




# Uplands Infant & Nursery School



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|----------------------|---|
| <b>Policy Title</b>  | Physical Intervention and Restrictive Practices Policy  |
| <b>Purpose</b>       | To ensure a consistent and appropriate approach to physical intervention.   |
| <b>Review Date</b>   | This policy will be reviewed annually or earlier if considered necessary. Any amendments will be presented to the Governing Board for approval.<br><br>January 2027 |
| <b>Coordinator/s</b> | Michelle Orton (Head Teacher)   |
| <b>Signed</b>        | <b>Numera Ismail ( Chair of Governors</b><br>                                    |

## INTRODUCTION

Uplands Infant & Nursery School is committed to creating a safe, nurturing and inclusive environment where positive relationships, emotional regulation and preventative approaches reduce the need for restrictive practices. Our approach prioritises early intervention, de-escalation and the promotion of emotional wellbeing so that restrictive interventions are used **only when absolutely necessary** to keep pupils and others safe.

This policy sets out how physical intervention and restrictive intervention may be used in line with:

- **DfE Statutory Guidance: Restrictive Interventions, including the Use of Reasonable Force in Schools (2026)**
- **The Recording and Reporting of Seclusion and Restraint (No.2) Regulations (2025)**
- **Education and Inspections Act 2006 (Sections 93 & 93A)**
- **Children Act 1989**
- **Equality Act 2010**
- **Human Rights Act 1998**
- **Attenborough Learning Trust Restrictive Interventions Policy (2026)**

The school's Behaviour Policy outlines our whole-school approach to promoting positive behaviour, emotional wellbeing and de-escalation. Restrictive intervention is used **only when necessary, proportionate, reasonable and time-limited**, and always as a **last resort**.

At Uplands Infant & Nursery School, restrictive intervention may be used:

- **Proactively**, as part of an agreed, risk-assessed Positive Handling Plan
- **Reactively**, in an unforeseen emergency where immediate action is required to prevent significant harm

All staff are expected to implement preventative strategies, de-escalation approaches and relationship-based practice to minimise the need for restrictive intervention.

Only staff trained in approved **Team Teach** techniques may use restrictive physical intervention, except in an emergency where immediate action is required to prevent serious harm.

## STATUTORY DEFINITIONS

In accordance with the **Attenborough Learning Trust Restrictive Interventions Policy (2026)** and the **DfE Statutory Guidance (2026)**, all staff must understand the following legal definitions.

These definitions determine when an intervention is lawful, when it must be recorded, and when parents must be notified.

### Restrictive Intervention

A *restrictive intervention* is **any action** that restricts a pupil's:

- movement
- liberty
- freedom to act independently

This includes:

- **Physical restraint** (e.g. holding a pupil)
- **Non-physical restraint** (e.g. blocking exits, removing mobility aids, restricting access to an area)
- **Seclusion** (preventing a pupil from leaving a space)

Restrictive interventions must only be used when **necessary, reasonable, proportionate and time-limited**.

### Reasonable Force

*Reasonable force* refers to:

- the **minimum degree of force necessary**
- used for the **shortest possible time**
- to prevent a pupil from causing harm to themselves, others, property, or serious disorder

Reasonable force **must never** be used to punish, enforce compliance, or cause pain.

### Significant Incident

A *significant incident* is any situation where:

- force goes beyond everyday physical contact, *or*
- physical force is used to implement a non-physical restraint

All significant incidents must be recorded under **Section 93A of the Education and Inspections Act 2006** and reported to parents in writing.

### Seclusion

*Seclusion* is when a pupil is:

- placed alone in a room or area
- **and prevented from leaving**

Seclusion:

- is only permitted in **extreme emergencies** to prevent immediate harm
- must be **supervised at all times**
- must be **recorded and reported** under the 2025 Seclusion & Restraint Regulations
- must **never** be used as punishment or to enforce compliance

## Safe Space

A *safe space* is a supportive, low-stimulus area a pupil may choose to use to regulate. A safe space is **not seclusion** because:

- the pupil is **free to leave at any time**
- staff do not block or restrict exit

## Everyday Physical Contact

Everyday physical contact is **not** restrictive intervention. It includes:

- guiding a pupil by the hand
- steadying a pupil
- comforting a distressed child
- providing personal care
- hand-over-hand support for learning

This contact must always be:

- necessary
- age-appropriate
- respectful
- non-forceful

## EVERYDAY PHYSICAL CONTACT (NON-RESTRICTIVE CONTACT)

At Uplands Infant & Nursery School, staff routinely use appropriate, non-restrictive physical contact to support pupils' care, safety, learning and emotional wellbeing. This type of contact is **not** considered restrictive intervention and does not fall under statutory recording requirements.

Everyday physical contact may include:

- **Guiding or steadying a pupil** (e.g. holding a hand when walking safely)
- **Comforting a distressed child** in an age-appropriate manner
- **Supporting personal care** (e.g. toileting, dressing, hygiene)
- **Hand-over-hand support** to assist with learning tasks
- **Helping a pupil move safely** around the environment
- **Providing sensory or regulatory support** where appropriate

Everyday contact must always be:

- **Necessary** for the child's care, safety or regulation

- **Age-appropriate** and sensitive to developmental needs
- **Respectful** of personal boundaries and dignity
- **Non-forceful** and non-restrictive
- **In line with safeguarding expectations**

Staff must remain aware that some pupils may find physical contact difficult due to:

- sensory processing needs
- trauma history
- cultural expectations
- previous experiences of harm

Where this is known, staff must follow the guidance set out in the pupil's **Positive Handling Plan, Risk Assessment, or SEND Pupil Profile/ Individual Support Plan.**

Everyday physical contact must **never** be used to enforce compliance, express frustration, or replace de-escalation strategies.

