



# **Restrictive Physical Intervention Policy**

Reviewed Nov 2023  
To Be Reviewed by Nov 2024

## **St Michael's Church of England Infant School- Restrictive Physical Intervention Policy**

### **Background**

We define restrictive physical intervention as follows:

Restrictive physical intervention is when a member of staff uses force intentionally to restrict a child's movement against his or her will.

All staff within this setting aim to help children take responsibility for their own behaviour.

We do this through a combination of approaches, which include:

- positive role modelling
- teaching an interesting and challenging curriculum
- setting and enforcing appropriate boundaries and expectations
- and providing supportive feedback.

More details about this and our general approach to promoting positive behaviour can be found in our behaviour policy.

There are times when children's behaviour presents particular challenges that may require restrictive physical intervention. This policy sets out our expectations for the use of such intervention. It is not intended to refer to the general use of physical contact which might be appropriate in a range of situations, such as:

- giving physical guidance to children (for example in practical activities and PE)
- providing emotional support when a child is distressed
- providing physical care (such as first aid or toileting).

We exercise appropriate care when using physical contact; there are some children for whom physical contact would be inappropriate (such as those with a history of physical or sexual abuse, or those from a certain cultural/religious group). We pay careful attention to issues of sex and privacy, and to any specific requirement of certain cultural/religious groups.

### **Principles for the use of restrictive physical intervention**

We only use restrictive physical intervention where the risks involved in using force are outweighed by the risks involved in not using force. It is not our preferred way of managing children's behaviour. Restrictive physical intervention may be used only in the context of a well-established and well implemented positive behaviour management framework with the exception of emergency situations. We describe our approach to promoting positive behaviour in our Behaviour Policy. We aim to do all we can in order to avoid using restrictive physical intervention.

We would only use restrictive physical intervention where we judge that there is no reasonably practicable less intrusive alternative. However, there may be rare situations of such concern where we judge that we would need to use restrictive physical intervention immediately. We would use restrictive physical intervention at the same time as using other approaches, such as saying, "Stop!" and giving a warning of what might happen next. Safety is always a paramount concern and staff are not advised to use restrictive physical intervention if it is likely to put themselves at risk. We will make parents/guardians aware of our Physical Intervention policy alongside other policies when their child joins our school.

### **Duty of Care**

We all have a duty of care towards the children in our setting. This duty of care applies as much to what we don't do as what we do do. When children are in danger of hurting themselves or others, or of causing significant damage to property, we have a responsibility to intervene. In most cases, this involves an attempt to divert the child to another activity or a simple instruction to "Stop!" along with a warning of what might happen next. However, if we judge that it is necessary, we may use restrictive physical intervention.

### **Reasonable Force**

When we need to use restrictive physical intervention, we use it within the principle of reasonable force. This means using an amount of force in proportion to the circumstances. We use as little force as is necessary in order to maintain safety, and we use this for as short a period as possible.

### **When Restrictive Physical Intervention Might be Used**

The use of restrictive physical intervention may be justified where a pupil is:

1. committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil)
2. causing personal injury to, or damage to the property of, any person (including the pupil himself)
3. 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.

Restrictive physical intervention may also be appropriate where, although none of the above have yet happened, they are judged as highly likely to be about to happen. We are very cautious about using restrictive physical intervention where there are no immediate concerns about possible injury or exceptional damage to property. Restrictive physical intervention would only be used in exceptional circumstances, with staff that know the student well and who are able to make informed judgements about the relative risks of using, or not using, restrictive physical intervention; for example stopping a younger child leaving the school site. The main aim of restrictive physical intervention is usually to maintain or restore safety. We acknowledge that there may be times when restrictive physical intervention may be justified as a reasonable and proportional response to prevent damage to property or to maintain good

order and discipline at the school.

However, we would be particularly careful to consider all other options available before using restrictive physical intervention to achieve either of these goals. In all cases, we remember that, even if the aim is to re-establish good order, restrictive physical intervention may actually escalate the difficulty. If we judge that restrictive physical intervention would make the situation worse, we would not use it, but would do something else (like go to seek help, make the area safe or warn about what might happen next and issue an instruction to stop) consistent with our duty of care. Staff take into consideration that the best interest of the child is paramount and this should then be weighed up against the safety and rights of others. To be confident in our judgements, we ensure staff are up to date with recent legislation and guidance of good practice in the area. Our duty of care means that we might use a restrictive physical intervention if a child is trying to leave our site and we judged that they would be at unacceptable risk. This duty of care also extends beyond our site boundaries: there may also be situations where we need to use restrictive physical intervention when we have control or charge of children off site (e.g. on trips).

