
Restrictive Physical Intervention Policy



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Responsibility:

Full Governing Body

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Statement of Intent

The Governing Body of Ringwood Junior School is committed to equality for everyone across all aspects of school life. We aim to ensure that equality is incorporated into existing and future policies to eliminate unlawful discrimination, harassment, and victimisation and to advance equality of opportunity between different groups with particular emphasis towards the “protected characteristics” now enshrined in the Equality Act 2010.

The School Access Action Plan has been incorporated into the Single Equality Policy to incorporate those duties provided in the Disability Discrimination Act 1995, as amended by the SEN and Disability Act 2001 (SENDA). We aim to reduce and eliminate barriers to access to the curriculum and to full participation in the school community for pupils, and prospective pupils, with a disability.

Where specific duties come into force under the Equality Act 2010, these will be incorporated into the individual policies by the Governing Body’s sub-committees to ensure a cohesive framework for the benefit of our school, its staff, and visitors to the school. Where appropriate, the committees will have responsibility for publishing equality information and objectives.

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).*

This policy is consistent with our Child Protection and Equal Opportunities policies, and with national and local guidance for schools on safeguarding children.

We exercise appropriate care when using physical contact (there is further guidance in our Child Protection policy); 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 certain cultural/religious groups). We pay careful attention to issues of gender and privacy, and to any specific requirements of certain cultural/religious groups.

Principles for the Use of Restrictive Physical Intervention

In the Context of Positive Approaches

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 as the most appropriate response to the risks present in a given situation. 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 (as appropriate) 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.

Use of 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 Can Restrictive Physical Intervention Be Used

The use of restrictive physical intervention may be justified as stated in Section 93 of the Education and Inspections Act (2006) enables school staff to use such force 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); or*
- 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.

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, Team Teach accredited trained in the use of restrictive physical intervention.

However, in an emergency, any of the following may be able to use reasonable force:

-

1. *any teacher who works at the school, and*
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 (for example catering or premises-related staff) and unpaid volunteers (for example parents accompanying pupils on school organised visits. (See Appendix 2)*

Planning Around an Individual and Risk Assessment

In an emergency, staff do their best, using reasonable force within their duty of care.

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's parents/guardians.

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

- *What the risks are*
- *Who is at risk and how*
- *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, Behaviour Support Team workers, 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 4 to 6 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.

What Type of Restrictive 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 the section above (page 5).

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.*
- *Slapping, punching, or kicking a child*
- *Twisting or forcing limbs against a joint*
- *Tripping a child*
- *Holding a child by the hair or ear*

Such actions would normally be considered potentially inappropriate.

We do not plan for and do not allow, except in emergency situations, staff to use seclusion. Seclusion is where a young person is forced to spend time alone in a confined space against their will. We may, however, use withdrawal or time-out in a planned way. We define these as follows: -

- ***Withdrawal*** involves taking a young person, with their agreement, away from a situation that has caused anxiety or distress, to a place where they can be observed continuously and supported until they are ready to resume their usual activities.
- ***Time-out*** is where a response to a young person's inappropriate behaviour includes a specific period of time with no positive reinforcement as part of an overall intervention plan.

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 through the national accreditation system set up by BILD (British Institute of Learning Disabilities). We ensure that staff have access to appropriate refresher training.

Staff who have received the Team Teach Training are Carly Thornton (Assistant Head/SENCo), Graham Crane (Assistant Head), Ina Bauer (Learning Support Assistant) and Katie Gosling (Behaviour Support Worker).

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

- *relating to legal issues policy and risk assessment*
- *in addition to behaviour management strategies such as positive approaches to behaviour management*
- *de-escalation techniques and managing*

A record of such training is kept and monitored. See Appendix 2.

Recording and Reporting

We record any use of restrictive physical intervention using the HCC online reporting form - Physical Intervention Recording Form Schools. We do this as soon as possible and in any event within 24 hours of the incident. According to the nature of the incident, we may also note it in other records, such as the accident book (medical room), violent/serious incident records which are also kept in the Deputy head teacher's office and shared with appropriate Children's Services Department, e.g., Health and Safety.