## PREVENTATIVE AND DE-ESCALATION APPROACHES

Uplands Infant & Nursery School prioritises **prevention, early intervention and de-escalation** to reduce the likelihood of behaviour escalating to a point where restrictive intervention becomes necessary. Staff are expected to use consistent, relationship-based approaches that support pupils to regulate their emotions and remain safe.

Preventative and de-escalation strategies include:

- **Building strong, trusting relationships** with pupils
- **Understanding individual needs**, including communication styles, sensory profiles, triggers and vulnerabilities
- **Providing predictable routines** and clear expectations
- **Using visual supports**, such as Now/Next boards, timetables and objects of reference
- **Adjusting the environment** to reduce sensory overload or distress
- **Offering choices** to increase a sense of control and reduce anxiety
- **Using calm, consistent verbal and non-verbal communication**
- **Modelling co-regulation**, including breathing strategies, grounding techniques and calm body language
- **Using distraction and diversion** to shift focus away from triggers
- **Tactical ignoring** of minor behaviours that do not compromise safety
- **Providing access to safe spaces** where pupils can regulate voluntarily
- **Reducing demands** when a pupil shows early signs of dysregulation

Staff must remain alert to **early warning signs** of escalation, such as:

- changes in body language
- withdrawal or avoidance
- increased agitation
- vocalisations or repetitive behaviours
- signs of sensory overload

Early intervention at this stage is essential to prevent escalation.

Preventative and de-escalation approaches must always be attempted **before** restrictive intervention is considered, unless there is an immediate risk of significant harm.

## PLANNED RESTRICTIVE INTERVENTIONS

Planned restrictive interventions are used only for pupils who have been identified as being at **foreseeable risk** of behaviours that may require physical intervention to maintain safety. These interventions must always be part of a **co-produced, risk-assessed plan** and must prioritise prevention, de-escalation and emotional regulation.

### Positive Handling Plan (PHP)

*(This plan includes all proactive behaviour, regulation and crisis-management strategies for the pupil.)*

The PHP outlines:

- the pupil's strengths, motivators and preferred ways of communicating
- sensory needs and regulation strategies
- known triggers and early warning signs
- preventative and environmental adjustments
- agreed de-escalation approaches
- approved Team Teach strategies that may be used if required
- medical, physical or trauma-informed considerations
- the least restrictive options appropriate for that pupil

A PHP must be created when:

- a pupil has known behaviours that may present a risk of harm
- a pupil has previously required restrictive intervention
- a risk assessment identifies foreseeable situations where safety may be compromised
- external professionals recommend a structured plan

### Co-production and Review

The PHP must be developed collaboratively with:

- parents/carers
- relevant school staff
- the SENCO
- external professionals where appropriate

The PHP must be:

- accessible to all staff working with the pupil
- stored securely on the school's safeguarding system
- reviewed at least **every 12 weeks**, or sooner following an incident

### Staff Training

- Only staff with **current Team Teach accreditation** may use restrictive physical intervention as part of a planned response. Untrained staff may only intervene in an **unforeseen emergency** where immediate action is required to prevent significant harm.

### Principles for Planned Interventions

Planned restrictive interventions must always:

- use the **least restrictive** option
- be **proportionate** to the level of risk
- be used for the **shortest possible time**
- maintain the pupil's **dignity, rights and emotional wellbeing**
- be consistent with the strategies outlined in the PHP

## EMERGENCY SITUATIONS

Emergency restrictive intervention may be used **only** when a situation arises that was not reasonably foreseeable and where immediate action is required to prevent significant harm. In these circumstances, staff may need to act quickly to keep pupils, staff or others safe.

Emergency intervention may be used to prevent:

- **Injury** to the pupil or another person
- **Serious harm**, including self-harm
- **Significant damage to property**
- **Serious disorder** that places others at risk

In an emergency, staff must:

- Use the **least restrictive** intervention that is likely to be effective
- Use the intervention for the **shortest possible time**

- Prioritise the **safety and dignity** of the pupil
- Avoid any **prohibited practices**, including prone restraint or any action that restricts breathing
- Seek assistance from trained staff as soon as possible

Where a pupil ends up on the ground during a dynamic incident, staff must:

- Immediately work to **reposition** the pupil into a safer, upright position
- Ensure the pupil's **airway and breathing** are not compromised
- Continue to use **verbal reassurance and de-escalation** throughout

Emergency interventions must **never** be used:

- As punishment
- To enforce compliance
- As a response to non-harmful behaviour
- When safer alternatives are available

Following any emergency intervention:

- The incident must be **recorded** as a significant incident
- Parents must be **notified in writing**
- The pupil must be offered **medical and emotional support**
- Staff involved must be offered **debrief and wellbeing support**
- The pupil's **Positive Handling Plan** must be reviewed and updated if necessary

## PROHIBITED PRACTICES

The following practices are **strictly prohibited** at Uplands Infant & Nursery School. These prohibitions apply to all staff, volunteers, visitors and external professionals working with pupils. They reflect statutory requirements from the **DfE (2026)**, the **Attenborough Learning Trust Restrictive Interventions Policy (2026)** and safeguarding legislation.

