The HENRY BEAUFORT School

At The Henry Beaufort School, there are no limitations to success.

Restrictive Physical Intervention Policy

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Restrictive Physical Intervention Policy

1 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 Positive 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
- and providing physical care (such as first aid or toileting).

This policy is consistent with our Child Protection and Single Equality 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.

2 Principles for the use of restrictive physical intervention

2.1 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 Positive Behaviour Policy. We aim to do all we can in order to avoid using restrictive physical intervention. We would only use restrictive physical intervention where we judge that there is no reasonably practicable less intrusive alternative. However, there may be rare situations of such concern where we judge that we would need to use restrictive physical intervention immediately. We would use restrictive physical intervention at the same time as using other approaches, such as saying, **"Stop! I am going to intervene as I care too much for you to get hurt"** and giving a warning of what might happen next. Safety is always a paramount concern and staff are not advised to use restrictive physical intervention if it is likely to put themselves at risk. We will make parents/guardians aware of our Physical Intervention policy alongside other policies when their child joins our school.

2.2 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 to 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! I am going to intervene as I care too much for you to get hurt"** along with a warning of what might happen next. However, if we judge that it is necessary, we may use restrictive physical intervention.

2.3 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.

3 When restrictive physical intervention might be used

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

1. committing an offence (or, for a student under the age of criminal responsibility, what would be an offence for an older student)
2. causing personal injury to, or damage to the property of, any person (including the student him/herself); or
3. prejudicing the maintenance of good order and discipline at the school or among any students 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. However, in an emergency other staff can use restrictive physical intervention as stated in section 4 of this policy.

The main aim of restrictive physical intervention is usually to maintain or restore safety. We acknowledge that there may be times when restrictive physical intervention may be justified as a reasonable and proportional response to prevent damage to property or to maintain good order and discipline at the school. However, we would be particularly careful to consider all other options available before using restrictive physical intervention to achieve either of these goals. In all cases, we remember that, even if the aim is to re-establish good order, restrictive physical intervention may actually escalate the difficulty.

If we judge that restrictive physical intervention would make the situation worse, we would not use it, but would do something else (like go to seek help, make the area safe or warn about what might happen next and issue an instruction to stop) consistent with our duty of care.

Staff take into consideration that the best interest of the child is paramount and this should then be weighed up against the safety and rights of others. To be confident in our judgements, we ensure staff are up to date with recent legislation and guidance of good practice in the area.

Our duty of care means that we might use a restrictive physical intervention if a child is trying to leave our site and we judged that they would be at unacceptable risk. This duty of care also extends beyond our site boundaries: there may also be situations where we need to use restrictive physical intervention when we have control or charge of children off site (e.g. on trips).

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

4 Who can use restrictive physical intervention

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

1. any teacher who works at the school, and
2. any other person whom the headteacher has authorised to have control or charge of students, including:
   (a) support staff whose job normally includes supervising students 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 students such as paid members of staff whose job does not normally involve supervising students (for example catering or premises-related staff) and unpaid volunteers (for example parents accompanying students on school-organised visits) but not Student Leaders.

5 Planning around an individual and risk assessment

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

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

We use this risk assessment to inform the individual behaviour plan that we develop to support the child. If this behaviour plan includes restrictive physical intervention it will be as just one part of a whole approach to supporting the child's behaviour. The behaviour plan outlines:

- Our understanding of what the child is trying to achieve or communicate through his/her behaviour.
- How we adapt our environment to better meet the child's needs.
- How we teach and encourage the child to use new, more appropriate behaviours.
- How we reward the child when he or she makes progress.
- How we respond when the child's behaviour is challenging (responsive strategies).

We pay particular attention to responsive strategies. We use a range of approaches (including humour, distraction, relocation, and offering choices) as direct alternatives to using restrictive physical intervention. We choose these responsive strategies in the light of our risk assessment.

We draw from as many different viewpoints as possible when we anticipate that an individual child's behaviour may require some form of restrictive physical intervention. In particular, we include the child's perspective. We also involve the child's parents (or those with parental responsibility), advocates where appropriate, 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 four to six months, or more frequently if there are any concerns about the nature of frequency of the use of restrictive physical intervention or where there are any major changes to the child's circumstances.

We recognise that there may be some children within our school who find physical contact in general particularly unwelcome as a consequence of their culture/religious group or disability. There may be others for whom such contact

is troubling as a result of their personal history, in particular of abuse. We have systems to alert staff discreetly to such issues so that we can plan accordingly to meet individual children's needs.