After using restrictive physical intervention, we ensure that the headteacher is informed as soon as possible. We also inform the parents by phone (or by letter or note home with the child if this is not possible).

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 'Screening, Searching and Confiscation – Advice for Head Teachers, Staff and Governing Bodies' (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 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. (This could be as much as 90 minutes or more after the event has finished.) 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. Support can also be offered through the Employee Support Line or Teacher Support Line.

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. Restrictive physical interventions are recorded in writing within 24 hours which is shared with parents.

Mr Crane (Assistant Head) and Mrs Miranda Laughton (Governor representative) are responsible for reviewing the records on a termly basis, and more often if the need arises, so that appropriate action can be taken.

The information is also used by the governing body when this policy and related policies are reviewed.

Our analysis considers equalities issues such as age, gender, disability, culture, and religion 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 head teacher is immediately informed. We would also follow our child protection procedures. In the absence of the head teacher, in relation to restrictive physical intervention, we ensure that the deputy head teacher is informed. If the concern, complaint, or allegation concerns the head teacher, we ensure that the Chair of Governors is informed and Hampshire County Council.

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 school follows the guidance set out by the DFES "Safeguarding Children in Education: Dealing with Allegations of Abuse Against Teachers and other Staff 2005".

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

Reviewing this Policy

This policy is due for its review by September 2026.

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. 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, we also encourage staff to contact the Employee Support Line (ESL), a free and confidential counselling/support line on 023 8062 6606 or Teacher Support Line on 08000 562 561.

Staff should inform the head teacher as soon as possible after an incident of restrictive physical intervention; parents/carers should also be informed. The physical intervention record sheet 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 Two

Physical Intervention Record Form

Physical Intervention Record Form



Hampshire
County Council



School DCSF No..... Year Group.....

Name of child/young person

Is this young person a looked after child/SEN/vulnerability?

When did the incident occur?

Date	Day of week	Time	Where?
------	-------------	------	--------

Staff involved

Name	Designation	Team Teach trained?	Involved: physically? (P) as observer? (O)	Staff signature

Please describe the incident and include:

1. What was happening before? 2. What do you think triggered this behaviour? 3. What de-escalating techniques were used prior to physical intervention? 4. Why was a PI deemed necessary? 5. Any other information relevant to include.

Team Teach technique(s) used (tick as appropriate)

Technique	Standing/escort	Sitting/chairs	Kneeling	Ground
Breakaway/defensive				

One person				
Two people				

Please give details below of hold, e.g. single elbow, double elbow, wrap, etc.

How long was the child/young person held?

If the child/young person was held on the ground: Did they go to ground independently?*

(e.g. did the child lift their weight off the floor, or go deadweight)

Were they taken to ground by staff?*

**tick as appropriate*

Good practice dictates that schools should review what happened and consider what lessons can be learned, which may have implications for the future management of the pupil. These need not be added to this form but should be incorporated in the individual plans for the child.

Has the child/young person been held before? Yes/No

A child/young person should have an individual plan clearly detailing reactive strategies and physical intervention approaches if they have been involved in physical interventions on more than one occasion.

Does the individual support plan need to be reviewed as a result of this incident? Yes/No

Does the risk assessment need to be reviewed as a result of this incident? Yes/No

If yes, who will action and when? (less than four weeks)

Who was the incident reported to, and when?

.....

Was there any medical intervention needed? Yes/No

Include names of any injured person and brief details of injuries

.....

.....

Please specify any related record forms

Accident Book Anti Bullying and Racist Incident Record Form

Skin Map Violent Incident Record Complaints recorded

Other (please specify)

Was the pupil debriefed? Yes/No

Were staff offered a debrief? Yes/No

Was it taken up? Yes/No

Parents/carers were informed

Date	Time	By whom?	By direct contact, telephone, letter?

Form completed by:	Name	Designation	Date and time

If further advice is required around any issues related to physical intervention or the completion of this form please contact Helen Carlow on 01962 876217

Ref 4840910

Appendix Three

Risk Assessment Document

Children's Service Risk Assessment Template

FORM RATF-024 Challenging Behaviour in School Risk Assessment

(replace with more accurate title of risk assessment if required)

To be completed using local information & using the **Part 3 Guidance Notes** within this document.