Restrictive interventions must **never** include:

- **Pain-inducing techniques** of any kind
- **Prone (face-down) restraint**, including any action that forces or maintains a pupil in a face-down position
- **Supine restraint** (laying on their back, facing upward) where breathing or circulation may be compromised
- **Intentionally forcing a pupil to the ground**
- **Any restraint that restricts breathing**, including pressure on the:
  - neck

- chest
- abdomen
- back
- joints
- pressure points
- **Hyperextension, hyperflexion or twisting of limbs**
- **Pulling hair, ears or limbs**
- **Sitting or lying on a pupil**
- **Using clothing, furniture or equipment** to restrict movement
- **Mechanical restraint**, unless medically prescribed
- **Seclusion used as punishment**, consequence or behaviour management
- **Preventing a pupil from leaving a space** unless there is an immediate risk of significant harm
- **Using force to enforce compliance**, complete tasks or follow instructions
- **Using unapproved or untrained techniques**, including any physical intervention not taught through Team Teach
- **Threatening the use of restraint** as a behaviour management tool

If a pupil ends up on the ground during a dynamic incident, staff must:

- Immediately work to **reposition** the pupil into a safer, upright position
- Ensure the pupil's **airway, breathing and circulation** are not compromised
- Continue to use **verbal reassurance and de-escalation**

Any use of a prohibited practice must be treated as a **safeguarding concern** and reported immediately to the Headteacher and a Designated Safeguarding Lead.

## USE OF REASONABLE FORCE DURING SEARCHES

Authorised staff may use **reasonable force** when conducting a lawful search **only** in very limited circumstances, as set out in the **Education Act 2011** and the **DfE 2026 guidance**.

Reasonable force may be used **only** when searching for the following **prohibited items**:

- knives or weapons
- alcohol
- illegal drugs
- stolen items
- tobacco or vaping products
- fireworks
- pornographic images

- any article that staff reasonably suspect has been, or is likely to be, used to:
  - commit an offence
  - cause personal injury
  - cause damage to property

Force **must not** be used to search for items that are banned **only under school rules** (e.g. toys, sweets, etc.).

### Principles for Using Force During Searches

When force is used during a lawful search, it must always be:

- **Necessary** to prevent harm
- **Reasonable** in the circumstances
- **Proportionate** to the level of risk
- **Time-limited**
- **The least restrictive option**

Staff must:

- Use verbal de-escalation and explanation before considering force
- Avoid any prohibited practices (e.g. prone restraint, pain-inducing techniques)
- Ensure the pupil's dignity and privacy are respected
- Seek assistance from another adult wherever possible

### Recording and Reporting

Any use of force during a search is automatically considered a **significant incident** and must be:

- recorded using the Local Authority Physical Intervention Form
- uploaded to CPOMS
- reported to parents **in writing** on the same day wherever possible

If the search or use of force raises a safeguarding concern, staff must follow the school's **Safeguarding Policy** and report immediately to a DSL.

## RECORDING AND REPORTING

All restrictive interventions, including the use of reasonable force, must be recorded and reported in accordance with:

- **Section 93A of the Education and Inspections Act 2006**
- **DfE Statutory Guidance (2026)**
- **Seclusion & Restraint Recording Regulations (2025)**
- **Attenborough Learning Trust Policy (2026)**

Recording ensures transparency, accountability and safeguarding, and supports the review of a pupil's **Positive Handling Plan (PHP)**.

### Incidents That Must Be Recorded

The following must be recorded as **significant incidents**:

- Any use of **restrictive physical intervention**
- Any use of **non-physical restraint** (e.g. blocking exits)
- Any incident where a pupil is **prevented from leaving a space** (seclusion)
- Any use of force during a **lawful search**
- Any incident where physical contact goes beyond everyday interaction
- Any intervention that results in **injury**, distress or complaint

### Recording Procedure

Staff must complete the **Local Authority Physical Intervention Form**:

- **On the same day** wherever possible
- Or within **24 hours** if immediate recording is not feasible

A PDF copy must be:

- Uploaded to **CPOMS**
- Flagged to the **Headteacher** and a **Designated Safeguarding Lead (DSL)**

### Required Information in the Record

The incident record must include:

- Names of pupil and staff involved
- Date, time, location and duration
- Antecedents (what happened before the incident)
- Why intervention was necessary
- De-escalation strategies attempted
- Description of the intervention used
- Type and degree of force applied
- Any injuries to pupil or staff
- Medical treatment provided
- Pupil's presentation after the incident
- Staff debrief and pupil debrief
- Any updates required to the PHP

### Parent/Carer Notification

Parents/carers must be:

- **Informed in writing** on the same day wherever possible
- Provided with a **factual summary** of the incident
- Offered the **opportunity to discuss** the incident with school staff

### Legal Exception

If notifying parents is likely to cause **serious harm** to the pupil, another child, or an adult, the school must:

- Record the rationale
- Inform the Local Authority
- Follow safeguarding procedures

### Safeguarding and Follow-Up

Any incident involving:

- injury
- distress
- use of a prohibited practice
- repeated restrictive interventions
- or concerns about staff conduct
- must be reported immediately to a DSL and managed under safeguarding procedures.
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Patterns of incidents must be reviewed to:

- identify triggers
- adjust the environment
- update the PHP
- consider additional support or referrals

## **POST-INCIDENT SUPPORT**

Following any restrictive intervention or significant incident, Uplands Infant & Nursery School is committed to ensuring that pupils and staff receive appropriate care, reflection time and support. Post-incident processes are essential for safeguarding, emotional wellbeing and continuous improvement.

### Immediate Care and Safety

After an incident, staff must ensure:

- The pupil's physical safety is secured
- Any injuries to the pupil or staff are identified
- First aid is provided where required
- The environment is made calm and safe

If there are concerns about injury, breathing, pain or distress, staff must seek medical assistance immediately.

### **Emotional Support for the Pupil**

Pupils must be offered:

- Time and space to regulate
- Access to a trusted adult
- Reassurance and calm communication
- Support to re-establish a sense of safety

The pupil should never be expected to discuss the incident while still dysregulated.

