



Senior Manager & Nominated Individual: Miss C Bates

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Governor approved	November 2025	Key person/people	NI & Manager
Model Policy	Yes – HIAS April 2022	Model localised	

Restrictive Physical Intervention

1 Background

We define restrictive physical intervention as follows:

Restrictive physical intervention is when a colleague uses force intentionally to restrict a child's movement against his or her will. This is different from when colleagues are supporting children in the nursery as part of their daily care routines or development, such as helping them to balance when learning to walk or, lifting babies onto changing tables or into highchairs.

All colleagues within this setting aim to help children learn to 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
- Following a consistent, relational, restorative and positive behaviour approach.

More details about this and our general approach to promoting positive behaviour can be found in on Rotherly Day Nursery's Statement of Intent : Promoting Positive Behaviour.

There are times when children's behaviour presents particular challenges that may require *restrictive physical intervention* – which is different from manual handling in the nursery. 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)
- providing emotional support when a child is distressed •
- providing physical care (such as first aid or toileting)
- to ensure a child or others remain safe.

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

We exercise appropriate care when using physical contact (there is further guidance in our Child

Protection policy); there are some children for whom physical contact would be inappropriate (such as those with a history of physical or sexual abuse, or those from certain cultural/religious groups). We pay careful attention to issues of sex 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 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 colleagues are not advised to use restrictive physical intervention if it is likely to put themselves at risk. Our Restrictive Physical Intervention policy is shared on our website.

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

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 child is:

1. causing personal injury to, or damage to the property of, any person (including the pupil themselves); or
2. prejudicing the maintenance of good order and discipline at the nursery or among any children receiving care in the setting

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 colleagues 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 trying to leave the nursery 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 safety in the nursery.

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.

Colleagues take into consideration that the best interest of the child is paramount, and this should then be weighed up alongside the safety and rights of others. To be confident in our judgements, we ensure colleagues are up to date with recent legislation and guidance of good practice in this area and colleagues working closely with children on a daily basis receive training.

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 colleague 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 or Nursery assistant who works in Rotherly Day Nursery or at The Westgate School, and
2. any other person whom the Nominated Individual has authorised to have control or charge of children, including:
 - (a) support colleagues whose job normally includes supervising pupils such as teaching assistants, learning support assistants, lunchtime supervisors; and
 - (b) people to whom the Nominated Individual has given temporary authorisation to have control or charge of pupils such as paid members of staff whose job does not normally involve supervising children (for example catering or premises-related staff) and unpaid volunteers (for example parents accompanying children on school-organised visits).

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), as advocates where appropriate, colleagues from our school who work with the family, and any visiting support staff (such as Educational Psychologists, the ISSO (Inclusion Setting Support Officer) Speech and Language Therapists, Social Workers and the child's Health Visitor). We record the outcome from these planning meetings and seek parental signature/consent to confirm their knowledge of our planned approach. We review these plans at least once every four to six months, or more frequently if there are any concerns about the nature or frequency of the use of restrictive physical intervention or where there are any major changes to the child's circumstances.

We recognise that there may be some children within our setting 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 colleagues 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 colleagues receive appropriate training and support in behaviour management as well as restrictive physical intervention. We consider colleagues and children's physical and emotional health when we make these plans and consult with the child and their parents/guardians.

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

6 What type of restrictive physical intervention can be used

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

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

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

Where colleagues need specific training in the use of restrictive physical intervention, we arrange that they should receive appropriate training.

Further, we actively work to ensure general training is accessed by our colleagues 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.

We do not plan for and do not advise, except in emergency situations and to ensure the child's personal safety, 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 colleagues observe them from outside of the room whilst holding the door shut (e.g. through a window), or the door being locked.
- Where a colleague has removed other children from a room and in order to prevent the child displaying the challenging behaviour from following, the door is shut so they are prevented from leaving.