Where an individual child has an individual positive behaviour management plan, which includes the use of restrictive physical intervention, we ensure that such staff receive appropriate training and support in behaviour management as well as restrictive physical intervention. We consider staff and children's physical and emotional health when we make these plans and consult with the child and their parents/guardians.

Where a child does not have an existing behaviour plan or risk assessment – i.e., in an emergency, staff utilise professional judgement, using reasonable force within their duty of care.

6 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 section 2 above.

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

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

At Henry Beaufort we have three staff who have received specific training in the use of restrictive physical intervention: **Mrs Briggs – Assistant Headteacher, Mr Coe – DSL, and Mr Donaldson – Head of PE**. Training was delivered through Team Teach training, Hampshire County Council. This training is accredited by the Institute of Conflict Management (ICM).

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

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

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

We do not plan for and do not advise, except in emergency situations, staff to use isolation.

Isolation is where a young person is forced to spend time alone in a room against their will.

Examples could include:

- Where a child has been escorted to a room in order to remove them from a dangerous situation and staff members observe them from outside of the room whilst holding the door shut (e.g. through a window), or the door being locked.
- Where a staff member has removed all the class members from a room and in order to prevent the student displaying the challenging behaviour from following, the door is shut so they are prevented from leaving.

We carefully consider wider issues around the long term segregation of children and young people (e.g., including the removal of outdoor spaces or educating children or young people away from peers) and are clear about how these relate to Article 5 of the Human Rights Act (1998). The reasons for any courses of action should are clearly explained to the young person and their family.

7 Recording and reporting

We record any use of restrictive physical intervention using the record form (Appendix F) and logged within Arbor. We do this as soon as possible after an event, ideally within 24 hours. Where an incident causes injury to a member of staff, it should also be recorded as per the corporate accident/incident reporting procedure using the report form. Procedures are in place for recording significant incidents and then reporting these incidents as soon as possible to student's parents. At The Henry Beaufort School this should be completed on the form by the member of staff involved with their SLT link manager, and this is passed to the Headteacher's PA to add to Arbor for monitoring and tracking.

After using restrictive physical intervention, we ensure that the Headteacher is informed as soon as possible. We also inform parents by phone. A copy of the record form is also available for parents to read. Records are retained for 22 years after the date of birth of the child.

In rare cases, we might need to inform the police, such as in incidents that involve the possession of weapons. This would be in line with our general practice, informed by the DfE Guidance *Screening, Searching and Confiscation – Advice for schools* (2022) and Section 45 of the *Violent Crime Reduction Act 2006*.

8 Supporting and reviewing

We recognise that it is distressing to be involved in a physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened.

After a restrictive physical intervention, we give support to the child so that they can understand why it was necessary. Where we can, we record how the child felt about this. We use the guidance "Restrictive physical intervention, including the use of reasonable force, in schools and other educational settings: Hampshire County Council (2026)", in supporting the child to help them record their views. Where it is appropriate, we have the same sort of conversations with other children who observed what happened. In all cases, we will wait until the child is ready to be able to talk productively and learn from this conversation. If necessary, the child will be asked whether he or she has been injured so that appropriate first aid can be given. This also gives the child an opportunity to say whether anything inappropriate has happened in connection with the incident.

We also support adults who were involved, either actively or as observers, by ensuring they meet with their SLT link manager to talk through what has happened. Where appropriate and necessary, CCTV footage of the incident will be reviewed by the most suitable member of staff to support reflection and understanding. The member of staff who carried out the physical intervention will be debriefed by their SLT link manager to ensure their wellbeing is considered and to reflect on the incident in line with best practice.

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 future incidents and ensure that appropriate support and preventative strategies are in place.

9 Monitoring

We monitor the use of restrictive physical intervention in our school. The Senior Leadership Team and the Welfare Committee 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 issues in order to make sure that there is no potential discrimination; we also consider potential child protection issues. We look for any trends in the relative use of restrictive physical intervention across different staff members and across different times of day or settings. Our aims are to protect children, to avoid discrimination and to develop our ability to meet the needs of

children without using restrictive physical intervention. We report this analysis back to the governing body so that appropriate further action can be taken and monitored.

10 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 an opportunity to review the incident once they are emotionally regulated.

If a child or parent has a concern about the way restrictive physical intervention has been used, our school's complaints procedure explains how to take the matter further and how long we will take to respond to these concerns.