### **Pupil Debrief (Reflective Conversation)**

A debrief should take place as soon as the pupil is calm, ideally with a neutral or trusted adult.

The purpose is to:

- Understand the pupil's perspective
- Identify triggers or unmet needs
- Reinforce safety and trust
- Explore alternative strategies for next time

The debrief must be recorded as part of the incident documentation.

### **Staff Debrief and Wellbeing Support**

Staff involved in the incident must be offered:

- Time to reflect
- Emotional support
- An opportunity to discuss what happened
- Guidance from a senior leader if needed

Where staff experience distress or repeated exposure to challenging incidents, additional wellbeing support may be offered.

### **Review of the Positive Handling Plan (PHP)**

Following any restrictive intervention, the pupil's PHP must be reviewed to determine whether:

- Triggers need updating
- Preventative strategies need strengthening
- Environmental adjustments are required
- De-escalation approaches need adapting
- Additional support or referrals are needed

The review should involve:

- Staff who were present
- The SENCO
- Parents/carers

- External professionals where appropriate

### Restorative and Relationship Repair

Where appropriate, staff should support:

- Rebuilding trust
- Restoring relationships
- Reinforcing expectations in a supportive way

Restorative approaches must be sensitive to the pupil's developmental stage and emotional needs.

## STAFF TRAINING

Uplands Infant & Nursery School is committed to ensuring that all staff are confident, competent and safe in their use of de-escalation and restrictive intervention. Training is delivered in line with the **Attenborough Learning Trust Restrictive Interventions Policy (2026)** and the **DfE Statutory Guidance (2026)**.

### Team Teach Training

Only staff with **current Team Teach accreditation** may use restrictive physical intervention as part of a planned response. Team Teach training includes:

- De-escalation strategies
- Understanding behaviour as communication
- Trauma-informed practice
- Risk reduction approaches
- Approved physical intervention techniques
- Legal and safeguarding responsibilities
- 

Accreditation must be refreshed **every two years**.

Staff who are not Team Teach trained may only intervene in an **unforeseen emergency** where immediate action is required to prevent significant harm.

### Induction Training

All new staff receive induction covering:

- The school's Restrictive Intervention Policy
- The role of the Positive Handling Plan (PHP)
- Preventative and de-escalation approaches
- Safeguarding responsibilities
- How to recognise early signs of dysregulation
- How to report and record incidents

This ensures that all staff understand their responsibilities from the outset.

### Ongoing Professional Development

Staff receive regular CPD in:

- **De-escalation approaches**
- **Trauma-informed practice**
- **Communication and interaction needs**
- **Sensory regulation**
- **Positive behaviour support**

Training is adapted to meet the needs of pupils and staff and may involve external professionals such as Educational Psychologists or SEMH specialists.

### **Staff Wellbeing and Support**

Uplands Infant & Nursery School recognises that involvement in restrictive interventions can be emotionally and physically demanding. Staff are therefore offered:

- Debrief following incidents
- Access to senior leadership support
- Wellbeing check-ins
- Additional training where patterns of incidents emerge

Where staff experience repeated exposure to challenging situations, further support may be provided.

## **MONITORING AND GOVERNANCE**

Uplands Infant & Nursery School ensures that the use of restrictive intervention is subject to robust monitoring, oversight and governance. This ensures transparency, safeguards pupils and staff, and supports continuous improvement in practice.

### **Senior Leadership Oversight**

The **Headteacher** has overall responsibility for:

- Monitoring all incident records
- Ensuring compliance with statutory guidance
- Ensuring staff training is up to date
- Reviewing patterns or trends in restrictive intervention
- Ensuring that Positive Handling Plans (PHPs) are current and effective

The **Designated Safeguarding Leads (DSLs)** monitor incidents for:

- Safeguarding concerns
- Repeated use of restrictive intervention
- Use of prohibited practices
- Emerging risks requiring additional support

### **Regular Review of Incident Data**

Incident data is reviewed:

- **Weekly** by the DSL and SENCO

- **Half-termly** by the Senior Leadership Team
- **Termly** by the Local Governing Body

Reviews consider:

- Frequency and type of incidents
- Pupils involved
- Staff involved
- Locations and times
- Effectiveness of preventative strategies
- Whether additional support or training is required

Patterns or increases in incidents trigger:

- Review of the pupil's PHP
- Environmental adjustments
- Additional staff training
- Referral to external professionals

### **Governing Body Responsibilities**

The Governing Body is responsible for:

- Ensuring the school complies with statutory requirements
- Receiving termly anonymised reports on restrictive interventions
- Monitoring trends and safeguarding implications
- Challenging leaders where patterns raise concern
- Ensuring staff training and resources are adequate

Governors do **not** receive personal details of pupils or staff involved in incidents.

### **Local Authority and Trust Oversight**

The school complies with:

- Attenborough Learning Trust monitoring requirements
- Local Authority reporting procedures
- External audits or reviews where required

The Trust may review:

- Incident records
- Staff training logs
- PHPs and risk assessments
- Policy implementation

### **Policy Review**

This policy is reviewed:

- **Annually** by the Headteacher and Governing Body
- **Immediately** following any significant change in legislation or guidance
- **Following serious incidents** where policy adjustments may be required

## COMPLAINTS AND ALLEGATIONS

Uplands Infant & Nursery School takes all complaints and allegations relating to the use of restrictive intervention extremely seriously. Clear procedures ensure transparency, accountability and safeguarding for pupils and staff.