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

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

7 Recording and reporting

We record any use of restrictive physical intervention we do this as soon as possible after an event, ideally within 24 hours. Where an incident causes injury to a colleague, it should be recorded as per the corporate accident/incident reporting procedure using the online report form. Further, our governing body ensures that procedures are in place for recording significant incidents and then reporting these incidents as soon as possible to pupil's parents.

After using restrictive physical intervention, we ensure that the Nominated Individual is informed as soon as possible. We also inform parents 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 to read. Records are retained for 25 years after the date of birth of the child.

In rare cases, we might need to inform the police. This would be in line with our general practice, informed by the DfE Guidance *Searching, Screening and Confiscation: Advice for schools* (2018) and Section 45 of the *Violent Crime Reduction Act 2006*.

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 this¹. 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 as part of a supportive debrief and decompression.

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.

9 Monitoring

We monitor the use of restrictive physical intervention in our school. The Senior Designated Safeguarding Lead is 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 and the Protected Characteristics such as age, sex, disability, culture and religion issues in order to make sure that there is no potential discrimination; we also consider potential child protection issues. We look for any trends in the relative use of restrictive physical intervention across different colleague members and across different times of day or settings.

¹ We use the guidance in the Hampshire document *Planning and recording physical intervention in schools* (updated 2022) – we support the child to help them record their views.

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 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 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 Nominated Individual is immediately informed. We would also follow our child protection procedures.. If the concern, complaint or allegation concerns the Nominated Individual , we ensure that the Chair of Governors is informed.

Our colleagues will always seek to avoid injury to the child, 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 during a physical intervention either the lead professional or observers have a concern about actions, then this should be reported to the Senior Manager and Nominated Individual

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

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

Appendix One: Summary guidance for colleagues on the use of physical intervention

Introduction

This guidance for colleagues is a summary of the Nursery's detailed policy on the use of physical intervention. Where colleagues 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”. Colleagues 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.

Nursery colleagues and other authorised colleagues (see full Rotherly Day Nursery Restrictive Physical Intervention policy for more details about this) may also use reasonable force where a child’s behaviour is prejudicial to the maintenance of safety in the setting. Colleagues should be very cautious about using restrictive physical intervention under such circumstances, as it would only be appropriate in exceptional circumstances.

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

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

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

Although all staff have a duty of care to take appropriate steps in a dangerous situation. This does not mean that they have to use restraint if they judge that their attempts to do so are likely to escalate the situation. They may instead issue a direction to stop, call for additional assistance or take appropriate action to make the environment as safe as possible (e.g. by clearing the room of children).

Where it is anticipated that an individual pupil’s behaviour makes it likely that they may be restrained, a risk assessment and intervention plan should be developed and implemented.

What type of restraint can be used?

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

Before physical contact:

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

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

Be aware of personal space and the way that physical risks increase when a member of staff enters the personal space of a distressed or angry child. (Colleagues should also note that any uninvited interference with a pupil's property may be interpreted by them as an invasion of their personal space.) Colleagues 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, colleagues 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. Colleagues 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, colleagues should aim to have no gap between the adult's and child's body. This minimises the risk of impact and damage.

Aim to keep the adult's back as straight and aligned (untwisted) as possible. We acknowledge that this is difficult, given that the children we work with are frequently smaller than us. When attempting to make safe if a child has hold of another person (adult or child), ensure they are able to release their grip, but stabilise their position for balance, and make safe by ensuring they cannot pull away.

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

Hold children by "long" bones, i.e. avoid grasping at joints where pain and damage are most likely. For example, colleagues 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 at times when a child is dysregulated or requiring restraint. Avoid lifting children once they are mobile unless for the purposes of nappy changing/personal care or supporting with an injury.

