



ST ALBAN'S CE (AIDED) PRIMARY SCHOOL

Love, Courage and Fellowship

'Inspired to make a difference in God's world with excellence and love'

Restrictive Physical Intervention Policy

2026-2027

DOCUMENT INFORMATION

Reviewed by: FGB – Curriculum and Teaching

Last Review:	Summer 2026	Next Review:	Summer 2027
Review Cycle:	annual		

BACKGROUND

This policy has been created to align with our legal duties, including our obligations under the Human Rights Act 1998 and the Equality Act 2010 and outlines the requirements for recording and reporting incidents where restrictive physical intervention or seclusion has been used.

This policy is based on guidance from the Department for Education [Use of reasonable force and other restrictive interventions guidance \(2026\)](#) which **must** be read alongside the model policy and HCC guidance document.

The following definitions inform this policy and how we might support pupils in our setting:

- **Restrictive physical intervention** - a means to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil.
- **Reasonable force:** a term used in legislation which includes restrictive physical interventions. All members of school staff have the legal power to use reasonable force in limited circumstances. Reasonable means using no more force than is necessary for the least amount of time, the application of which will depend on the circumstances.
- **Seclusion:** a non-disciplinary intervention involving keeping a pupil confined to a place away from others, and preventing them from leaving either by physical obstruction, blocking, or making them believe they will be punished if they try to leave.
- **Restraint:** a term used in legislation referring to a non-disciplinary intervention which immobilises a pupil or limits their movement. This may or may not include direct physical contact. For example, holding a pupil's arms to their sides or removing a pupil's crutches would both be considered forms of restraint.

All staff within this setting help pupils to take responsibility for their own behaviour and all **behaviour is viewed as a communication**. We do this through a combination of approaches, which include:

- Relational practice.
- Trauma informed practice.
- Positive role modelling.
- Unconditional positive regard and trusting relationships.
- Teaching a broad and balanced curriculum that is well matched to the needs of the pupils.
- Setting appropriate boundaries and holding high expectations for all.
- Providing supportive feedback.
- Consideration of how the school and classroom environment can support all pupils to achieve and thrive.
- Sharing best practice for whole class behaviour management, and for managing communal spaces.

- Training staff in effective communication strategies.
- Recording and analysing data on the use of restrictive physical intervention to inform future plans.
- Working closely and collaboratively with parents of individual pupils.
- Develop strategies to support individual pupils based on their identified needs.
- Meeting the legal requirements of the Equality Act 2010 through provision of reasonable adjustments to ensure that pupils can benefit from what our setting offers.
- Using preventative de-escalation techniques giving pupils time, space and taught strategies to be co-regulated or self-regulated.

More details about our positive approach to behaviour can be found in our Relational Behaviour Policy.

There are times when pupil's behaviour presents particular challenges that may require restrictive physical intervention and the use of reasonable force. These occasions will be rare, and intervention will only be used when necessary, appropriate and in the best interests of the pupil following the use of de-escalation strategies. 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:

- To give first aid.
- To support physical care.
- To guide or escort pupils, such as holding the hand of a pupil at the front/back of the line when going to assembly, when walking together around the school or on a school trip, or when helping a pupil to a space they have chosen to access to self-regulate.
- To comfort a distressed pupil.
- To congratulate or praise a pupil, for example a pat on the back or a handshake.
- To demonstrate how to use a musical instrument.
- To demonstrate exercises or techniques during PE lessons or sports coaching.

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

We exercise appropriate care when using physical contact and acknowledge that for some pupils, physical contact would be inappropriate. Although, it is acknowledged that in an emergency physical contact may be required. For example, those with a history of physical or sexual abuse or those from certain cultural or religious groups. We pay careful attention to issues of sex and privacy, and to any specific requirements of certain cultural or religious groups.

When can restrictive physical intervention be used

- To prevent a pupil from doing or continuing to cause injury to themselves or others.
- To prevent a pupil from committing or continuing to commit a criminal offence.