### Complaints from Parents or Carers

Parents/carers have the right to raise concerns about:

- the use of restrictive intervention
- the way an incident was managed
- the accuracy of the incident record
- communication following an incident

Concerns should be raised initially with the Headteacher. If the issue is not resolved, parents may follow the school's Complaints Policy.

Parents may request:

- a meeting to discuss the incident
- clarification of the intervention used
- a review of the pupil's Positive Handling Plan (PHP)
- involvement of external professionals

All complaints must be logged and responded to within the timescales set out in the Complaints Policy.

### Allegations Against Staff

Any allegation that a member of staff has:

- used a **prohibited practice**
- used **excessive or inappropriate force**
- acted outside the scope of their training
- caused harm or placed a pupil at risk
- must be treated as a **safeguarding concern**.

The school will follow the **Local Authority Designated Officer (LADO)** procedures, including:

- immediate notification to the LADO
- securing written accounts from staff involved
- ensuring the pupil is safe and supported
- ensuring the staff member is supported and informed of the process

Staff must not discuss the allegation with colleagues or the pupil involved.

### Safeguarding Thresholds

An allegation must be referred to the LADO if a staff member is alleged to have:

- behaved in a way that has harmed a child or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved in a way that indicates they may pose a risk of harm to children
- used a prohibited or dangerous intervention

The DSL will determine whether the concern meets the threshold for LADO involvement.

### **Support for Pupils and Staff**

Both pupils and staff involved in complaints or allegations will be offered:

- emotional support
- opportunities to share their views
- access to wellbeing resources
- clear communication about next steps

The school recognises the emotional impact that allegations can have and ensures that support is available throughout the process.

### **Learning and Improvement**

Following the conclusion of any complaint or allegation, the school will:

- review the incident and response
- identify any training needs
- update the PHP if required
- consider environmental or staffing adjustments
- share learning with staff (without breaching confidentiality)

This ensures continuous improvement and strengthens safeguarding practice.

## **POLICY LINKS AND RELATED DOCUMENTS**

This policy should be read alongside a range of statutory and school-level documents that together ensure safe, lawful and consistent practice in the use of restrictive interventions.

### **Statutory and National Guidance**

Staff must be familiar with the following national documents:

- DfE Restrictive Intervention Guidance (2026)
- Education and Inspections Act 2006, Section 93
- Education Act 2011 – Searching, Screening and Confiscation
- Keeping Children Safe in Education (KCSIE)
- Use of Reasonable Force in Schools
- Seclusion and Restraint Recording Regulations (2025)

These documents set out the legal framework for the use of force, safeguarding, and incident recording.

## **POLICY REVIEW AND APPROVAL**

This policy is a statutory document and must be reviewed regularly to ensure it remains compliant with legislation, Trust requirements and best practice in safeguarding and behaviour support.

### **Review Cycle**

This policy will be:

- **Reviewed annually** by the Headteacher and Governing Body
- **Updated immediately** following any significant change in:
  - national legislation
  - DfE statutory guidance
  - Attenborough Learning Trust policy
- **Reviewed following serious incidents** where learning indicates that amendments are required

The review process will consider:

- Incident data and trends
- Feedback from staff, pupils and parents
- Updates to **DfE guidance**
- Recommendations from external professionals

### Consultation

During the review process, the school may consult with:

- Staff teams
- Parents/carers
- The SENCO and Inclusion Lead
- The Designated Safeguarding Lead
- External agencies (e.g. Educational Psychology, SEMH specialists)
- Attenborough Learning Trust representatives

This ensures the policy reflects the needs of the school community and current best practice.

### Publication and Accessibility

The policy will be:

- Available on the school website
- Provided to all new staff during induction
- Accessible to parents on request
- Shared with external professionals working with pupils where relevant

Staff must ensure they are familiar with the policy and follow it consistently.

## APPENDIX 1

### Assessing and Managing Risks for Pupils who Present Challenging Behaviours

#### 1. Introduction

This risk-assessment and management framework is designed to support teachers, support staff, childcare practitioners, carers and other adults working with pupils who may present behaviours that pose a risk to themselves or others. Risks may relate to:

- the pupil's own safety
- the safety of other pupils
- the safety of staff or visitors
- damage to property
- disruption to learning

The purpose of this framework is to promote safe, consistent and proactive practice in identifying, assessing and managing risks associated with severely challenging behaviour.

## 2. What Is Meant by "Risk" And "Risk Assessment"?

The term "risk" refers to any situation or behaviour that could lead to adverse outcomes for the child or others. Risks may arise from:

- the pupil's health, care or support needs
- environmental factors
- behaviours that may cause harm
- the strategies used to reduce or manage those behaviours

Risk assessment and management is a structured process that helps staff use what is known about the pupil to make informed, reasonable decisions

- weigh up options and take proportionate, calculated risks
- implement strategies that safeguard pupils and staff
- learn from incidents and improve future practice

Effective risk assessment enables staff to:

- limit the level of inherent risk to which pupils and others are exposed
- take positive, planned risks that broaden a pupil's experiences and support development
- avoid unreasonable or unsafe risks
- ensure that responses to challenging behaviour are **reasonable, necessary and proportionate**

A structured approach to risk assessment helps staff make sound decisions about what can reasonably be done to reduce risk, while also preparing them for situations where things may go wrong.

## 3. Understanding and Anticipating Challenging Behaviour

Challenging behaviours are often **foreseeable**, even if the exact timing or intensity cannot be predicted. As a general principle, staff should:

- explore the underlying reasons for the behaviour
- understand the factors that influence or trigger the behaviour
- recognise early warning signs that indicate escalation
- develop the skills to manage difficult situations safely, competently and sensitively

The strategies agreed for managing identified risks must be set out in the pupil's **Positive Handling Plan** or behaviour support plan.