This assessment is in three parts: Part 1 – General Information & Assessment Summary Comments Part 2 – The Assessment Part 3 – Guidance Notes for Carrying Out the Assessment

PART 1 - General Information & Assessment Summary Comments

School / Site

- *Insert school or site where assessment being carried out.*

Name of Pupil

- *Insert name of pupil whose behaviour is being assessed.*

Year Group

- *Insert year group of pupil under assessment.*

Assessment Date

-
- *Insert date when risk assessment is being carried out.*

Assessment Serial Number

- *Insert local serial/identification number for future reference.*

Assessor's Comments

- *Insert comments relevant to September 2009 Restrictive Physical Intervention in Schools 27 findings as appropriate.*

Name of Assessor

Signature of Assessor

Date

Assessment Reviews

- *Set future review dates and sign/comment upon comments.*

Review Date Reviewed by Reviewer

Signature

Remarks

PART 2 - The Assessment

Behaviours Causing Concern

- Use Table One to record the first two aspects of the risk assessment.*

Target

- The target column should be used to indicate the person to whom the challenging behaviour is usually directed, using the following key:*
 - **Self** *The pupil – him or herself*
 - **Staff** *Members of staff*
 - **Visitor** *Visitors to the school; members of the public when outside of school*
 - **Pupils'** *Other pupils*

- **Property** The physical environment

Probability

- Record an informed estimate of the likelihood that the behaviour will occur again, ranging from: September 2009 Restrictive Physical Intervention in Schools 28: -
 - **HL** Highly likely. Existing evidence leads staff to conclude that the behaviour is more likely than not to occur again.
 - **L** Likely. There is a possibility that the behaviour will occur again.
 - **U** Unlikely. Although the behaviour has occurred before, the context has changed or can be changed to make it unlikely to happen again
- **Seriousness.**
 - **A** This would include physical injury requiring medical attention beyond basic first aid; extensive damage to property; significant distress caused to self or others; or lengthy disruption to the normal school routines.
 - **B** This includes physical injury requiring basic first aid within the school; minor damage to property; some distress caused to self or others; or brief disruption to normal school routines.
 - **C** No physical injury or damage to property; minor distress or disruption.

Influencing Factors

- These are described in more detail in Table Two. The numbers referring to each factor may be transcribed as appropriate.

Table One

BEHAVIOURS CAUSING CONCERN

Behaviour (risk)	Target	Probability	Seriousness	Influencing factors
Verbal aggression (threatening, swearing)				
Physical aggression:				
Kicking				
Punching				

Biting Scratching Spitting (circle as appropriate)				
Hair pulling				
Intimidation communicated by physical action				
Other – please specify				
Property destruction				
Running away from immediate environment				
Running off site				
Refusal to move				
Use of equipment as weapon (throwing or hitting)				
Use of weapon				
Other (please specify)				

Influencing Factors

Risk assessment also involves an analysis of the “hazards” – the environmental factors which influence the probability of the behaviour causing concern. In a school situation, these “hazards” are likely to include features of the daily timetable, and interaction with other pupils, and even the skills that adults demonstrate when working with the pupil.

Use Table Two below to show the factors that are associated with the behaviours causing concern.

Table Two

POSSIBLE INFLUENCING FACTORS	
1. Periods of unstructured activity	
2. Transition times	
3. Availability of dangerous equipment	

4. Periods of increased pressure e.g. a. Home factors (change of home circumstances) b. School factors (assessment periods, routine changes) c. Other (please specify)	
5. Spaces which involve close physical proximity.	
6. Particular pupils/adults (please specify)	
7. Other (please specify)	

Some influencing factors will be closely related to particular behaviours. You may choose to show this by recording the number relating to each influencing factor in the final column of Table One. This will enable you to plan your preventive measures more specifically.