- To prevent a pupil from causing damage or continuing to cause significant damage to property.
- To prevent a pupil from causing disorder among pupils at the setting, whether during a teaching session or otherwise or continuing to cause disorder among pupils at the setting. (However, we would not consider restrictive physical intervention or the use of reasonable force to be appropriate unless there was a direct risk of harm to a pupil, their peers or the staff involved because of the disorder.)

The decision to use restrictive physical intervention will be informed by the following questions as part of a dynamic, in the moment, risk assessment:

- Is it necessary?
- Is it proportionate?
- Has the pupil's welfare been considered?
- Is it a last resort?
- Is there an alternative less intrusive reasonably practicable action?

Who can use restrictive physical intervention

All staff can use restrictive physical intervention including the use of reasonable force to maintain safety in an emergency.

All teachers and any other person, who by virtue of their contract, have control or charge of pupils are authorised to use restrictive physical intervention including reasonable force under the conditions listed above.

At times, the Headteacher may authorise additional staff to have control or charge of pupils and therefore be able to use restrictive physical intervention including the use of reasonable force.

All staff in our school receive regular training in relation to managing behaviour including co-regulation, de-escalation and planning for behaviour change. Records of this are maintained by the school, using CPOMS, and these are monitored by the Governing Body.

Where it is likely that a member of staff may be required to support a pupil by restrictive physical intervention, they access training from an accredited provider and risk assessments are used to ensure that this can happen as safely as possible.

What type of physical intervention can be used

We all have a duty of care towards the pupils in our setting. This applies as much to what we **don't** do as what we **do**. We have a responsibility to intervene to keep pupils safe, taking control for the pupil, not control of them.

We do not use restrictive physical intervention for the purpose of punishment. We do not make use of any technique that could affect a pupil's breathing, risk positional asphyxia or affect circulation or apply pressure to their neck or abdomen. Pupils are not held on the ground. If a pupil goes to ground independently, they are immediately released.

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

- Holding a pupil around the neck or collar.
- Twisting or forcing limbs against the joint.
- Holding a pupil by the hair or ear.

Where staff require specific training in the use of restrictive physical intervention and reasonable force, we arrange that they receive training via the Hampshire County Council Primary Behaviour Service Team Teach training courses. This training is accredited by the Institute of Conflict Management (ICM). Staff have access to annual refresher training.

Seclusion is only ever used as a safety measure to protect others from harm whilst a pupil is experiencing high levels of emotional or behavioural dysregulation and is not acting with intent. This is an emergency response, and seclusion does not form part of our wide range of planned interventions.

Where seclusion has been the only safe and practicable response in an emergency situation, we ensure that the pupil is confined in a safe and non-threatening or intimidating environment. We supervise the pupil at all times and as soon as the risk of immediate harm has reduced, we enter the space to support the pupil to regulate.

As part of our duties all instances of restrictive physical intervention, reasonable force and seclusion are recorded and reported.

Consideration for pupils with special educational needs and/or disabilities (SEND)

All staff are aware that some children and young people with SEND may react to distressing or confusing situations by displaying behaviours which may be harmful to themselves and others. We acknowledge the potential triggers that may include:

- Pain/medical needs
- Sensory overload
- Unfamiliar situations or environments
- Feelings of fear and anxiety.

We seek to understand the underlying triggers of challenging behaviour so that we can provide proactive support, create an inclusive environment and consider the impact of school policies on pupils with SEND. We are aware that pupils with SEND may become disproportionately subject to the use of physical intervention and the use of reasonable force.

