



Freerounds Junior School

Restrictive Physical Intervention Policy

Date of last review: Dec. 2020

Date of next review: Dec. 2021

Date approved: December 2020

Approved by: Policy working party

Signed: 

LIST OF APPENDICES

Appendix 1: Risk Assessment Document

Appendix 2: Related Local and National Guidance

POLICY STATEMENT

The School will undertake to ensure compliance with the relevant legislation with regard to the recruitment, induction and retention of staff and to ensure best practice by extending the arrangements as far as is reasonably practicable to others who may also be affected by our activities.

THE LAW

As legislation is often amended and Regulations introduced, the references made in this Guide may be to legislation that has been superseded. For an up to date list of legislation applying to schools, please refer to the Department for Education website at www.education.gov.uk/schools.

Education and Inspections Act 2006.

Violent Crime Reduction Act 2006.

BASIS FOR THIS POLICY

This policy is taken from the model policy contained in the Hampshire Children's Services document, Hampshire County Council Policy and Guidance for schools dated July 2012, updated 2016.

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 in the school aim to help children take responsibility for their own behaviour. We do this through a combination of approaches, which include:

positive role modelling;

teaching an interesting and challenging curriculum;
setting and enforcing appropriate boundaries and expectations;
and providing supportive feedback.

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

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

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

This policy is consistent with our Child Protection Policy and with national and local guidance for schools on safeguarding children.

We exercise appropriate care when using physical contact (there is further guidance in our Child Protection Policy); there are some children for whom physical contact would be inappropriate (such as those with a history of physical or sexual abuse, or those from certain cultural/religious groups). We pay careful attention to issues of gender and privacy, and to any specific requirements of certain cultural/religious groups.

PRINCIPLES FOR THE USE OF RESTRICTIVE PHYSICAL INTERVENTION

In the context of positive approaches:

We only use restrictive physical intervention where the risks involved in using force are outweighed by the risks involved in not using force. It is not our preferred way of managing children's behaviour.

Restrictive physical intervention may be used only in the context of a well-established and well implemented positive behaviour management framework with the exception of emergency situations. We describe our approach to promoting positive behaviour in our Behaviour Policy.

We aim to do all we can in order to avoid using restrictive physical intervention.

We would only use restrictive physical intervention where we judge that there is no reasonably practicable less intrusive alternative. However, there may be rare situations of such concern where we judge that we would need to use restrictive physical intervention immediately.

We would use restrictive physical intervention at the same time as using other approaches, such as saying, "Stop!" and giving a warning of what might happen next.

Safety is always a paramount concern and staff are not advised to use restrictive physical intervention if it is likely to put themselves at risk.

We will make parents/carers aware of our Physical Intervention policy alongside other policies when their child joins our school.

Duty of care

When children are in danger of hurting themselves or others, or of causing significant damage to property, we have a responsibility to intervene. In most cases, this involves an attempt to divert the child to another activity or a simple instruction to "Stop!" along with a warning of what might happen next. However, if we judge that it is necessary, we may use restrictive physical intervention.

Reasonable force

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

WHEN RESTRICTIVE PHYSICAL INTERVENTION MAY BE USED

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

committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);

causing personal injury to, or damage to the property of, any person (including the pupil himself); or

prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

Examples of when physical intervention may be appropriate:

A pupil attacks a member of staff, or another pupil.

Pupils are fighting and serious physical injury is judged likely to occur.

A pupil is committing, or on the verge of committing, deliberate and serious damage to property.

A pupil is causing, or at risk of causing, injury or damage by accident, by rough play, or by misuse of dangerous materials or objects.

A pupil absconds from a class or tries to leave school other than at an authorised time. The judgement on whether to use physical restraint in this situation would depend on an assessment of the degree of risk to the pupil if he or she is not kept in the classroom or school (age and understanding would be critical factors).

Refuses to obey an order to leave a classroom. In this case the physical intervention should be by the Headteacher or senior member of staff rather than the class teacher.

Is behaving in a way that is seriously disrupting a lesson.

Blocks a door to prevent others from leaving.