We never use restrictive physical intervention out of anger or as a punishment.

### **Who can use Restrictive Physical Intervention**

If the use of restrictive physical intervention is appropriate, and is part of a positive behaviour management framework, a member of staff who knows the child well should be involved, and where possible, trained through an accredited provider in the use of restrictive physical intervention. However, in an emergency, any of the following may be able to use reasonable force in the circumstances set out in Section 93 of the Education and Inspections Act (2006):

1. any teacher who works at the school,
2. any other person whom the headteacher has authorised to have control or charge of pupils, including: (a) support staff whose job normally includes supervising pupils such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors; and (b) people to whom the headteacher has given temporary authorisation to have control or charge of pupils such as paid members of staff whose job does not normally involve supervising pupils and unpaid volunteers (e.g: a parent who has accompanied children on a school visit).

### **Planning around an individual Risk Assessment**

In most situations, our use of restrictive physical intervention is in the context of a prior risk assessment which considers:

- a) What the risks are
- b) Who is at risk and how
- c) What we can do to manage the risk (this may include the possible use of restrictive physical intervention)

We use this risk assessment to inform the individual behaviour plan that we develop to

support the child. If this behaviour plan includes restrictive physical intervention it will be as just one part of a whole approach to supporting the child's behaviour.

The behaviour plan outlines:

- Our understanding of what the child is trying to achieve or communicate through his/her behaviour.
- How we adapt our environment to better meet the child's needs.
- How we teach and encourage the child to use new, more appropriate behaviours.
- How we reward the child when he or she makes progress.
- How we respond when the child's behaviour is challenging (responsive strategies). We pay particular attention to responsive strategies. We use a range of approaches (including humour, distraction, relocation, and offering choices) as direct alternatives to using restrictive physical intervention. We choose these responsive strategies in the light of our risk assessment.

We draw from as many different viewpoints as possible when we anticipate that an individual child's behaviour may require some form of restrictive physical intervention. In particular, we include the child's perspective. We also involve the child's parents (or those with parental responsibility), staff from our school who work with the child, and any visiting support staff (such as Educational Psychologists, Primary Behaviour Service, Speech and Language Therapists, Social Workers and colleagues from the Child and Adolescent Mental Health Services).

We record the outcome from these planning meetings and seek parental signature to confirm their knowledge of our planned approach. We review these plans at least once every four to six months, or more frequently if there are any concerns about the nature or frequency of the use of restrictive physical intervention or where there are any major changes to the child's circumstances.

We recognise that there may be some children within our school who find physical contact in general particularly unwelcome as a consequence of their culture/religious group or disability. There may be others for whom such contact is troubling as a result of their personal history, in particular of abuse. We have systems to alert staff discreetly to such issues so that we can plan accordingly to meet individual children's needs. Where an individual child has an individual positive behaviour management plan, which includes the use of restrictive physical intervention, we ensure that such staff receive appropriate training and support in behaviour management as well as restrictive physical intervention. We consider staff and children's physical and emotional health when we make these plans and consult with the child and their parents/guardians. Where a child does not have an existing behaviour plan or risk assessment – i.e., in an emergency, staff do their best, using reasonable force within their duty of care.

## **What type of Physical Intervention can be used?**

Any use of restrictive physical intervention by our staff should be consistent with the principle of reasonable force. In all cases, staff should be guided in their choices of action by the principles in section 2 above.

Staff should not act in ways that might reasonably be expected to cause injury, for example by:

- holding a child around the neck or collar or in any other way that might restrict the child's ability to breathe
- twisting or forcing limbs against a joint
- holding a child by the hair or ear.

Where staff need specific training in the use of restrictive physical intervention, we arrange that they should receive Team Teach training, through Hampshire County Council. This training is accredited by the Institute of Conflict Management (ICM). We ensure that staff have access to appropriate refresher training.

Further, we actively work to ensure general training is accessed by our staff in the following areas:

- those relating to legal issues policy and risk assessment
- understanding behaviour and planning for change.
- de-escalation techniques.