Risk assessment and management should also be used in **emergency or unforeseen situations**, where new risks emerge unexpectedly.

## 4. Assessing the Risk

Risk assessment involves a consideration of both potential and actual risk. Key steps in assessing risk are:

### • Assessing the context of risk

Staff should identify situations in which risks are likely to occur. This may include:

- times or environments where pupils may feel overwhelmed or frustrated
- transitions, crowded spaces or busy corridors

- proximity to open roads, transport, or unfamiliar environments
- situations where known triggers are present

Understanding the context helps staff anticipate when additional support or adjustments may be required. *If a pupil is prevented from leaving a space, even briefly, this constitutes seclusion and must be recorded and reported in line with the 2025 Seclusion & Restraint Regulations.*

#### • Assessing the probability of risk

Staff should consider how likely it is that a risk situation will occur and whether harm is:

- very likely
- likely
- unlikely

This includes drawing on previous incidents, known patterns of behaviour and professional judgement.

#### • Assessing the seriousness of potential harm

Staff should consider the possible consequences of the behaviour or situation, which may include:

- physical injury (e.g. bruising, sprains, fractures, choking)
- emotional distress or trauma
- harm to others
- significant damage to property
- disruption to learning or safety

This helps determine the level of response and the safeguards required.

### Recording and Using Risk Assessments

All identified risks must be recorded in accordance with Local Authority requirements and school policy. Where risks are assessed as significant for the pupil or others, formal risk-assessment tools (such as the Health and Safety Executive's *Five Steps to Risk Assessment*) may be used.

Risk assessments should inform the pupil's **Positive Handling Plan** or behaviour support plan and be reviewed regularly, especially when circumstances or behaviours change.

## 5. Exploring Risk Reduction Options

Risk reduction involves identifying a range of possible strategies to reduce or manage identified risks, and weighing up the benefits and drawbacks of each option for the pupil, staff and others. Some options may be discounted because they are ineffective, impractical or introduce additional risks. A record should be kept of all options considered, including those adopted and those rejected, for each pupil.

Risk reduction should include:

- **Proactive measures** that support the pupil effectively and reduce the likelihood of difficulties emerging
- **Early interventions** that help the pupil in situations where stress or escalation is beginning to occur
- **Planned measures** that enable staff to manage the pupil and others safely when challenging behaviour cannot be avoided

Where there are concerns that any proposed risk-reduction strategy may itself introduce new risks to the pupil or others, the school should seek advice from appropriate external agencies. These may include:

- the Local Safeguarding Children Partnership (LSCP) for concerns relating to children
- the Health and Safety Executive (HSE) for concerns relating to staff or others
- medical professionals
- legal advisers
- Local Authority behaviour support or safeguarding teams

## 6. Deciding Risk Management Measures

The measures selected to prevent risks occurring, manage risks that arise and respond to injuries and harm that occur should be based upon a full appraisal of all the risk management options. When agreeing a risk management strategy, it is important to be explicit about: **inherent risks** that remain even when the strategy is fully implemented

- **risks that can be reduced** through the strategy
- **risks that can be prevented** through the strategy
- **any risks** introduced by the strategy itself

The agreed risk-management measures must form the basis of the pupil's **Behaviour Support Plan/Positive Handling Plan** and the school's wider risk-management strategy. All decisions about risk-management options must be recorded in line with school and Local Authority procedures.

## Involving Parents and Other Agencies

When selecting risk-management measures for a pupil's plan, the school should involve parents or those with parental responsibility. This collaborative approach ensures:

- parents understand the measures being considered within a wider context
- staff gain valuable insights that may otherwise be overlooked

Where appropriate, professionals from other agencies should also be consulted to help identify the safest and most effective strategies to eliminate, reduce or limit risk without:

- placing unreasonable restrictions on the pupil
- exposing other pupils or staff to unreasonable risk
- compromising the pupil's dignity, rights or access to learning

Accommodation, staffing and available resources will also influence the strategies selected.

## Resolving Disputes or Concerns

If disputes or concerns arise about the measures being used, the school should seek advice from the relevant external bodies identified in the previous section. This ensures that decisions remain safe, lawful and proportionate.

## 7. Sharing and Communicating an Agreed Approach

Once the Behaviour Support Plan and risk-management strategy have been agreed, they must be shared with all individuals responsible for implementing, monitoring or reviewing the plan. Clear communication ensures that everyone understands:

- how the pupil will be supported and why

- which behaviours require specific responses
- how those behaviours should be managed
- which risk-reduction measures are to be used and in what circumstances

The agreed strategy may be shared through meetings, briefings, discussion groups or written communication.

Those who must be informed include:

- the pupil (in an age-appropriate way)
- parents or those with parental responsibility
- members of the teaching, support and care teams
- relevant professionals from external agencies, including safeguarding teams where appropriate

The school must keep a record of all individuals who have been informed of the plan and strategy.

### **8. Staff Training**

Once the plan and risk-management strategy have been shared, the school must consider whether staff have the necessary skills and training to implement the strategy safely and effectively. This includes identifying:

- staff who require additional training
- staff who need refresher training
- staff who may require urgent training before the strategy can be fully implemented

Records must show:

- training needs identified as a result of the plan
- how and when training was provided
- any temporary modifications to the strategy while training is pending

Where significant training needs are identified, implementation of the risk-management strategy must be adapted until staff have received the required training. In some cases, training may need to be prioritised as a matter of urgency to ensure safe practice.