Preventive Measures

A range of common preventive measures can be taken to reduce the risk associated with challenging behaviour. Use the table below to show whether these are: -

- *Currently in place (P)*
- *Currently being actioned (A)*
- *Felt to be inappropriate to the particular risks presented (I)*

Table Three

PREVENTIVE MEASURES	P	A	I
Proactive measures			
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, EWO, Social Services)			
Establishing an individual plan			
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			
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.			
Identifying the message communicated by the pupil's behaviour.			
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 (Please specify)			
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Reactive strategies to respond to early warning signs or an escalating situation.			
	P	A	I
Active listening			
Environmental adaptation (removing triggers, changing peer/staffing arrangements)			
Diversion/distraction to a preferred activity (Please specify)			
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) (Please specify the planned technique)			
Other (Please specify)			

Note 1

All physical intervention must take place within the context of the “*Guidelines for the use of physical restraint in schools maintained by Hampshire County Council*” issued in September 1999. Specific training in physical intervention is available through Hampshire Educational Psychology Service.

Key Actions

It is expected that any pupil whose behaviour is challenging will have an individual behaviour management plan. This will already record many of the preventive and reactive strategies designed to reduce the level of risk presented by the pupil’s behaviour. There is no need to repeat these below. Instead, note the date when this plan was initially drawn up, and its proposed review date, and use the space available below to record any *additional* measures to be employed to reduce risk and the person responsible for implementing changes.

Date of current individual management plan:

Proposed date for review of current plan:

FURTHER MEASURES TO BE TAKEN	RESPONSIBLE PERSON

Table Four

ASSESSMENT SUMMARY

**Challenging
behaviour risk
assessment
summary for:**

Completed on:

**Behaviour(s)
causing
Concern**

**Environment(s)
where it
is likely to be shown**

**Seriousness
(A, B or C)**

Key preventive strategies

**Key reactive
strategies**

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END OF ASSESSMENT

PART 3 - 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.

Preventive 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 recommend 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 behaviour.*

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.

Risk Assessment Summary

Some schools may choose to complete the Assessment Summary shown as Table Four so that the key points arising can be shared easily amongst staff. A number of separate behaviours can be recorded with recommended action against each behaviour.

Appendix Three

Related Local and 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) and is:

Department for Education (2013) *The Use of Reasonable Force – Advice for headteachers, staff and governing bodies*

Department for Education (2018) *Screening, Searching and Confiscation – Advice for Head Teachers, Staff and Governing Bodies*

Department for Education (2012) *Dealing with Allegations of Abuse against Teachers and Other Staff*

Department for Education and Skills/Department of Health (2002) *Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders* LEA 0242/2002

Department for Education and Skills (2003) *Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties* LEA 0264/2003

Our school policy is based on guidance from Hampshire County Council:

Restrictive physical intervention in schools: Hampshire County Council guidance for schools (2020)

Hampshire County Council Policy and Guidance for Schools (July 2012)

Appendix Four

Key Children's Services Department Personnel

Lead person for Physical Intervention (Education): Helen Mabey, Educational Psychologist (Physical Intervention).

Havant Local Office. Tel: 02392 441455

Email: Helen.mabey@hants.gov.uk and

Hilary Robbins, Deputy County Service Manager (Ed Psych), Winchester Local Office. Tel: 01962 876239

Email: hilary.robbsins@hants.gov.uk

Lead for Physical Intervention (Social Care): Judy Hayes, Unit Leader, Swanwick Lodge Tel: 01489 581913

Email: judy.hayes@hants.gov.uk and

Rachel Walker, Registered Manager Swanwick Lodge/Residential Service Manager, Swanwick Lodge. Tel: 01489 581913 Email:

Rachel.walker@hants.gov.uk.

Advice may also be sought from Sue Gibson, County Senior Specialist (severe and challenging behaviour) Educational Psychologist.

Havant Local Office. Tel: 023 9244 1503:

Email: susan.gibson@hants.gov.uk

Appendix Five

Policy Acceptance

Signatures of Staff Who Have Read the Local Authority Restrictive Physical Intervention Policy, Guidance and School Restrictive Physical Intervention Policy

Name and job title	Signature	Date signed