We seek ways to mitigate this risk through supporting pupils, parents and other professionals to develop prevention and de-escalation strategies. Possible strategies would include:

- Removing stimuli that may be causing distress
- Changing body language, facial expression, and/or tone of voice
- Supporting the pupil to express their emotions before getting overwhelmed
- Engaging the pupil in an activity which can help them manage their feelings of anxiety
- Distracting the pupil in something that interests them or by introducing familiar objects and activities to redirect their attention (PACE approach)

Where there is an identified risk, such as increased likelihood in the need to use reasonable force and/or other restrictive interventions, we have risk assessments in place. We make use of co-produced behaviour support plans which outline adjustments to the school environment and ways for pupils to communicate their needs effectively. Our individual behaviour support plans detail circumstances where it may be appropriate for staff to have increased physical contact with a pupil. Support plans are reviewed periodically with the pupil and their parents/carers.

Where a pupil has a disability, we have a duty under the Equality Act 2010 to take reasonable steps to avoid disadvantage so that the pupil can fully participate in the education provided by our school, and that they can enjoy the other benefits, facilities and services that the school provides for pupils.

Recording and Reporting

Our Governing Body ensure that all instances of the use of restrictive physical intervention, including the use of reasonable force and seclusion are recorded and reported in line with Section 93A of the Education and Inspections Act (2006).

We complete records as soon as possible after the incident and no later than the same day. Copies of these records are uploaded to the child's incident records on CPOMS as well held on file in the Headteacher's office.

Our records include:

- Name of pupil and all staff involved – participants and observers.
- Any relevant needs including the SEND status code (K, EHCP)
- Time, date, location and approximate duration of the intervention or series of short interventions.
- What was happening before?
- What do you think triggered this behaviour?
- What de-escalating techniques were used prior to physical intervention?
- Any other information relevant to include.
- Why was restrictive physical intervention used?

- Post incident support.

We report each incident of restrictive physical intervention to parents on the same day. If we believe that reporting the use of restrictive physical intervention to a parent will place a pupil at risk of significant harm, we report the incident to either the other parent if there is no risk of significant harm or the local authority via pbs.teamteach@hants.gov.uk with the title RPI Report – Risk of Significant Harm.

We report to parents verbally and then follow up in writing via an email. Our report to parents will include:

- Time, date, location and approximate duration of the intervention.
- Why intervention was deemed appropriate.
- What type of intervention was used including the amount of force.
- Details of any injuries sustained by the pupil.

As part of our commitment to working collaboratively with parents we arrange follow up meetings to discuss potential triggers for behaviour, review the behaviour support plan in place, reflect on de-escalation strategies and what might be done differently moving forward. In addition, we review risk assessments, ensuring that all pupils where there is a risk of the need to use restrictive physical intervention have an individual risk assessment in place.

As per the school's duty under the schools (Recording and Reporting of Seclusion and Restraint) (No.2) (England) Regulations 2025 we record and report instances of seclusion and non-force related restraint as per the procedure above.

Pupil and Staff Support

We acknowledge that any restrictive physical intervention, including the use of reasonable force may be distressing for both pupils and staff. We ensure that any necessary medical assessment and treatment is sought following an incident. Injuries to the pupil are recorded on the restrictive physical intervention record and the school's accident book, staff report injuries via the HCC online reporting system in addition to the restrictive physical intervention record. [HCC - Report an accident or incident](#)

To support the wellbeing of both pupils and staff we hold de-briefs to facilitate reflection as well as repairing and rebuilding relationships and inform future actions. Where possible a member of staff who was not involved in the incident supports the de-brief process.

Monitoring

Our named Safeguarding Governor: **Rev Jenn Camirand** supports our DSL: **Mrs Sarah Goldsworthy** and our school to comply with this policy and the associated DfE guidance. School leaders and governors review incidents of restrictive physical intervention to:

- Identify and implement improvements to policy and practice paying particular attention to situations where the same intervention has been used over a period of time and remains ineffective.
- Identify areas of learning and development.
- Understand patterns of behaviour, triggers and the effectiveness of pupil plans.
- Identify any disproportionate use of restrictive physical intervention in relation to pupils who share protected characteristics, SEN or other vulnerabilities.

These reviews take place at least annually and more regularly if restrictive physical intervention is in frequent use.