A record of such training is kept and monitored. **See Appendix 3.**

We do not plan for and do not advise, except in emergency situations, staff to use seclusion. Seclusion is where a young person is forced to spend time alone in a room against their will. Examples could include: - Where a child has been escorted to a room in order to remove them from a dangerous situation and staff members observe them from outside of the room whilst holding the door shut (e.g. through a window), or the door being locked. - Where a staff member has removed all the class members from a room and in order to prevent the pupil displaying the challenging behaviour from following, the door is shut so they are prevented from leaving. If we need to seek further advice around the use of seclusion, other than in an isolated emergency situation, we would contact the lead Educational Psychologist for further advice and guidance. We carefully consider wider issues around the long term segregation of children and young people (e.g., including the removal of outdoor spaces or educating children or young people away from peers) and are clear about how these relate to Article 5 of the Human Rights Act (1998). The reasons for any courses of action should be clearly explained to the young person and their family.

## **Recording and Reporting**

We record any use of restrictive physical intervention using the record form on our system and we then save this to CPOMS.

We do this as soon as possible after an event, ideally within 24 hours. Where an incident causes injury to a member of staff, it should be recorded as per the corporate

accident/incident reporting procedure using the online report form. Further, our governing body ensures that procedures are in place for recording significant incidents and then reporting these incidents as soon as possible to pupil's parents. After using restrictive physical intervention, we ensure that the headteacher is informed as soon as possible. We also inform parents by phone or face to face. A copy of the record form is also available for parents to read if requested. Records are retained for 25 years after the date of birth of the child. In rare cases, we might need to inform the police, such as in incidents that involve the possession of weapons. This would be in line with our general practice, informed by the DfE Guidance Searching, Screening and Confiscation: Advice for schools (2018) and Section 45 of the Violent Crime Reduction Act 2006.

### **Supporting and Reviewing**

We recognise that it is distressing to be involved in a physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened. After a restrictive physical intervention, we give support to the child so that they can understand why it was necessary. Where we can, we record how the child felt about this. We use the guidance in the Hampshire document 'Planning and recording physical intervention in schools (updated April 2022)' – we support the child to help them record their views. Where it is appropriate, we have the same sort of conversations with other children who observed what happened.

In all cases, we will wait until the child has calmed down enough to be able to talk productively and learn from this conversation. If necessary, the child will be asked whether he or she has been injured so that appropriate first aid can be given. This also gives the child an opportunity to say whether anything inappropriate has happened in connection with the incident. We also support adults who were involved, either actively or as observers, by giving them the chance to talk through what has happened with the most appropriate person from the staff team.

A key aim of our after-incident support is to repair any potential strain to the relationship between the child and the people that were involved in the restrictive physical intervention.

After a restrictive physical intervention, we consider whether the individual behaviour plan needs to be reviewed so that we can reduce the risk of needing to use restrictive physical intervention again.

### **Monitoring**

We monitor the use of restrictive physical intervention in our school. The Headteacher and the SENDco/DHT are responsible for reviewing the records on a termly basis, and more often if the need arises, so that appropriate action can be taken. A summary is also given to the governing body by the Headteacher. Our analysis considers equalities issues such as age, sex, disability, culture and religion issues in order to make sure that there is no potential discrimination; we also consider potential child protection issues. We look for any trends in the relative use of restrictive physical intervention across different staff members and across

different times of day or settings. Our aims are to protect children, to avoid discrimination and to develop our ability to meet the needs of children without using restrictive physical intervention. We report this analysis back to the governing body so that appropriate further action can be taken and monitored.

## Concerns and Complaints

The use of restrictive physical intervention is distressing to all involved and can lead to concerns, allegations or complaints of inappropriate or excessive use. In particular, a child might complain about the use of restrictive physical intervention in the heat of the moment but on further reflection might better understand why it happened. In other situations, further reflection might lead the child to feel strongly that the use of restrictive physical intervention was inappropriate. This is why we are careful to ensure all children have a chance to review the incident after they have calmed down. If a child or parent has a concern about the way restrictive physical intervention has been used, our school's complaints procedure explains how to take the matter further and how long we will take to respond to these concerns. Where there is an allegation of assault or abusive behaviour, we ensure that the headteacher is immediately informed. We would also follow our child protection procedures. In the absence of the headteacher, in relation to restrictive physical intervention, we ensure that the deputy headteacher is informed. If the concern, complaint or allegation concerns the headteacher, we ensure that the Chair of Governors is informed. Our staff will always seek to avoid injury to the pupil, but it is possible that bruising or scratching may occur accidentally. This is not to be seen as necessarily a failure of professional technique but a regrettable and infrequent side effect of making sure the service user remain safe. If parents/carers are not satisfied with the way the complaint has been handled, they have the right to take the matter further as set out in our complaints procedure.