Is using a mobile phone to disrupt a lesson (an authorised member of staff could forcibly confiscate the phone by removing it from a hand or desk but could not lawfully search the pupil for the phone).

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 child well and who are able to make informed judgements about the relative risks of using, or not using, restrictive physical intervention; for example stopping a younger child leaving the school site.

The main aim of restrictive physical intervention is usually to maintain or restore safety.

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

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

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

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

WHO CAN USE RESTRICTIVE PHYSICAL INTERVENTION

Whenever practically possible, those members of staff trained in physical restraint (listed on the staff room notice board) should be called upon to administer it. However, it is recognised that this may not always be possible and, 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).

Notwithstanding para 7a above, the following are authorised to use physical restraint on the school premises or if a pupil is on an official outside activity:

All teaching staff.

All teaching assistants.

All lunch time supervisors.

All administrative staff.

Any other adult who has lawful control of pupils and is so authorised by the Headteacher. Such adults will be explicitly informed of their responsibilities to ensure that they understand what authorisation entails and will be required to read and understand this policy before authorisation is given.

Notwithstanding the authorisations above, everyone has the right to use reasonable physical restraint to prevent an attack against themselves or others.

PLANNING AROUND AN INDIVIDUAL AND RISK ASSESSMENT

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

Where an individual child has an individual positive behaviour management plan, which includes the use of restrictive physical intervention, we ensure that such staff receives appropriate training and

support in behaviour management as well as restrictive physical intervention. We consider staff and children's physical and emotional health when we make these plans and consult with the child's parents/guardians.

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

what the risks are;

who is at risk and how;

what we can do to manage the risk (this may include the possible use of restrictive physical intervention).

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

Our understanding of what the child is trying to achieve or communicate through his/her behaviour.

How we adapt our environment to better meet the child's needs.

How we teach and encourage the child to use new, more appropriate behaviours.

How we reward the child when he or she makes progress.

How we respond when the child's behaviour is challenging (responsive strategies).

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

We draw from as many different viewpoints as possible when we anticipate that an individual child's behaviour may require some form of restrictive physical intervention. In particular:

we include the child's perspective;

we involve the child's parents (or those with parental responsibility) and,

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 termly, or more frequently if there are any concerns about the nature or frequency of the use of restrictive physical intervention or where there are any major changes to the child's circumstances.

We recognise that there may be some children within our school who find physical contact in general particularly unwelcome as a consequence of their culture/religious group or disability. There may be others for whom such contact is troubling as a result of their personal history, in particular of abuse. We have systems to alert staff discreetly to such issues so that we can plan accordingly to meet individual children's needs.

WHAT TYPE OF RESTRICTIVE PHYSICAL INTERVENTION CAN BE USED

Any use of restrictive physical intervention by our staff should be consistent with the principle of reasonable force. 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.

In all cases, staff should be guided in their choices of action by the principles in section 5 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.

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 pupil's property may be interpreted by them as an invasion of their personal space.) Staff should either stay well away, or close the gap between themselves and the child very rapidly, without leaving a "buffer zone" in which they can get punched or kicked.

Avoid using a "frontal", "squaring up" approach, which exposes the sensitive parts of the body, and which may be perceived as threatening. Instead, staff should adopt a sideways stance, with their feet in a wide, stable base. This keeps the head in a safer position, as well as turning the sensitive parts of the body away from punches or kicks. Hands should be kept visible, using open palms to communicate lack of threat.

Where physical contact is necessary:

Aim for side-by-side contact with the child. Staff should avoid positioning themselves in front of the child (to reduce the risk of being kicked) and should also avoid adopting a position from behind that might lead to allegations of sexual misconduct. In the side-by-side position, staff should aim to have no gap between the adult's and child's body. This minimises the risk of impact and damage.

Aim to keep the adult's back as straight and aligned (untwisted) as possible. We acknowledge that this is difficult, given that the children we work with are frequently smaller than us.

Beware in particular of head positioning, to avoid clashes of heads with the child.