Where data is collated, we ensure that we do not over-interpret small sub-groups and appreciate the limitations of our data and what can be inferred from it.

Concerns and Complaints

The use of restrictive physical intervention including the use of reasonable force can be distressing for all involved which can lead to concerns, allegations or complaints of inappropriate or excessive use.

Our school's complaints policy outlines how to make a complaint as well as the timescales for responses.

Where an allegation of assault or abusive behaviour is made, our Headteacher: **Mrs Sarah Goldsworthy** is immediately informed. If the allegation relates to the Headteacher then the Chair of Governors **Dr Tineke Bolwidt** is immediately informed. We follow our Safeguarding and Child Protection Policies in these instances.

Safety and wellbeing of pupils and staff is our utmost priority, and we always seek to avoid injury. It is possible that as part of a restrictive physical intervention including the use of reasonable force a pupil may accidentally be scratched or bruised. This should not necessarily be seen as a failure of the professional technique but a regrettable and infrequent side effect of making sure the pupil remains safe.

Reviewing

We adopted this policy on 11th May 2026

The policy will be reviewed annually by the Governing Body.

Behaviour Support Plan Guidance

A Behaviour Support Plan is:

- a planning, teaching and reviewing tool
- a summary of how the child's school experience can be tailored to better meet their needs
- a working document for all those who support the child.

It is important that individual plans are designed via active involvement with the child, produced in partnership with the child's parents/carers and are evidence based.

The prompts below are adapted from that document and will help school staff to draw up multi-element plans addressing:

- the message communicated by the behaviour
- ecological change – how the physical, social and curricular environment can be adapted
- teaching new skills – which new skills should be taught and how this will be done
- reinforcement – how progress will be recognised and rewarded
- responsive strategies – planned responses to difficulties. This section should include any proposed physical interventions

In order for an effective plan to be developed, staff working with the child must:

- define and establish a shared understanding of the areas causing concern
- collect baseline information that will inform the intervention (e.g. what factors influence the behaviours, the degree, frequency and impact of the behaviours). Useful frameworks for collecting the information include ABCC charts, tally charts, environmental checklists, etc.
- analyse the data and develop hypotheses, e.g. identifying any patterns in the behaviours as highlighted by the information collected and considering possible reasons and messages behind the behaviours. The 'Why-Why questioning' tool is a useful framework for this
- write the plan based on this information, implement it and review progress regularly.


- liaise with outside agencies to develop the plan.

Below are two example Behaviour Support Plans, one is blank and the other includes guidance in each section to support your understanding of the document.

Individual Behaviour Management Plan

Name:	DoB:	Date:
Member of staff to oversee plan:		Plan #:

Child's Strengths and Interests:

Current Situation		Future Situation
		
Challenging Behaviours	Communication of Behaviours (phrased using 'I' statements)	Alternative Behaviours (behaviours that are more appropriate and still relate to the communication/function)

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Proactive Programme – ‘Start Small, Move Slow’

Environmental Adaptation	New Skills:	Coping Skills:
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	<p>How will the child know they are being successful?</p>	
<p>Agreed Involvement by Parents/Carers and Child:</p>		

Reactive Strategies (de-escalation, distraction, strategic capitulation, obsessions):

Reactive strategies should be used **even if they are potentially reinforcing**. They are aimed only at keeping people safe, here and now. Do not do anything that escalates dangerous behaviour.

Review:




Individual Behaviour Management Plan

Name:	DoB:	Date:
Member of staff to oversee plan:		Plan #:

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Child's Strengths and Interests:

Be as thorough as possible. Use these to inform your rewards and reinforcement as well as the new skills you might teach a child. Create opportunities for the child to practise his/her strengths as much as possible. Allow access to things the child enjoys, working on the principle that if he/she is doing fun stuff, there will be less problematic behaviour.

