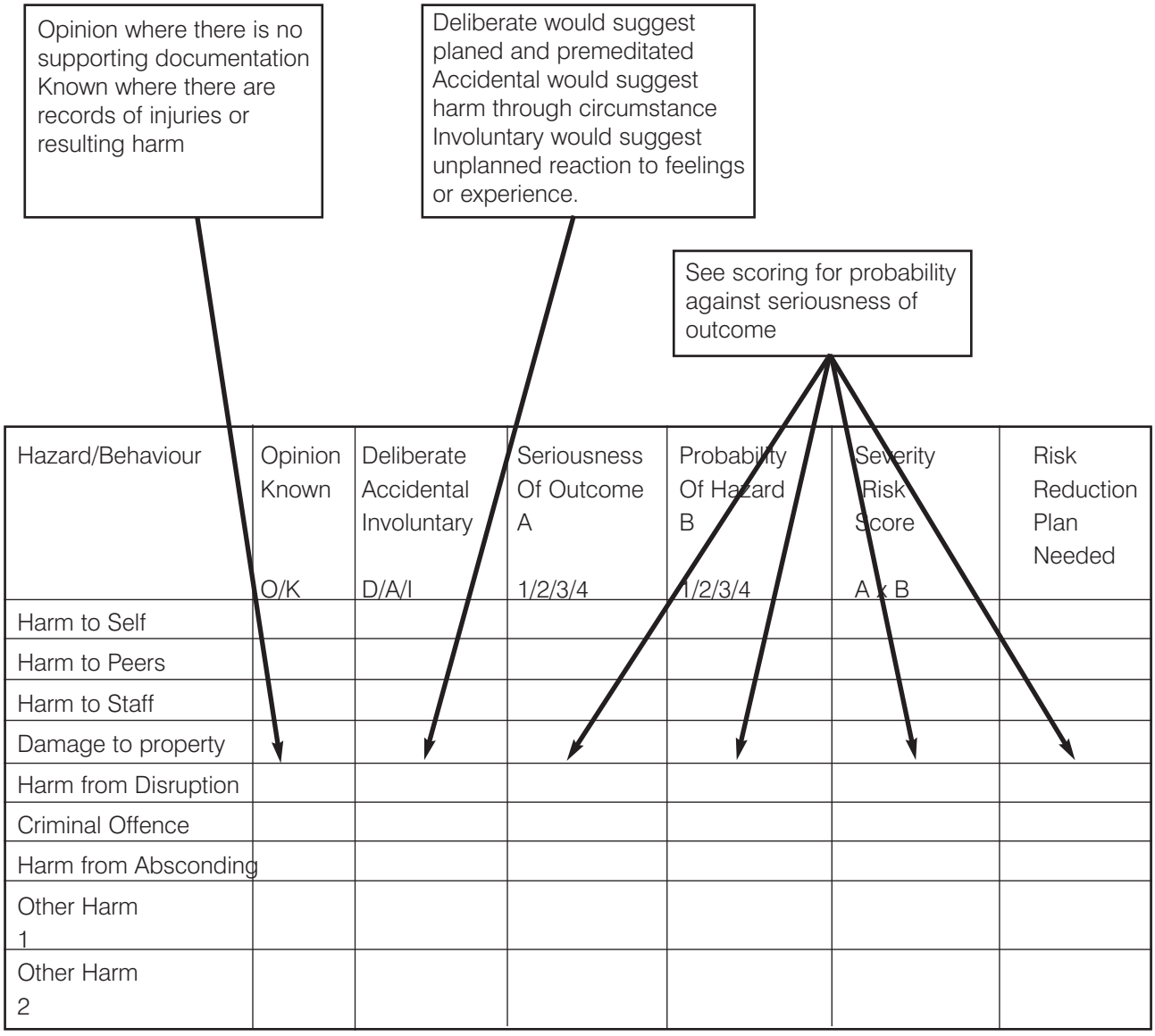
- Look for the hazard
- Decide who might be harmed and how
- Evaluate the risk to decide whether existing precautions are adequate
- Record your findings
- Revise your plans if necessary

Function of Individual Child Risk Management Plan

- Identify the potential for harm based on existing evidence
- Gather data relevant to reducing the risk of harm
- Develop a 'Child Risk Reduction Plan'
- Monitor the 'Child Risk Reduction Plan'
- Record the acknowledgement of all relevant staff, parents, carers and others.
- Identify where individual staff are unable to intervene
- Develop a 'Staff Risk Reduction plan' linked to the 'Child Risk Reduction Plan'
- Monitor the 'Staff Risk Reduction Plan'
- Use incident recording to identify new information and evidence
- Revise the potential for harm based on new evidence
- Etc.