The results and procedures used in dealing with complaints are monitored by the governing body.

**Policy Adopted: Nov 2023**

**Review: Nov 2024**



# Appendix One: Summary Guidance for Staff on the use of Physical Intervention

## Introduction

This guidance for staff is a summary of our school's detailed policy on the use of physical intervention. Where staff are in any doubt about the use of physical intervention, they should refer to the full policy. This summary guidance refers to the use of restrictive physical intervention (restraint) which we define as "when a member of staff uses force intentionally to restrict a child's movement against his or her will". Staff should not feel inhibited from providing physical intervention under other circumstances, such as providing physical support or emotional comfort where such support is professionally appropriate. The use of such support must be consistent with our Child Protection policy.

## Who can restrain? Under what circumstances can restraint be used?

Everyone has the right to use reasonable force to prevent actual or potential injury to people or damage to property (Common law power). Injury to people can include situations where a child's behaviour is putting him or herself at risk. In all situations, staff should always aim to use a less intrusive technique (such as issuing direct instructions, clearing the space of danger or seeking additional support) unless they judge that using such a technique is likely to make the situation worse. Teachers and other authorised staff (see full policy for more details about this) may also use reasonable force where a child's behaviour is prejudicial to the maintenance of good order. Staff should be very cautious about using restrictive physical intervention under such circumstances, as it would only be appropriate in exceptional circumstances.

Statutory power - Section 93 of the Education and Inspections Act (2006) enables school staff under statutory power to use such force as is reasonable and proportionate to prevent a pupil from doing or continuing to do any of the following:

- committing an 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 the property of, any person (including the pupil himself) and
- 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).

Restraint should never be used as a substitute for good behaviour management, nor should it be employed in an angry, frustrated, threatening or punishing manner.

Although all staff have a duty of care to take appropriate steps in a dangerous situation, this does not mean that they have to use restraint if they judge that their attempts to do so are likely to escalate the situation. They may instead issue a direction to stop, call for additional assistance or take appropriate action to make the environment as safe as possible (e.g. by clearing the room of children). Where it is anticipated that an individual pupil's behaviour makes it likely that they may be restrained, a risk assessment and intervention plan should be

developed and implemented.

### **What type of restraint can be used?**

Any use of restrictive physical intervention should be consistent with the principle of reasonable force. This means it needs to be in proportion to the risks of the situation, and that as little force is used as possible, for as short a period of time, in order to restore safety. Staff should:

#### **Before Physical Contact:**

Use all reasonable efforts to avoid the use of physical intervention to manage children's behaviour. This includes issuing verbal instructions and a warning of an intention to intervene physically.

Try to summon additional support before intervening. Such support may simply be present as an observer or may be ready to give additional physical support as necessary.

Be aware of personal space and the way that physical risks increase when a member of staff enters the personal space of a distressed or angry child. (Staff should also note that any uninvited interference with a student's property may be interpreted by them as an invasion of their personal space.)

Staff should either stay well away or close the gap between themselves and the child very rapidly, without leaving a "buffer zone" in which they can get punched or kicked. Avoid using a "frontal", "squaring up" approach, which exposes the sensitive parts of the body, and which may be perceived as threatening. Instead, staff should adopt a sideways stance, with their feet in a wide, stable base. This keeps the head in a safer position, as well as turning the sensitive parts of the body away from punches or kicks. Hands should be kept visible, using open palms to communicate lack of threat.

#### **Where Physical Contact is Necessary:**

Aim for side-by-side contact with the child. Staff should avoid positioning themselves in front of the child (to reduce the risk of being kicked) and should also avoid adopting a position from behind that might lead to allegations of sexual misconduct. In the side-by-side position, staff should aim to have no gap between the adult's and child's body. This minimises the risk of impact and damage. Aim to keep the adult's back as straight and aligned (untwisted) as possible. We acknowledge that this is difficult, given that the children we work with are frequently smaller than us.