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

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

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

After an incident

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

Where appropriate and possible, we also encourage Colleagues are able to access wellbeing support from Schools Mutual, the contact details for which are on the Colleague Dashboard. Further details can be found by following the attached link:

[Schools-Mutual-Wellbeing-Poster-scaled.jpg \(2560×1804\) \(westgatedashboard.co.uk\)](#)

Colleagues should inform the Nominated Individual as soon as possible after an incident of restrictive physical intervention; parents/carers should also be informed. The physical intervention record should be completed as soon as possible and in any event within 24 hours of the incident. There should also be a review following the incident so that lessons can be learned to reduce the likelihood of recurrence in the future.

Appendix Two: Authorised colleagues

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

1. causing personal injury to, or damage to the property (including the pupil himself).

However, colleagues who 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 colleagues that know the pupil well and who are able to make informed judgements about the relative risks of using, or not using, restrictive physical intervention.

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

At **Rotherly Day Nursery**, we recognise that colleagues need to carry out manual handling especially in relation to lifting children. A variety of injuries may result from poor manual handling and colleagues must all be aware and adhere to the nursery’s manual handling policy. We instruct all colleagues in correct handling techniques and expect them to follow these to minimise the risks of injury.

We know that lifting and carrying children is different to carrying static loads and therefore our manual handling training reflects this. All colleagues will receive training in manual handling within their first year of employment and will receive ongoing training as appropriate.

Preventing injuries

As with other health and safety issues, we recognise that the most effective method of prevention is to remove or reduce the need to carry out hazardous manual handling. Wherever possible, we review the circumstances in which colleagues have to carry out manual handling and re-design the workplace so that items do not need to be moved from one area to another.

Where manual handling tasks cannot be avoided, for example lifting children when changing nappies, we carry out a risk assessment by examining the tasks and deciding what the risks associated with them are, and how these can be removed or reduced by adding control measures.

Our manual handling assessment considers the following:

- The tasks to be carried out
- The load to be moved (including moving children)
- The environment in which handling takes place
- The capability of the individual involved in the manual handling.

We expect colleagues to use the following guidance when carrying out manual handling in order to reduce the risk of injury.

Planning and procedure

- Think about the task to be performed and plan the lift
- Consider what you will be lifting, where you will put it, how far you are going to move it and how you are going to get there

- Never attempt manual handling unless you have read the correct techniques and understood how to use them
- Ensure that you are capable of undertaking the task – people with health problems and pregnant women may be particularly at risk of injury
- Assess the size, weight and centre of gravity of the load to make sure that you can maintain a firm grip and see where you are going
- Assess whether you can lift the load safely without help. If not, get help or use specialist moving equipment e.g. a trolley. Bear in mind that it may be too dangerous to attempt to lift some loads
- If more than one person is involved, plan the lift first and agree who will lead and give instructions
- Plan your route and remove any obstructions. Check for any hazards such as uneven/slippery flooring
- Lighting should be adequate
- Control harmful loads – for instance, by covering sharp edges or by insulating hot containers
- Check whether you need any Personal Protective Equipment (PPE) and obtain the necessary items, if appropriate. Check the equipment before use and check that it fits you
- Ensure that you are wearing the correct clothing, avoiding tight clothing and unsuitable footwear
- Consider a resting point before moving a heavy load or carrying something any distance.

Carrying children

- If the child is old enough, ask them to move to a position that is easy to pick up, and ask them to hold onto you as this will support you and the child when lifting
- Do not place the child on your hip, carry them directly in front of you in order to balance their weight equally
- Wherever possible, avoid carrying the child a long distance
- Where a child is young and is unable to hold onto you, ensure you support them fully within your arms
- Avoid carrying anything else when carrying a child. Make two journeys or ask a colleague to assist you
- If a child is struggling or fidgeting whilst you are carrying them, stop, place them back down and use reassuring words to calm the child before continuing
- Students and pregnant colleagues will not carry children.

Position

Stand in front of the load with your feet apart and your leading leg forward. Your weight should be even over both feet. Position yourself, or turn the load around, so that the heaviest part is next to you. If the load is too far away, move toward it or bring it nearer before starting the lift. Do not twist your body to pick it up.