Generic Hazard Analysis

The 'Generic Hazard Analysis' should provide an overview of the risk of harm presented by an individual child.



Hazard/Behaviour	Opinion Known O/K	Deliberate Accidental Involuntary D/A/I	Seriousness Of Outcome A 1/2/3/4	Probability Of Hazard B 1/2/3/4	Severity Risk Score A x B	Risk Reduction Plan Needed
Harm to Self						
Harm to Peers						
Harm to Staff						
Damage to property						
Harm from Disruption						
Criminal Offence						
Harm from Absconding						
Other Harm 1						
Other Harm 2						

Risk which is 6 or more (probability x seriousness) should result in a risk reduction plan

The score at which a risk reduction plan is necessary should be based on the level of risk that can be managed within existing policy and procedures this may vary from service to service. Generally within a mainstream school a score of 6 or more would be suggested before this level of planning is needed.

Scoring of the 'Generic Hazard Analysis'

Seriousness	
4	Foreseeable outcome is loss of life or permanent disability, emotional trauma requiring counselling or critical property damage
3	Foreseeable outcome is hospitalisation, significant distress, extensive damage
2	Foreseeable outcome is harm requiring first aid, distress or minor damage
1	Foreseeable outcome is upset or disruption
Probability	
4	The Risk of Harm is persistent and constant
3	The 'Risk of Harm' is more likely than not to occur again
2	The 'Risk of Harm' has occurred within the last 12 months, the context has changed to make a reoccurrence unlikely
1	There is evidence of historical risk, but the behaviour has been dormant for over 12 months and no identified triggers remain

The scoring should be based on evidence of harm or evidence of near miss where information is available. For a score of 9 (3x3), it would be expected that there was recent documented evidence of hospitalisation, significant distress or extensive damage or recent documented evidence that a 'near miss' could have lead to hospitalisation, significant distress or extensive damage.

In order to score 3 for seriousness it is essential that there is evidence of harm at this level or evidence of a near miss where harm at this level was a foreseeable outcome. If a child absconds from school it is not automatically a foreseeable risk that they will be involved in a road traffic accident. However if there is documented evidence that the child has no awareness of their own safety needs, or they have previously been involved in a Road Traffic Accident or near miss then 3 or 4 may be the appropriate score.

If the probability of 3 is connected to a seriousness score of 3 it would suggest that there is written evidence of recorded harm or near misses, at this level on a number of occasions within the last 12 months

Risk Reduction Plan (Child)

The risk reduction plans should be completed where the identified risk of harm, presented by an individual cannot be met by existing policy and standard practice. As a Guide the Generic Hazard Analysis can be used to create a baseline score for probability against Seriousness of outcome.

The risk reduction plan is the documented actions that are to be taken to avoid, defuse, de-escalate and manage the risk of harm presented. As well as the agreed de-brief to ensure everybody learns from any incidents of residual harm.

There should be separate plans for each specific risk of harm presented by the child unless the recorded strategies are the same.

Example

Child's Name:	Sheet of number of separate plans for individual child
No. Of Plans	
DoB:	
Age:	
Risk Assessment Coordinator:	Person who will gather information co-ordinate the plan and decide on the need to re-issue or update
Issue No:	To be updated every time the plan is reissued (Issue 2 replaces issue 1)
Issue Date:	Date of reissue
Closing Date:	Date this issue is obsolete
Risk Score	From the Generic Hazard Analysis

Potential Harm	e.g. Harm to peers
Behaviour resulting in potential Harm	e.g. Throwing objects (chairs tables, books etc)