When attempting to make safe if a child has hold of another person (adult or child), ensure they are able to release their grip, but stabilise their position for balance, and make safe by ensuring they cannot pull away. Beware in particular of head positioning, to avoid clashes of heads with the child. Hold children by "long" bones, i.e. avoid grasping at joints where pain and damage are most likely. For example, staff should aim to hold on the forearm or upper arm rather than the hand, elbow or shoulder. Ensure that there is no restriction to the child's ability to breathe. In particular, this means avoiding holding a child around the chest cavity

or stomach. Do all that they can to avoid lifting children. Keep talking to the child (for example, "When you stop kicking me, I will release my hold") unless it is judged that continuing communication is likely to make the situation worse. Don't expect the child to apologise or show remorse in the heat of the moment. Use as little restrictive force as is necessary in order to maintain safety and for as short a period of time as possible.

### **After an Incident**

It is distressing to be involved in a restrictive physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened. All those involved in the incident should receive support to help them talk about what has happened and, where necessary, record their views. Where appropriate and possible, we also encourage staff to contact the Employee Support Line (ESL), at Employee Support (Employee Assistance Programme) Hampshire County Council ([hants.gov.uk](http://hants.gov.uk)) or contact the Teacher Support Line on 08000 562 561. Staff should inform the headteacher as soon as possible after an incident of restrictive physical intervention; parents/carers should also be informed.

The physical intervention record should be completed as soon as possible and in any event within 24 hours of the incident.

There should also be a review following the incident so that lessons can be learned to reduce the likelihood of recurrence in the future.

## **Appendix 2- Authorised Staff**

Teachers and those whose contracts give them control and charge of pupils are authorised by statute to use reasonable force if necessary in order to prevent a pupil from doing, or continuing to do any of the following:

1. committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil).
2. causing personal injury to, or damage to the property (including the pupil himself).
3. 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.

However, school staff are cautious about the use of restrictive physical intervention under the “prejudicial to the maintenance of good order and discipline” clause and would only do this in exceptional circumstances, with staff that know the student well and who are able to make informed judgements about the relative risks of using, or not using, restrictive physical intervention.

The headteacher may wish to specifically authorise other individuals to have control and charge of pupils for a specific period of time, e.g. for the duration of a school trip. The headteacher should ensure that these people, and everyone automatically authorised by contract, are aware of what the authorisation means. The headteacher should also ensure that those not authorised have been told what steps to take in the case of an emergency.

### Appendix 3- Record of Staff Training

The table below is record of all staff training relating to behaviour management, preventative approaches, managing conflict and restrictive physical intervention techniques.

Name of those trained	Dates of training	Course attended	Dates for future refresher training
Aimee Gillen (LSA) Dot Patton (HT) Sarah Boon (T) Becky Carey (ESLA)	Jan 2022	Team Teach- blended learning Level 1	Nov 2024
Jo Westmorland (LSA)  Lisa Pratt (LSA)  Claire Dickie (HLTA)	May 2022	Team Teach- Level 1- 6 hours	March 2025

Katie Kerr	Oct 2023		
Trudi Stafford	Nov 2023		

## Appendix 4- Risk Assessment Document

<b>Individual Risk Assessment</b>
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<b>PART 1</b>	<b>GENERAL ASSESSMENT INFORMATION &amp; SUMMARY COMMENTS</b>
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<b>School / Site</b>	St Michael's Infant School
<b>Name of child</b>	
<b>Age &amp; year group</b>	
<b>Assessment date</b>	

<b>Assessment reviews</b>	Set future review dates & sign/comment upon completion		
<b>Review date</b>	<b>Reviewed by</b>	<b>Reviewer signature</b>	<b>Remarks</b>

### Influencing factors

When considering risk, the individual's character, and local on-site and off-site factors may have a significant impact in influencing the probability of the challenging behaviour taking place. Consider the factors below and/or add other factors to assist in determining where and when such challenging behaviour may be triggered or influenced.

Some influencing factors may be particularly closely related to particular challenging behaviours.

You may choose to show this by recording the Influencing Factor codes (below) relating to each influencing factor in the final column of **Table One**. This may enable you to plan your preventive measures more specifically.