Lifting

Always lift using the correct posture:

- Bend the knees slowly, keeping the back straight
- Tuck the chin in on the way down
- Lean slightly forward if necessary and get a good grip
- Keep the shoulders level, without twisting or turning from the hips
- Try to grip with the hands around the base of the load
- Bring the load to waist height, keeping the lift as smooth as possible.

Moving the child or load

- Move the feet, keeping the child or load close to the body

- Proceed carefully, making sure that you can see where you are going
- Lower the child or load, reversing the procedure for lifting
- Avoid crushing fingers or toes as you put the child or load down
- If you are carrying a load, position and secure it after putting it down
- Make sure that the child or load is rested on a stable base and in the case of the child ensure their safety in this new position
- Report any problems immediately, for example, strains and sprains. Where there are changes, for example to the activity or the load, the task must be reassessed.

The task

- Carry children or loads close to the body, lifting and carrying the load at arm's length increases the risk of injury
- Avoid awkward movements such as stooping, reaching or twisting
- Ensure that the task is well designed and that procedures are followed
- Try to avoid lifting loads from the floor or to above shoulder height. Limit the distances for carrying
- Minimise repetitive actions by re-designing and rotating tasks
- Ensure that there are adequate rest periods and breaks between tasks
- Plan ahead – use teamwork where the load is too heavy for one person.

The environment

- Ensure that the surroundings are safe. Flooring should be even and not slippery, lighting should be adequate, and the temperature and humidity should be suitable
- Remove obstructions and ensure that the correct equipment is available.

The individual

- Never attempt manual handling unless you have been trained and given permission to do so.
- The manner of manual handling should be considered. Safe practice should be used such as; holding by the long bones rather than joints and using words to relay actions and information when possible
- Incidents of manual handling should be recorded and parents and carers informed
- Ensure that you are capable of undertaking the task – people with health problems and pregnant women may be particularly at risk of injury
- Where applicable and age/stage appropriate encourage children to use ladders up to the changing table for nappy changes rather than lifting. Where this is not appropriate always follow the lifting process
- When using prams, avoid lifting babies in one movement from their pram.

Appendix Three: 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
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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
Colleague	Colleague
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 (overleaf)

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 pupils/adults (please specify)	

7. Other (please specify)	
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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 pupil view in planning and review			
Providing regular feedback and pastoral support to pupil			
Involving parent/carers 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)			
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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:	
<u>Behaviour(s) causing Concern</u>	Environment(s) where it is likely to be shown	Seriousness (A, B or C)	Key preventive strategies	Key reactive strategies	

END OF ASSESSMENT

Restrictive physical intervention in schools - July 2012, updated November 2018

Part 3	Guidance notes for carrying out the assessment
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Introduction to risk assessment

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

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

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

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

The framework contains the following sections:

Behaviours causing concern

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

Possible influencing factors

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

Preventive measures

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

Monitoring and review

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

them to be useful documents. In many cases, the review pattern will need to be more frequent.

These reviews need to be informed by data about the ongoing level of risk. This document does not recommend formats for gathering this data, as many sources will already be available within the school. Data sources will include:

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

Useful questions to ask at the review stage include:

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

Key actions

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

Risk assessment summary

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

Appendix Four: 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)

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. Advice for Headteachers and School staff.*

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 schools*

Appendix Five: Key Children's Services Department Personnel

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

Helen Carlow, Educational Psychologist Four Chimneys,

Winton Close, SO22 6AB Tel:

01962 876239:

Email: helen.carlow@hants.gov.uk

Appendix Six: Signatures of staff who have read the Local Authority Restrictive Physical Intervention Policy, Guidance and School Restrictive Physical Intervention Policy

Name and job title	Signature	Date signed

This document was published according to non-statutory and statutory guidance and is subject to change.

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