Risk Reduction Measures	Notes
Proactive Intervention Anything which is to be changed about routine, resources, staffing or organisation in order to reduce the potential for the behaviour that leads to harm e.g. • Change seating plan for class • Introduce additional staffing to class • Restrict access to equipment • Additional staff training	How this is to be achieved, the details.
Developing Intervention If triggers have been identified anything to reduce the trigger or to reduce the exposure to the trigger e.g. If the trigger was transition between activities • Stagger the transition • Warn 10 minutes before activity ends • Escorted between activities	How this is to be achieved, the details.
Reactive Intervention How to respond to the risk of harm being present or imminent, how to reduce the amount of resulting harm e.g. • Give clear positive direction • Remove other children from the room • Trained staff to hold using Team-Teach strategy.	How this is to be achieved, the details
Debrief Preferences When, how and who will de-brief the child in line with the Team-Teach TELL and HELP principle. The aim is to help the child understand their behaviour and develop skills to respond differently next time e.g.Class teacher to arrange de-brief at the start of the next break period. Standard TELL and HELP format outcomes to be recorded and shared	How this is to be achieved, the details

Important information

If changes to any element of any of the risk reduction plans for an individual child are altered then the whole document should be re-issued under a new Issue number.

Acknowledgement

All staff and interested parties should read Risk Reduction Plans for the child and sign and date to accept the plan. If staff are unable to intervene in line with the plan they should request an 'Staff Risk Reduction Plan' to be attached.

Staff Signature		Staff Signature	
Date		Date	
Request Staff Risk Assessment	If staff are able and willing to follow the plan leave blank	Request Staff Risk Assessment	
Staff Signature		Staff Signature	
Date		Date	
Request Staff Risk Assessment	If staff are unwilling or unable to follow the plan they should indicate the need for a 'risk reduction plan (staff)'	Request Staff Risk Assessment	

Parent/Carer/Link Professionals Acknowledgement

All Parent/Carer/Link Professionals should read Hazard Reduction Plans and sign and date to accept the plan. If parents carers or other link professionals are unwilling to support the plan. Written reasons should be requested and appropriate action considered.

		Date
Child	It is important to inform and include the child in decisions around their care and education	
Parent / Carer		
Other (Specify)	eg. Ed. Psychologist Social worker Respite Care Non resident parent GP	
Other (Specify)		
Other (Specify)		

Risk Reduction plan (Staff)

Where staff are unable or unwilling to implement the risk reduction plan they must identify which elements of the plan are effected and why they are unable or unwilling to implement the agreed strategy, reasons may include training, confidence, ability, level of physical risk, lack of time, lack of resources etc. Other reasons may be that they believe it is dangerous or that it is not in the best interests of the child.

Where there is no linked staff risk reduction plan staff are indicating that they feel suitably resourced and able to implement the risk reduction plan.

Staff Name:	
Young Persons Name:	
Link to Plan	Sheet of Which plan (e.g. 2 of 3) is the staff plan linked to
Risk Assessment Co-ordinator:	
Issue No:	The issue number of the 'Child Risk Reduction Plan'
Issue Date:	
Closing Date:	

Link to Young persons Risk Reduction Plan	**Why named staff would be unable or unwilling to intervene**
Identified Proactive Intervention The proactive intervention from the 'Child Risk Reduction Plan that the staff member is unable or unwilling to implement.	e.g. • Lack of training • Insufficient resources
Identified Developing Intervention The developing intervention from the 'Child Risk Reduction Plan that the staff member is unable or unwilling to implement.	
Identified Re-Active Intervention The reactive intervention from the 'Child Risk Reduction Plan that the staff member is unable or unwilling to implement.	

Where staff has indicated that they are unwilling or unable to implement the plan, line managers should either resolve this situation through negotiation or indicate how the individual member of staff is to be supported or protected from the identified risk of harm.

The list below should be extended and modified in line with the available strategies within the service.

Management Strategy	Impact on Risk
Not to work with child	
Not to work 1:1 with child	
Not to be off site with child	
Relocation to alternative provision	
To receive additional training (Specify)	
To receive Additional Supervision (Specify)	
Specified Team Support (Named Teams)	
Other	
Other	

Monitoring Sheet (Child Risk Reduction Plan)

Once the plans are agreed and implemented it is expected that the both the Risk reduction plans for the child and the associated risk reduction plans for staff will be followed. If the strategies are successful in reducing risk, this should be documented. If the strategies are not successful in managing risk this should be documented. If from an incident there are suggestions to modify the plan this should be documented. If you did not or could not follow the plan this should be documented.