CODE	POSSIBLE INFLUENCING FACTORS
1	Periods of unstructured activity
2	Particular environments or lessons or transition times
3	Spaces which involve close physical proximity
4	Home pressures/factors including changes in, or unsettled home environment
5	School pressures/factors including assessment periods or routine changes
6	Particular adults or children in school
7	Availability of dangerous equipment
8	Other (please specify)

**Table One – Behaviours Causing Concern**

The challenging behaviours listed in Table One (below) represent a typical range of potential behaviours which may not necessarily represent those challenging behaviours that are being addressed on your particular site.

Where these listed behaviours (below) differ from those being experienced on your site, you are encouraged to adapt and /or insert the challenging behaviours that are specific to the problems being encountered at your site and which are pertinent to the behavioural actions of the child.

Table One CHALLENGING BEHAVIOUR (RISK AREA)	BEHAVIOURS CAUSING CONCERN			
	Self	Other Children	Staff	Objects
Running from immediate location				
Refusal to move or obey instruction				
Running off site				
Hiding				
Tipping furniture over				
Verbal aggression (shouting, threats)				
Throwing of objects				
Kicking				
Punching				
Biting				
Scratching				
Spitting				
Intimidation through physical actions and verbally				



Use of equipment as weapon (throw)				
Property destruction or damage				

PART 2	Preventative Measures
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A range of common and site specific preventive measures can be implemented to reduce the risks associated with challenging behaviour so as to protect those potential targets from unnecessary harm and distress. Use **Table Two** and **Table Three** to show whether these are:

- Currently in place (P)
- Currently being actioned (A)
- Considered to be inappropriate to the particular risks presented (I)
- Previously actioned but proven to be unmanageable and ineffective (U)

### Table Two – Proactive measures

These measures are intended to prevent challenging behaviour and prevent or reduce the probability of the onset of conditions that would potentially facilitate the challenging behaviour.

Table Two	PROACTIVE MEASURES	P	A	I	U
	Eliciting pupil view in planning and review				
	Providing regular feedback and pastoral support to pupil				
	Involving parent/carer in decision-making and planning				
	Involving outside agencies (e.g. EP, BSU, Social Services) PBS consultation				
	Establishing an individual plan – personalised timetable to include PE without the class, regular opportunities to play and read.				
	Providing regular supervision to staff working with the pupil				
	Adapting curriculum arrangements to reflect challenge, choice & structure levels appropriate to the pupil's assessed needs –				
	Adapting group arrangements to promote positive peer models and minimise inappropriate contact				
	Arranging furniture and other equipment to minimise movement and frustration				
	Providing frequent rest or change of activity opportunities				

Establishing a positive teaching programme to increase the pupil's range of appropriate skills				
Providing a range of rewards which the pupil can earn by demonstrating the skills defined in the teaching programme, and through other appropriate behaviour				
Identifying the message communicated by the pupil's behaviour				
Agreeing key reactive strategies for handling incidents of challenging behaviour with all staff likely to be in contact with the pupil, and ensuring that these plans are shared with parents				
Providing staff support at difficult times, such as start of day, changeover between lessons, break times, specific lessons				
Systematically reviewing difficult incidents in order to improve upon practice and learn from experience				
Other proactive measures				

**Table Three – Reactive measures**

These measures and strategies are intended to enable an effective response to early warning signs or an escalating situation where challenging behaviour may take place or may already have taken place, or where conditions have facilitated an opportunity for challenging behaviour to take place.

<b>Table Three</b>	<b>REACTIVE MEASURES</b>	<b>P</b>	<b>A</b>	<b>I</b>	<b>U</b>
Active listening					
Environmental adaptation (eg. removing triggers, changing peer and/or staffing arrangements) (Please specify) Different staff intervene, adapting physical environment e.g: ...at the front of the line.					
Diversion or distraction to a preferred activity – ▪					
Assistance in the use of an agreed strategy such as a particular communication symbol or an exit card (Please specify)					
Physical intervention (See Note 1 below) (Please specify the planned technique)					

Note 1:

All physical intervention must take place within the context of the Hampshire County Council guidance '*Guidelines for the use of physical restraint in schools maintained by Hampshire County Council*'.

**Key actions**

It is expected that any child whose behaviour is challenging may already have an individual behaviour management plan which has been shared with all affected parties eg. staff. This will already record many of the proactive and reactive strategies designed to reduce the level of risk presented by that child's challenging behaviour. There is no need to repeat these below. Instead, (where applicable) note the date when this plan was initially drawn up and note its proposed review date in the two boxes below.