Where there is an allegation of assault or abusive behaviour, we ensure that the Headteacher is immediately informed. We would also follow our child protection procedures. In the absence of the Headteacher, in relation to restrictive physical intervention, we ensure that a Deputy Headteacher is informed. If the concern, complaint or allegation concerns the Headteacher, we ensure that the Chair of Governors is informed.

Our staff will always seek to avoid injury to the student, but it is possible that bruising or scratching may occur accidentally. This is not to be seen as necessarily a failure of professional technique but a regrettable and infrequent side effect of making sure the student remains safe.

If parents/carers are not satisfied with the way the complaint has been handled, they have the right to take the matter further as set out in our complaint's procedure.

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

Appendix A: 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 student from doing or continuing to do any of the following:

- committing an offence (or, for a student under the age of criminal responsibility, what would be an offence for an older student)
- causing personal injury to, or damage to the property of, any person (including the student himself) and
- prejudicing the maintenance of good order and discipline at the school or among any students 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 student'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, "I am going to intervene as I care too much for you to get hurt", "When you stop kicking me, I will release my hold") unless it is judged that continuing communication is likely to make the situation worse.
- Don't expect the child to apologise or show remorse in the heat of the moment.
- Use as little restrictive force as is necessary in order to maintain safety and for as short a period of time as possible.

After an incident

- It is distressing to be involved in a restrictive physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened. All those involved in the incident should receive support to help them talk about what has happened and, where necessary, record their views.

Where appropriate and possible, we also encourage staff to contact the Employee Support Line (ESL), Employee Support (Employee Assistance Programme) | Hampshire County Council (hants.gov.uk) or contact the Teacher Support Line on 08000 562 561.

Staff should inform the Headteacher as soon as possible after an incident of restrictive physical intervention; parents/carers should also be informed. The physical intervention record form 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 B: Authorised staff

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

1. committing an offence (or, for a student under the age of criminal responsibility, what would be an offence for an older student).
2. causing personal injury to, or damage to the property (including the student himself).
3. prejudicing the maintenance of good order and discipline at the school or among any students receiving education at the school, whether during a teaching session or otherwise.

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

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

Appendix C- Record of staff training

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

Names of those trained	Dates of training	Course attended	Dates for future refresher training

Appendix D: Risk Assessment document

CHILDREN'S SERVICES RISK ASSESSMENT TEMPLATE FORM RATF-024

Challenging Behaviour In School Risk Assessment

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 student	Insert name of student whose behaviour is being assessed
Year group	Insert year group of student 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

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 student – him or herself
Staff	Members of staff
Visitor	Visitors to the school; members of the public when outside of school
Students	Other students
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 communi-cated 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 students, and even the skills that adults demonstrate when working with the student.

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 c changes) Other (please specify)	
5. Spaces which involve close physical proximity	
6. Particular students/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
Proactive measures			
Eliciting student view in planning and review			
Providing regular feedback and pastoral support to student			
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 student			
Adapting curriculum arrangements to reflect challenge, choice and structure levels appropriate to the student'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 student's range of appropriate skills			
Providing a range of rewards which the student can earn by demonstrating the skills defined in the teaching programme, and through other appropriate behaviour			
Identifying the message communicated by the student's behaviour			
Agreeing key reactive strategies for handling incidents of challenging behaviour with all staff likely to be in contact with the student, 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 Educational Psychology.

Key actions

It is expected that any student 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 students' 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

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 student 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 student.

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 recommended formats for gathering this data, as many sources will already be available within the school. Data sources will include:

- The young person's views
- The views of those that know the young person from school, at home and in other relevant settings

- Specific incident report forms, such as violent incident records, physical intervention report forms and pastoral records of serious incidents
- Details of points/merits etc. awarded for appropriate 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 E: 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 and the Department for Health and Social Care (2019) Reducing the Need for Restraint and Restrictive Physical Intervention

Department for Education (2024) Keeping Children Safe in Education: for schools and colleges

Department for Education (2022) Searching, Screening and Confiscation: Advice for schools

Department for Education (2024) Behaviour in Schools.

Department for Education (2013) The Use of Reasonable Force

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

Hampshire County Council (2022) Planning and recording physical interventions in school

Hampshire County Council
Primary Behaviour Service

Appendix F

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?

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 using additional pages if required:

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) ……				
OTHER (please 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 *If no:* An individual plan and risk assessment for the child/young person must be put in place, clearly detailing proactive, reactive, and physical intervention approaches.

If yes:
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