			Co-ordinator		
Date	• Effectiveness of support • Impact on Risk • Suggestion to Modify • Reasons Implementation Not Possible	Signature	Accept for Review	Accept for Re-issue	Maintain Current Plan
	E.g. Used proactive strategies no recorded incidents within class for week ending…		Coordinator decides that the plan should remain as is and the comment should be considered when the plan is reviewed	What has been learnt is so important that the plan should be modified and re-issued immediately	The comment is appreciated but will not lead to a change to the agreed plan
	E.g. Arrived on playground as child was attacking John. Could not successfully intervene as not trained to necessary level in Team-Teach. John received bruising to face, neck and arms, see incident sheet.				

	E.g. Introduced developing strategy and offered withdrawal space as John became agitated. Effectively avoided escalation.				

Review Date: ..... Agreed period of plan before review meeting

Closure/Re-issue Date:.....

Co-ordinators Signature:.....

Date:.....

If the plan has to be closed or re-issued prior to the review date the co-ordinator should make this decision.

Monitoring Sheet (Staff Risk Reduction Plan)

			Manager		
Date	• Effectiveness of support • Impact on Risk • Suggestion to Modify • Reasons Implementation Not Possible	Signature	Accept for Review	Accept for Re-issue	Reject
	Additional training unavailable for 4 weeks so alternative strategy needs to be considered.				
	Relocating Mr. Smith to an alternative class group has fully met the needs of the plan.				

Hazard Analysis Check List

The Hazard Analysis Checklist is designed to help staff quickly identify the contributing factors and triggers associated with the risk of harm, and to build menus for agreed strategies to respond to the risk of harm. The checklist is designed to guide the completion of the 'Child Risk Reduction Plan'. The Hazard Analysis Checklist can be guided by evidence from previous incidents, injuries, education or care plans, evidence and opinions of staff, parents and link professionals. Information provided by the child through de-brief should be seen as essential evidence for the completion of the checklist.

The menus should be adapted and extended to reflect the individual setting such as the locations within your service or the reactive strategies available to your team.

Fields should be modified and added to reflect the individual setting and situation.

Influencing Factors	√	Identified by	Notes
Frustration			
Conflict with Staff			
Conflict with Peer			
Pressure			
Ego defence			
Response to Challenge			
Response to Consequence			
Change to Routine			
Substance Abuse			
Control Issues			
Defensive Behaviour			
Transition			
Unstructured time			
Other			
Other			

Times of Risk	√	Notes
Persistent and continuous		
Pre School		
Assembly		
Early am lessons		
Morning Break		
Late am Lessons		
Lunch Time		
Early pm Lessons		
Afternoon Break		
Late pm lessons		
After School Cub		
Out of School Time		
Monday Morning		
Friday Afternoon		

continued

Beginning of Term		
End of Term		
Other		
Other		
Locations	√	**Notes**
All Locations		
Corridors		
Toilets		
Cloakrooms		
Assembly Hall		
Sports Hall		
Dining Hall		
Classroom 1		
Classroom 2		
Classroom 3		
Classroom 4		
Classroom 5		
Classroom 6		
Science Labs		
Workshop		
Outside play areas		
School Transport		
Other		
Other		
Focus of Risk	√	**Notes**
Self		
All Staff		
Specific Staff Groups		Gender / Age / Ethnic Minority / Authority
Specific Individual Staff		
All Peers		
Specific Peer Groups		Gender / Age / Ethnic Minority / Vulnerable
Specific Individual Peers		
Own Property		
Peers Property		
School Property		
Public Property		
Other		
Other		
Proactive Intervention	√	**Notes**
Limit Group Size		
Restricted Off Site Times		
Restricted Access to Vehicles		

continued

Increased Key Work Sessions		
Specified 1-1		
General 1-1		
Specified Observation		
Escorted Travel		
Structured Off Site Only		
Restricted Access to Equipment		
Restricted Access to Possessions		
Restricted Access to Areas		
Structured Activity		
Outside Agency		
Other		
Developing Interventions	√	**Notes**
Specified Withdrawal		
Verbal Advice and Support		
Reassurance		
Negotiation		
State boundaries		
State Consequences		
Planed Ignoring		
Distraction		
Contingent Touch		
Removal of Staff		
Removal of Peers		
Allow to Leave		
Increase Supervision		
Secure Areas		
Guide Away		
Move Away RPI		
Restrict Movement RPI		
Other		
Other		
Reactive Intervention	√	**Notes**
Removal of Staff		
Removal of Peers		
Replacement of Staff		
Allow to Leave		
Confine to Area		
Remove Objects		
Guide Away		
Single Elbow		
Figure of 4		
Double Elbow		

continued

Graded Holds to Chairs		
Graded Holds to Kneeling		
Standing T-Wrap		
T-Wrap to Chairs		
T- Wrap to Kneeling		
Shield Escort		
Defend Yourself RPI		
Parental Involvement		
Police Involvement		
Other		
Debrief		**Notes**
Preferred Staff		
Preferred Location		
Preferred Time		
Notes		