### **9. Evaluating Impact and Effectiveness**

Risk-assessment and risk-management measures must be reviewed regularly as part of the school's wider approach to behaviour and restrictive physical intervention. Evaluations should consider:

- whether the strategies are effective
- whether risks have reduced, increased or changed
- whether the plan continues to meet the pupil's needs
- whether further adjustments, training or support are required

All evaluations must be recorded in line with school procedures. These records contribute to ongoing planning, safeguarding, and continuous improvement in day-to-day practice.

**APPENDIX 2**

**Uplands Infant & Nursery School**

**Proforma for assessing and managing foreseeable risks for children who present challenging behaviours**

This proforma should be used to assess and manage each identified behaviour. Where this information is already known it must be made available on admission (e.g. transfers, etc.)

**Name of child:**.....

**Class group:**.....

**Name of teacher:**.....

| <b>Identification of Risk</b>                            |  |
|--|--|
| Describe the foreseeable risk                            |  |
| Is the risk potential or actual?                         |  |
| List who is affected by the risk                         |  |
| <b>Assessment of Risk</b>                                |  |
| In which situations does the risk usually occur?         |  |
| How likely it is that the risk will arise?               |  |
| If the risk arises, who is likely to be injured or hurt? |  |
| What kinds of injuries or harm are likely to occur?      |  |
| How serious are the adverse outcomes?                    |  |

| <b>Risk Reduction Options</b>           |                  |          |               |
|---|------------------|----------|---------------|
| Measures                                | Possible options | Benefits | Level of risk |
| Proactive interventions to prevent risk |                  |          |               |

|   |  |  |  |
|---|--|--|--|
|   |  |  |  |
| Early interventions to manage risk                    |  |  |  |
| Reactive interventions to respond to adverse outcomes |  |  |  |

| <b>Agreed behaviour Management Plan &amp; School Risk Management Strategy</b> |                         |               |
|---|-------------------------|---------------|
| Focus of measures   | Measures to be employed | Level of risk |
| Proactive interventions to prevent risks                                      |                         |               |
| Early interventions to manage risks   |                         |               |
| Reactive interventions to respond to adverse outcomes                         |                         |               |

| <b>Communication of Behaviour Management Plan &amp; School Risk Management Strategy</b> |                      |               |
|---|----------------------|---------------|
| Plans and strategies shared with:   | Communication Method | Date Actioned |
|   |                      |               |

| <b>Staff Training Requirements</b> |                                 |                         |
|------------------------------------|---------------------------------|-------------------------|
| Identified training needs          | Training provided to meet needs | Date training completed |
|                                    |                                 |                         |

|  |                                       |                |
|--|---------------------------------------|----------------|
|  |                                       |                |
| <b>Evaluation of Behaviour Management Plan &amp; School Risk Management Strategy</b> |                                       |                |
| Measures set out   | Effectiveness in supporting the child | Impact on risk |
| Proactive interventions to prevent risks   |                                       |                |
| Early interventions to manage risks  |                                       |                |
| Reactive interventions to respond to adverse outcomes                                |                                       |                |
| <b>ACTIONS FOR THE FUTURE</b>  |                                       |                |

Risk Assessment completed by:

Signature.....

Date.....

Behaviour management plan and school risk management strategy agreed by:

.....  
Class teacher

.....  
Parent/Carer

Date:

Date:

Plans and strategies to be evaluated by class teacher and parent at any stage when implemented and at pupils' Annual Review Conference

.....

.....

Class teacher

Parent/Carer

Date:.....

**Positive Handling Plan and Risk Assessment**

**Name:**  
**plan:**

**Date of Plan:**

**Review Date of**

**School**

(Information that may contribute to the pupil's stress or vulnerability, e.g. family context, SEND profile, communication needs, trauma history, medical needs)

**Stressors/Triggers**  
(Events, environments or interactions that may increase distress or escalate behaviour)

**Medical Conditions**  
(Include any conditions relevant to physical intervention, e.g. asthma, hypermobility, epilepsy)

**Previous Critical Incidents**  
(Include date, time, description and outcome)



What might he/she be thinking?.....

What might he/she be feeling?.....

.....



|                               |  |
|-------------------------------|--|
| Continued De-escalation ideas |  |
|-------------------------------|--|

|  |  |
|--|--|
| <b>Stage 5 Depression</b>  | <b>Stage 6</b>   |
| <p>The child may seem calm but are they?<br/>         Can they follow a simple instruction?<br/>         Are they willing and ready to engage?<br/>         Or are they resistant and reluctant?<br/> <i>Try a small directed task with them before going back to class.</i></p> <p><b>Do not be tempted to talk about the incident with the child at this point</b></p> | <p>Child's Behaviours:</p><br><p>Adults' Response:<br/>         (low-demand, supportive, quiet presence)</p> |

|   |   |
|---|---|
| <b>Stage 7</b>  | <b>Stage 8</b>  |
| <p>Context of Debrief: with whom and where?</p><br><p>And approximately how long after the incident?</p><br><p>(see separate sheet for debrief structure)</p> | <p>Opportunity to rebuild and repair relationships?</p> |

### **Supportive Structures around the child**

|  |
|--|
| (e.g. emotional regulation work, theraplay, Zones of Regulation, sensory programmes)               |
| Advice and Support from external agencies (e.g. SEMH, EP, Family Support, Paediatrician)           |
| Support arrangements (e.g. ISP, PSP, School Contract, Element 3, Request for Statutory Assessment) |

Parents/Carers:

Name: \_\_\_\_\_

Teacher

Name: \_\_\_\_\_

Young Person

Name: \_\_\_\_\_

### Recording and Monitoring

Record on CPOMs

Report to SLT – ASAP

Report to Parents (within 24 hours max)