<b>Date of current individual behaviour management plan</b>	
<b>Proposed date for review of current plan</b>	

<b>Name of assessor</b>	<b>Signature of assessor</b>	<b>Date</b>

Risk Assessment Summary

Name of Child				Completed on:
Behaviour Causing Concern	Environment where it is likely to be shown	Seriousness (A, B or C)	Key Preventative Strategies	Key Reactive Strategies

## Guidance Notes for Carrying out the Assessment:

### Introduction to Risk Assessment

The Health and Safety Executive recommend five steps to risk assessment:

1. Look for the hazards
2. Decide who might be harmed and how
3. Evaluate the risks and decide whether the existing precautions are adequate or whether more should be done
4. Record your findings
5. Review your assessment and revise it if necessary

Risk assessments of challenging behaviour are influenced by the complex, interactional nature of human behaviour. Most young people will already be supported through individual plans, which will include reference to many aspects of risk assessment. The following format is offered as one way of addressing the five steps above, but should be seen in the context of all the other positive planning that already takes place. This detailed level of risk assessment will not be appropriate in all circumstances but is important where there is feeling that individual or collective behaviours represent a significant hazard. The framework contains the following sections:

#### Behaviours Causing Concern

This section allows a clear description of risks – what types of behaviour does the pupil engage in, which present a risk to others? Action taken in response to this level of risk will vary according to the probability of the behaviour occurring, and the usual intended target for each behaviour.

#### Possible Influencing Factors

Behaviour is influenced by the context in which it occurs. This section allows staff to identify key contextual factors such as the physical and social environment, the curriculum and the recent personal history of the pupil.

#### Preventative Measures

Schools can take a range of preventive measures to reduce the risk of challenging behaviour being shown, or to reduce its intensity and duration if it has started. Some preventive measures may be implemented before the challenging behaviour even occurs; others will be responses to early warning signs, or an escalating situation.

Specific actions will be related to the assessment of the behaviour and its influencing factors.

## Monitoring and Review

Behaviour changes over time, and risk assessments will also need to change. Review cycles for individual plans are built into the Special Educational Needs Code of Practice, and it will be important for risk assessments to be reviewed at least as often as twice yearly in order for them to be useful documents. In many cases, the review pattern will need to be more frequent. These reviews need to be informed by data about the ongoing level of risk. This document does not recommended formats for gathering this data, as many sources will already be available within the school.

Data sources will include:

- The young person's views
- The views of those that know the young person from school, at home and in other relevant settings
- Specific incident report forms, such as violent incident records, physical intervention report forms and pastoral records of serious incidents
- Details of points/merits etc. awarded for appropriate behavior

Useful questions to ask at the review stage include:

- Are any new patterns emerging?
- Has the duration, frequency or intensity of the behaviour changed?
- Has the level of risk altered?
- Which preventive and reactive strategies are working/not working? Why? How do we know?
- Is there anyone else who needs to be involved in the planning and review process?

### Key Actions

It is important that the risk assessment process does not simply replicate planning and intervention already recorded in other places. The "Key actions" section simply provides a format for recording any actions that are additional to those already recorded.

## **Appendix 5: Related National Guidance**

**This policy has been written in the light of more specific guidance that is available to schools.**

**The main national guidance refers to the Education and Inspections Act (2006)**

**Department for Education and the Department for Health and Social Care (2019)**

**Reducing the Need for Restraint and Restrictive Physical Intervention Department for Education (2021)**

**Keeping Children Safe in Education: for schools and colleges Department for Education (2023)**

**Searching, Screening and Confiscation: Advice for schools Department for Education (2016) Behaviour and Discipline in Schools.**

**Guidance for headteachers and staff. Department for Education (2013)**

**Our school policy is based on guidance from Hampshire County Council: Hampshire County Council (2022) Planning and recording physical interventions in schools**

## **Appendix 6: Key Children's Services Department Personnel**

**Lead person for Physical Intervention (Education) on behalf of the Physical Intervention Steering Group:**

**Helen Carlow, Educational Psychologist Four Chimneys, Winton Close, SO22 6AB Tel: 01962 876239:**

**Email: [helen.carlow@hants.gov.uk](mailto:helen.carlow@hants.gov.uk)**