Current Situation		Future Situation
		
<p>Challenging Behaviours</p> <p><i>List all of the behaviours that adults in the setting/home currently find challenging and those behaviours which get in the way of the child's progress, development and mental health. Describe these behaviours clearly and objectively.</i></p>	<p>Communication of Behaviours (phrased using 'I' statements)</p> <p><i>If the child had the skills and self-awareness to understand what they need and feel, what would they say? Use tools like ABCCD charts or Why? Why? conversations. A Circle of Adults or Big Picture may help too.</i></p> <p><i>Examples might be:</i></p> <p><i>'I am so anxious that I need to control what happens so I know what is coming next.'</i></p>	<p>Alternative Behaviours (behaviours that are more appropriate and still relate to the communication/function)</p> <p><i>Think about the communications you have considered. How might the child get what they need in more appropriate ways (e.g. predictability, attention, reassurance and calming)?</i></p> <p><i>Be very specific about the behaviours you would rather see. The challenging behaviour and its alternative must represent the 'whole universe' of possibilities (e.g. out of seat versus in seat, not following instructions versus following instructions).</i></p>

	<p><i>'I need you to notice me to feel alive.'</i></p> <p><i>'I need reassurance to know I am doing OK.'</i></p> <p><i>'I need you to help me regulate my feelings because I am still learning to do it myself.'</i></p>	
<p>Proactive Programme – 'Start Small, Move Slow'</p>		
<p>Environmental Adaptations:</p> <p><i>Make changes to the environment to address each mismatch which contributes to the problem. Expect these adaptations to be potentially permanent. Consider the physical environment, social factors, emotional and sensory responses and what you teach and how.</i></p>	<p>New Skills:</p> <p><i>Make sure you set SMART targets for the skills you aim to teach. These might be functional skills, functionally equivalent/related skills and/or coping skills.</i></p> <p><i>Don't forget the FUN in functional.</i></p> <p><i>Remember that there will be lots of small steps to reach your target. Unpick the skills you need to teach and differentiate to the child's current level of skill and understanding.</i></p>	<p>Coping Skills:</p>

	<p>How will the child know they are being successful?</p> <p><i>Reinforcers should be things the child does not ordinarily have access to. A formal and systematic schedule of reinforcement that everyone follows is needed. Attention should never be used as reinforcement (attention is a basic human need and access to it is a human right). Be very specific with praise so the child knows what they are doing well.</i></p>	
<p>Agreed Involvement by Parents/Carers and Child:</p> <p><i>The child must consent to the programme at a level that they understand. Parents/carers can be very helpful allies in the process. Involve them as much as possible too.</i></p>		
<p>Reactive Strategies (de-escalation, distraction, redirection, strategic capitulation):</p> <p>Reactive strategies should be used even if they are potentially reinforcing. They are aimed only at keeping people safe, here and now. Do not do anything that escalates dangerous behaviour.</p> <p><i>Plan a range of different possible strategies that are likely to break the chain of harmful behaviour. Think about these as a team and consider what will disrupt any looming crises. Implement these as early as possible (people who know the child will learn when something is 'brewing'). Plan what to do next – the disruption gives us an opening to do something else. Physical interventions must only be used as an absolute last resort and should only be used to safeguard a situation.</i></p>		

Always remember that responding to challenging behaviour in order to keep people safe is not about teaching. The proactive programme does this.

Review:

Set review targets and monitor how things are going. If things are getting worse or staying the same, do something different. While things might be tricky at first, and you do need to persist with strategies and teaching for them to be effective, never do this to the detriment of the child. The aim is to improve the child's quality of life. If they aren't happier, then the plan needs adjusting. That's OK because we will learn how to do it better if some things don't work.

Risk assessment guidance

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.

Risk Assessment document

CHILDREN'S SERVICES 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 findings as appropriate

Name of assessor	Signature of assessor	Date
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Assessment reviews	Set future review dates and sign/comment upon comments		
Review date	Reviewed by	Reviewer signature	Remarks

PART 2	The Assessment
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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:

- 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

Make a judgement about the seriousness of each predicted behaviour.