### Review Plan

(annotate the positive handling plan, what was the stressor/ trigger? what worked well? what could be tried differently next time? Physical intervention required: Yes or No Write in a different colour each time and date and sign this)

Review completed by:

Date:

Pen Colour:

Review completed by:

Date:

Pen Colour:

Review completed by:

Date:

Pen Colour:

Review completed by:

Date:

Pen Colour:

Review completed by:

Date:

Pen Colour:

## POSITIVE BEHAVIOUR PLAN

Name:

Start Date of Plan:

Review date:

2<sup>nd</sup> review:

Trigger Situations:

Child may become distressed, dysregulated, or resistant in the following situations:

- When unable to access a preferred item, or when a desired item is moved or unavailable
- Changes to routine, unexpected transitions, or being asked to stop a self-chosen activity
- Overstimulation, including busy environments, noise, excitement or sensory overload
- When adults sing, which may cause distress
- When required to sit for group times, snack time or adult-led activities
- When others enter or move items in areas he perceives as “his space” (e.g. reading corner, puzzle area)
- When peers take items he wants, or when he attempts to retrieve items from them
- When sensory needs are unmet (e.g clothing discomfort, textures, nappy discomfort)
- When hungry, tired or dysregulated, reducing tolerance for demands
- New or unfamiliar environments, which may lead to running away or refusal to enter

Behaviour:

When overwhelmed, frustrated, or unable to communicate his needs, child may:

- Scream or cry loudly
- Push adults away
- Pull peers’ hair
- Snatch items from children or adults
- Attempt to climb furniture or unsafe surfaces
- Run away or attempt to leave the area
- Show high persistence in trying to obtain a desired item
- Become rigid, distressed or refuse to move
- Display possessive behaviour over preferred toys or areas

These behaviours are **not deliberate**; they are expressions of communication difficulty, sensory overload, or emotional dysregulation.

Preferred support strategy:

## **1. Calming Techniques (Self-Soothing Supports)**

- Access to quiet, low-stimulus spaces
- Time in large open areas (especially outdoors)
- Preferred sensory activities (water play, playdough, push/pull activities)
- Access to letter and number books
- Predictable routines and clear sequences
- Gentle, non-intrusive adult presence
- Avoid singing if he shows distress

## **2. Distraction or Redirection**

If early signs of escalation appear:

- Offer a preferred activity (puzzles, sorting, letters/numbers)
- Redirect to a quiet space or outdoor area
- Provide a visual cue for what is happening next
- Use objects of reference (snack box, nappy, book bag)
- Introduce a motivating item to shift focus

## **3. Use of Visual Supports**

- Now/Next boards
- First/Then cards
- Objects of reference for transitions
- Visual timetables
- Simple picture choices (two-item choices work best)
- Minimal verbal language paired with gesture

## **4. Providing Choices**

To reduce anxiety and increase cooperation:

- “Puzzle or letters?”
- “Outside or reading corner?”
- “Blue bears or red bears?”

Choices must be simple, visual and concrete.

## **5. Safety and Incident Procedures**

**If the pupil hits an adult:**

Complete an **SO2 Form**: <https://lcc.info-exchange.com/schoolincidents>

**If the pupil attempts to or hits another child:**

- Change the environment
- Use distraction or redirection
- Reduce demands and increase adult support

### **Communication During Meltdown:**

Use minimal, clear language:

- “Sit here.”
- “Come with me.”
- “Safe hands.”

### **6. Safe Physical Intervention** *(if necessary):*

Physical intervention **must only** be used if the pupil becomes a **danger to himself or others**, and must always be:

- the **least restrictive** option
- used for the **shortest possible time**
- **reasonable, necessary and proportionate**

This may include:

- Moving objects away
- Guiding the pupil to a safe space

If physical intervention is used, complete the **Leicester City Physical Intervention Form** and alert the SENCO:

[https://my.leicester.gov.uk/AchieveForms/?mode=fill&consentMessage=yes&form\\_uri=sandbox-publish://AF-Process-acc061fd-7bca-41d4-af84-8c0389e418c0/AF-Stage-e08f28ff-336f-4911-ab41-8cc5c21651ec/definition.json&process=1&process\\_uri=sandbox-processes://AF-Process-acc061fd-7bca-41d4-af84-8c0389e418c0&process\\_id=AF-Process-acc061fd-7bca-41d4-af84-8c0389e418c0](https://my.leicester.gov.uk/AchieveForms/?mode=fill&consentMessage=yes&form_uri=sandbox-publish://AF-Process-acc061fd-7bca-41d4-af84-8c0389e418c0/AF-Stage-e08f28ff-336f-4911-ab41-8cc5c21651ec/definition.json&process=1&process_uri=sandbox-processes://AF-Process-acc061fd-7bca-41d4-af84-8c0389e418c0&process_id=AF-Process-acc061fd-7bca-41d4-af84-8c0389e418c0)

### **Post-incident calming strategies:**

- Once the pupil begins to settle:
- Allow time and space to calm independently
- Offer a calm activity (sorting, puzzles, letter/number books)
- Return to preferred routines when ready
- Avoid discussing the incident; focus on regulation

**Medical and Emotional Conditions to consider:**

- Sensory processing differences
- Eczema and skin sensitivity
- Possible gastrointestinal issues (under investigation)
- Limited awareness of danger
- High anxiety around change and unpredictability
- Requires regular nappy checks due to limited awareness

**Follow up (adults):**

- Debrief with staff involved
- Review triggers and adjust support
- Use pre-emptive strategies to reduce future incidents
- Provide positive interactions when the pupil is calm
- Complete SO2 and Physical Intervention forms if required
- Inform parents in a supportive, factual manner

**Staff involved:**