Hold children by “long” bones, i.e. avoid grasping at joints where pain and damage are most likely. For example, staff should aim to hold on the forearm or upper arm rather than the hand, elbow or shoulder.

Ensure that there is no restriction to the child’s ability to breathe. In particular, this means avoiding holding a child around the chest cavity or stomach.

Do all that they can to avoid lifting children.

Keep talking to the child (for example, “When you stop kicking me, I will release my hold”) unless it is judged that continuing communication is likely to make the situation worse.

Don’t expect the child to apologise or show remorse in the heat of the moment.

Use as little restrictive force as is necessary in order to maintain safety and for as short a period of time as possible.

Where staff need specific training in the use of restrictive physical intervention, we arrange that they should receive training, through Hampshire County Council. We ensure that staff have access to appropriate refresher training.

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

those relating to legal issues policy and risk assessment;

understanding behaviour and planning for change;

de-escalation techniques.

A record of such training is kept and monitored by the Administration Officer

We do not plan for and do not advise, except in emergency situations, staff to use seclusion. Seclusion is where a young person is forced to spend time alone in a room against their will. Examples could include:

Where a child has been escorted to a room in order to remove them from a dangerous situation and staff members observe them from outside of the room whilst holding the door shut (e.g. through a window), or the door being locked.

Where a staff member has removed all the class members from a room and in order to prevent the pupil displaying the challenging behaviour from following, the door is shut so they are prevented from leaving.

If we need to seek further advice around the use of seclusion, other than in an isolated emergency situation, we would contact the lead Educational Psychologist as named in Appendix 2 for further advice and guidance.

PUPILS WITH SPECIAL EDUCATIONAL NEEDS, DISABILITIES OR SPECIFIC MEDICAL CONDITIONS

Pupils with special educational needs, disabilities or specific medical conditions are not to be placed at a substantial disadvantage in comparison with pupils who are not disabled in their access to education and associated services (sometimes referred to as the duty to make reasonable adjustments). This duty should not mean over-compensation. The general principles underlying the school’s policy apply to all pupils.

When reaching a decision about using physical restraint in a particular situation, staff will need to

take into account relevant factors related to any special educational needs or disabilities the particular pupil may have.

The examples below are of situations in which staff would have to ask themselves whether to use physical restraint and, if they did so, what degree of physical restraint would be reasonable.

A class group waiting for a lesson is physically rowdy. This makes a pupil with an autistic spectrum disorder very anxious. He does not understand the motives or feelings of others, so he starts to hit out at other pupils.

A pupil takes medication for Attention Deficit and Hyperactivity Disorder. Late one day the effect of the medication is wearing off. A teacher sees him very agitated and jumping up near a third floor window. The pupil has a history of physical abuse in early childhood and reacts badly to any physical contact.

A pupil with severe learning disabilities understands only single, concrete instructions. A lunchtime supervisor sees her lashing out at other children in the dinner queue who have been taunting her about her family.

Even for such examples there are no automatic correct answers. The judgement on whether to use physical restraint and what physical restraint to use should always depend on the precise circumstances of each case and – crucially in the case of such pupils – information about the individual concerned.

As far as practically possible, all staff are to be made aware of the relevant characteristics of individual pupils, particularly:

What de-escalation techniques are most likely to work.

What is most likely to trigger a violent reaction.

Designate staff are to be called if incidents related to particular pupils occur. This does not necessarily mean waiting for them to arrive before taking action if the need for action is urgent. But they should always be involved in post-incident follow-up.

For a pupil at specific physical risk (for example, with a condition that makes them fragile), remind all staff periodically of the responses that must be used (some schools use a special risk assessment format to record and communicate such information).

Teach pupils who are at risk how to communicate in times of crisis and strategies to use in a crisis (such as using a cool-off base).

After an incident, it may be appropriate to involve parents in agreeing an individual pastoral support, behaviour or special educational needs plan that includes strategies to deal with a recurrence of behaviour that could lead to the use of physical restraint.

RECORDING AND REPORTING

We record any use of restrictive physical intervention using HCC Physical Intervention Record Form held by the Headteacher. We do this as soon as possible after an event, ideally within 24 hours.