- 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 particularly 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
<i>Proactive measures</i>			
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 and 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 (Please specify)			
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 Hampshire’s policy and guidance for schools around physical intervention. Specific training in physical intervention is available through Hampshire and Isle of Wight Educational Psychology.

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

END OF ASSESSMENT

Recording, reporting and monitoring physical intervention

A secure record, similar to the example form at the back of this book should be completed whenever restrictive physical intervention (restraint) occurs. Restraint has been defined within Hampshire guidance as follows: “circumstances where a member of staff uses force intentionally to restrict a child’s movement against his or her will.” (HCC, 2022). The form can also be found on the PBS website.

The form should be completed by those staff involved in the incident as soon as possible and ideally within 24 hours.

In accordance with the Hampshire Restrictive Physical Intervention in Schools policy, **schools are advised to review incidents of physical intervention within their establishment on a half-termly basis, although best possible practice would be to do so on a monthly basis.** A designated member of staff and school governor should be responsible for this review, in addition to the member of staff responsible for safeguarding, and it will be important that issues of student and staff confidentiality are considered in this process. Review questions might include:

What patterns can be noticed across:

- young people involved in physical intervention
- setting events (times of day, lessons, social settings, areas in school, etc)
- the hypothesised function of the incidents (see reverse of report form)
- staff involved in physical interventions
- types of physical interventions used
- types of injuries.

What are the implications of these patterns for:

- risk assessment procedures
- individual management plans
- staff training (including initial and refresher training in behaviour management, risk assessment and physical intervention)
- supervision, timetabling and planning arrangements.

Government guidance is clear that records of restrictive physical intervention should be kept in a book with numbered pages. However, schools could also choose to keep these records electronically if they can demonstrate that these records are tamperproof and that they can be kept securely by the school for the required number of years, without the information being transferred to other settings.

Useful guidelines for the completion of the physical intervention record regarding the child or young person being restrained

The format suggested by Hampshire County Council can be found on the Hampshire Primary Behaviour Service website [Primary Behaviour Service](#) and is also included below. If an alternative is used, it should include the following:

- School name in full – bear in mind some schools have the same/similar names
- DfE number
- Year group of child
- Full name of child/young person and any needs to disability or SEN
- Is the child looked after – important for our data
- Complete date – i.e. dd/mm/yyyy (i.e. not just 10)
- Day of week
- Time
- Where incident occurred – most important.

Staff involved

- Name - in full
- Designation - in full
- Team Teach - Yes/No
- If the staff were physically involved (P) or were observers (O).

Describing the incident

- Please write clearly in black pen – this aids the photocopying of the sheet
- Please **summarise** the incident answering the 1 – 5 questions in the box. This may only be five sentences in some cases
- If further information is needed about the incident please use a continuation sheet and attach
- Team Teach techniques used: tick as appropriate – please remember to do this, it saves a phone call, as well as recording if it was a single/double elbow, figure of four, etc, for example.
- Please complete all other areas appropriately, remembering to complete “How long was the child/young person held?”

Physical Intervention Record Form

School DFE No.....

Name of child/young person

Year Group Child in care: Yes / No SEN Register: Yes / No

When did the incident occur?

Date	Day of week	Time	Where?
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Staff involved:

Name	Designation	Trained in an accredited physical intervention package (e.g., Team Teach)	Involved: physically? (P) observer? (O)	Staff signature

Please describe the incident:

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. Any other information relevant to include.

Why was Physical Intervention deemed necessary? Please circle the reason and give a brief description

Reason	Descriptions of risk
Prevent harm to self	
Prevent harm to others	

Prevent damage to property	
Maintain safety	
Other – specify and describe	

Which physical intervention technique/s were used? Tick as applicable and record **duration of technique**.