Management

A master copy of the plan should be kept in a specified location. Copies of the plan can be distributed and used for individual monitoring. Any individual monitoring should be transferred to the central master copy as soon as practical.
The current issue number for the plan should be prominently displayed to ensure all staff are working to the latest Issue.

Conclusion

The full 'Individual Child Risk Management Plan' allows all interested parties to offer suggestions on proactive, developing and reactive strategies to manage the residual risk remaining after all existing behaviour management strategies have been exhausted.

The full plan is aimed towards creating the 'Risk Reduction Plan', which becomes the working Document.
It ensures that the available staff has the necessary skills to implement the agreed strategies

Through negotiation suggestions from any source can be added to the plan and the effect on the risk of harm can be monitored.

Once all possible sources of alternative strategies, to reduce the risk of harm, have been considered, implemented and monitored any remaining risk of harm can be acknowledged as unavoidable within the present context.

Glossary of terms and descriptions

Contingent touch:

Children like to make contact with adults for all kinds of reasons (holding hands in the playground, for example). Physical contact also has a positive side: comforting children, shaking hands, etc. Terminology should implicitly acknowledge that good relationships are at the core of managing all behaviour strategies.

Contingent touch has to be managed in order to make sure that it is done appropriately and leaves neither party vulnerable to allegations of abuse. Planned handling can be viewed as positive, because it is committed to keeping children and adults safe and included in all settings.

Norfolk agencies:

This refers to the statutory services of Norfolk Children's Services, Norfolk Community Health Care and its partner representative bodies of Break, Aspergers East Anglia.

High medium and low, intervention:

These terms are used to give the reader practical assistance in determining the level of intensity of an incident and the type of intervention which may be required.

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Care and Control: West Midlands SEN Regional Partnership. 2004

Care Standards Act 2000: DoH

Department of Health Children Act 1989 and 1993 Guidance on "Permissible Forms of Control in Children's Residential Care"

DCSF Education Act 2006, 2005, 2004

DCSF The Use of Force to Control or Restrain Pupils: 2007

DfES SEN Code of Practice 2001

Disability Discrimination Act 1995 and the SEN and Disability Act 2001

DoH Guidance under Section 7 of the Local Authority and Social Services Act 1970

Every Child Matters 2004: www.everychildmatters.gov.uk

Human Rights Act 1998

Joint DfES and DoH Guidance for Restrictive Physical Interventions July 2002

Mental Health Foundation: Research report : 1994

National Minimum Standards for Care Homes for Younger Adults and Adult Placements

National Service Framework. Standards 8&9. DfES/ DoH 2004

Norfolk County Council Corporate Health and Safety Policy (Issued 11.3.04)

Norfolk County Council Education Department Health and Safety Policy (March 2003)

Norfolk County Council Health Service Primary Care Trust Health and Safety Policies

Norfolk County Council / Partnership Vision for children and young people: www.norfolk.gov.uk

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Physical Interventions and the Law: Lyon.C, Pimor.A. 2004. bild

Physical Interventions – A Policy Framework: Harris et al 1996. bild

Physical Intervention Project Report. Plumb. A. 2003.

Response and Responsibilities: June 2007 Team Teach. www.team-teach.co.uk

The UN Convention on the Rights of the Child (entered into force 2.9.90)

Valuing People White Paper: A New Strategy for Learning Disability for the 21st Century. 2001

Working Together 2006: HM Gov. TSO. www.tsoshop.co.uk

Acknowledgements

The Norfolk Joint Services Group would like to thank all those who have contributed to the production of this documentation.

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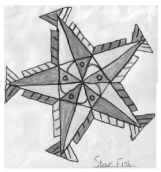
If you would like this document in large print, or an alternative version please contact Margaret Coard on 01603 433276, and we will do our best to help.

IN TRAN
communication for all

Break
All about Caring

STARFISH TEAM



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