Where an incident causes injury to a member of staff, it should be recorded as per the procedures in our Accidents and Incidents Investigation and Reporting within our Health & Safety Policy using the online report form. Further, our governing body ensures that procedures are in place for recording significant incidents and then reporting these incidents as soon as possible to pupil's parents.

After using restrictive physical intervention, we ensure that the Headteacher is informed as soon as possible. We also inform parents/carers by phone (or by letter or note home with the child if this is not possible). A copy of the record form is also available for parents/carers to read.

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 the DfE Guidance Screening, Searching and Confiscation – Advice for Head Teachers, Staff and Governing Bodies (2014) and Section 45 of the Violent Crime Reduction Act 2006.

SUPPORTING AND REVIEWING

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

After a restrictive physical intervention, we give support to the child so that they can understand why it was necessary. Where we can, we record how the child felt about this. Where it is appropriate, we have the same sort of conversations with other children who observed what happened. In all cases, we will wait until the child has calmed down enough to be able to talk productively and learn from this conversation. If necessary, the child will be asked whether he or she has been injured so that appropriate first aid can be given. This also gives the child an opportunity to say whether anything inappropriate has happened in connection with the incident.

We also support adults who were involved, either actively or as observers, by giving them the chance to talk through what has happened with the most appropriate person from the staff team.

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

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

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

MONITORING

We monitor the use of restrictive physical intervention in our school. The Headteacher and Physical Intervention Governor 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.

CONCERNS AND COMPLAINTS

The use of restrictive physical intervention is distressing to all involved and can lead to concerns, allegations or complaints of inappropriate or excessive use. In particular, a child might complain about the use of restrictive physical intervention in the heat of the moment but on further reflection might better understand why it happened. In other situations, further reflection might lead the child to feel strongly that the use of restrictive physical intervention was inappropriate. This is why we are careful to ensure all children have a chance to review the incident after they have calmed down.

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

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

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

If parents/carers are not satisfied with the way the complaint has been handled, they have the right to take the matter further as set out in our Complaints Procedure available on our website.

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

Appendix 1:

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.

The Administration Officer, who is risk assessment experienced, is available to advise and assist.

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

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 1

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 2

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) School factors (assessment periods, routine changes) b Other (please specify) c	
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 3

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 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:

ADDITIONAL MEASURES TO BE TAKEN	RESPONSIBLE PERSON

Table 4

ASSESSMENT SUMMARY				
Challenging behaviour risk assessment summary for:			Completed on:	
Behaviour(s) causing Concern	Environment(s) where it is likely to be shown	Seriousness (A, B or C)	Key preventive strategies	Key reactive strategies

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END OF ASSESSMENT

Introduction to risk assessment

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

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

Risk assessments of challenging behaviour are influenced by the complex, interactional nature of human behaviour. Most young people will already be supported through individual plans, which will include reference to many aspects of risk assessment.

The following format is offered as one way of addressing the five steps above, but should be seen in the context of all the other positive planning that already takes place. This detailed level of risk assessment will not be appropriate in all circumstances but is important where there is feeling that individual or collective behaviours represent a significant hazard.

The framework contains the following sections:

Behaviours causing concern

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

Possible influencing factors

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

Preventive measures

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

Monitoring and review

Behaviour changes over time, and risk assessments will also need to change. Review cycles for individual plans are built into the Special Educational Needs Code of Practice, and it will be important for risk assessments to be reviewed at least as often as twice yearly in order for them to be useful documents. In many cases, the review pattern will need to be more frequent.

These reviews need to be informed by data about the ongoing level of risk. This document does not 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 2:

RELATED LOCAL AND NATIONAL GUIDANCE

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

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

Department for Education (2013) *The Use of Reasonable Force*

Department for Education (2014) *Screening, Searching and Confiscation – Advice for Head Teachers, Staff and Governing Bodies*

Department for Education (2018) *Keeping Children Safe in Education:for schools and colleges*

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

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

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

Hampshire County Council (2010, updated 2015) *Planning and recording physical interventions in schools*

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