	Breakaway	Standing/escorting	Seated (chairs, beanbag, floor)	Lying prone (face down) or supine (face up) *
One person				
Two person				
More than two people (specify)				

*Due to the increased risk to breathing, holding the child/young person in either of these positions requires an advanced level of training from an accredited provider.

Please give details about the above technique/s

.....

Has the child/young person been held before?	Yes / No
 <i>If no:</i>	
An individual plan and risk assessment for the child/young person must be put in place, clearly detailing proactive, reactive, and physical intervention approaches.	
 <i>If yes:</i>	
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

Who will action these reviews and when? (less than four weeks)

Who was the incident reported to and when?

.....

Was there any medical intervention

Yes / No

Include names of any injured person and brief details of injuries

.....

.....

Please specify any related record form:

Accident Book

Anti Bullying and Racist Incident Record Form

Skin map for child/young person and/or adult

Violent Incident Record

Complaints recorded

Others (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?	How?

Form completed by:	Name	Designation	Date and time

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.

If further advice is required around any issues related to physical intervention or the completion of this form, please contact : pbs.teamteach@hants.gov.uk

Support after a physical intervention

Physical intervention is distressing for the young people and the adults who are involved. It can also be distressing to observe an incident where physical intervention has been necessary.

There is a wealth of research that shows that post incident debriefing has many positive benefits for those involved and is a critical part of repairing and protecting relationships.

Post incident debriefing incorporates two key strands: post incident support and post incident learning.

Post incident support

This is the priority after a physical intervention. It focuses on the physical and emotional wellbeing of those involved with an emphasis on ensuring they feel safe, cared for and heard.

The Restraint Reduction Network (RRN) uses the acronym 'SUPPORT' to describe what is important at this stage:

Support means support

This means purely focusing on what the child needs, not teaching or correcting.

Underlying reasons

Remember behaviour is a communication. Also, remain curious and try and be aware of your own assumptions.

Plan your approach

Consider how you ensure the young person is at the centre; what helps them to regulate?
Where do they feel most safe?

Provide staff with support

What is helpful for staff at this point? Have they been checked in with and are they okay?

Organise the best person to help

This is most likely someone who was not involved in the incident – and someone with whom the young person has a trusting relationship and feels safe.

Responses

Be mindful of your own responses – how do you communicate most effectively?

Time

When is this support going to be helpful? Is the young person ready immediately or do they need some space alone first?

Post incident learning

This is separate to post incident support. It is about reflecting on the incident, learning from it and planning together how to avoid such incidents happening again. This does not need to happen immediately after an incident and is best done at a time in the future when everyone is calm and has had a chance to reflect.

Some young people will be able to engage in a full, reflective discussion, when calm. Others will not, depending on a range of factors, including their age, language, readiness, recall or emotional development (e.g., shame response).

At the very minimum, the young person needs to receive the message that the incident is over and the relationship (from the adult's perspective) remains strong.

Key points to include are:

- **What happened?**
Hear the young person's perspective first if possible, before sharing yours. Acknowledge that people's perspectives and understandings may vary and that different perspectives should be accepted.
- **How did each person feel?**
It may be helpful to 'wonder' how the child may have felt, if they do not have the language or emotional literacy to identify and articulate this for themselves.
- **What could we do differently next time?**
This is not 'correction', but exploring ways that adults and young people can work together to avoid the same situation again.

Resources and tools such as puppets, comic strip conversations, emotion card visuals or apps (such as Positive Incident Learning) can all be useful to support this process. It may be helpful to liaise with other agencies such as Educational Psychology, Primary Behaviour Service, or specialist outreach providers to explore alternative approaches and resources.

Further information

Guidance can also be found in the document below from the RRN. Although aimed at inpatient settings, the principles and guidance in this document – adapted for young people in your settings – are relevant and helpful.

<https://restraintreductionnetwork.org/wp-content/uploads/2022/06/Post-Incident-Debriefing-Guidance-for-staff-working-in-inpatient-settings.pdf>

