



Physical Intervention Policy

This policy will support staff to manage incidents of physical intervention with confidence and consistency, ensuring their response supports the values and the ethos of the school, ensuring the best interests of all stake holders.

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Adopted date	
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Applicable to	All Discovery Primary Schools – the Headteacher is responsible for ensuring that all school specific information is completed.

Document History

Version	Version Date	Author	Summary of Changes
V0.1	August 2019	Megan Williams	Policy created
V1.0	September 2019	Helen Stockill	Policy approved
V2.0	January 2022	Megan Williams	Policy updated to reflect CPI Safety Intervention implementation

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1. Introduction

All behaviour is a form of communication. At Merrydale, all staff have a duty to understand what the children's behaviour communicates, while responding in ways that help everyone to stay safe and nurture trauma informed care for all.

All staff work positively and confidently with pupils and find the least intrusive way possible to support and empower them and keep them safe through:

- protecting and promoting children's rights;
- understanding children's needs;
- building relationships of trust and understanding;
- understanding triggers and finding solutions; and if incidents do occur
- knowing enough about the child and positive behaviour support techniques to defuse the situation and/or distract the child wherever possible, minimizing the intensity of the incident.

There are times when pupil's behaviour presents particular challenges that may require restrictive physical intervention. We define restrictive physical intervention as '*Intervention where a member of staff uses force intentionally to restrict a child's movement against his or her will*'.

This policy sets out our expectations for the use of such intervention. It is not intended to refer to the general use of physical contact which might be appropriate in a range of situations, such as:

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

We understand there are some children for whom physical contact would be inappropriate (such as those with a history of physical or sexual abuse, or those from certain cultural/religious groups). We pay careful attention to issues of gender and privacy, and to any specific requirements of certain cultural/religious groups.

2. Linked Policies

This policy should be read in conjunction with the following policies:

- Behaviour Policy
- First Aid Policy
- Suspensions and Exclusions Policy
- Mental Health Policy
- Safeguarding and Child Protection Policy
- SEND Policy

3. Legislation and Statutory Requirements

This policy is based on advice from the Department for Education (DfE) on:

- [Behaviour and discipline in schools](#)
- [Searching, screening and confiscation at school](#)
- [The Equality Act 2010](#)
- [Use of reasonable force in schools](#)

4. Principles for the use of Restrictive Physical Intervention

4.1 The context of Positive Approaches

Restraint of any kind can have a negative impact on a child's mental health and damage relationships between children and those who care for them. Therefore, restrictive physical intervention is only used where the risks involved in using force are outweighed by the risks involved in not using force.

Restricted physical intervention is used only as a last resort. We aim to do all we can to avoid using restrictive physical intervention therefore, we would only use restrictive physical intervention where we judge that there is no reasonably possible, less intrusive action; as a last resort once other alternatives have not proved effective enough. There may be rare situations where we judge that we would need to use restrictive physical intervention immediately, where the potential risk of harm is very high and immediate.

We would use restrictive physical intervention at the same time as using other positive behaviour strategies which are outlined in our behaviour policy.

Safety is always a paramount concern and staff are not advised to use restrictive physical intervention if it is likely to put themselves at risk. We will make parents/carers aware of our Physical Intervention Policy, alongside other policies, when their children are at our school.

Merrydale has adopted the de-escalation techniques of CPI Safety Intervention.

4.2 Duty of Care

We have a duty of care towards the pupils in our setting. The use of restrictive physical intervention may be justified where a pupil is:

- Committing an offence (or, for a pupil under the age of criminal responsibility, what is deemed at the level of a criminal offence).
- Causing personal injury to, or damage to the property of, any person (including the pupil themselves).
- 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.

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.

Our duty of care 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, for example on trips.

In most cases, consistent application of the school's behaviour policy and positive behaviour management techniques, are successful in resolving conflicts. The decision on whether to use restrictive physical intervention is down to the professional judgement of the member of staff concerned and is judged on a case-by-case basis, depending on the circumstances. However, incidents of physical restraint must:

- Always be used as a last resort
- Be applied using the minimum amount of force and for the minimum amount of time possible
- Be used in a way that maintains the safety and dignity of all concerned
- Never be used in anger or as a form of punishment
- Be recorded on school systems and reported to parents

4.3 Reasonable Force

All staff are aware of the distinction between physical contact or touch (used appropriately in everyday situations to support, encourage, guide or comfort a pupil) and the use of force to restrict movement or to disengage from pupils whose behaviour presents a clear risk of injury.

Guiding children by the hand or supportive touch do not include an element of force, therefore it is not restraint. When we need to use restrictive physical intervention, it is applied as an act of care and control within the principle of reasonable force (using the minimum amount of force and for the minimum amount of time necessary), with the intention of re-establishing verbal control as soon as possible and, at the same time, allowing the pupil to regain self-control and help them find a better way to deal with the situation.

5. Staff Training

The Headteacher, in consultation with the SENDCo, decide which staff require Safety Intervention training in order to meet the needs of the pupils they work with. This is evaluated and reviewed on an individual pupil basis.

Key staff members receive CPI Safety Intervention training, which is accredited by the Crisis Prevention Institute (CPI) and refreshed annually. [Appendix 1](#) contains a list of the staff members at Merrydale, trained in Safety Intervention.

This Safety Intervention programme is designed to consider the care, welfare, safety and security of pupils, as well as defuse challenging situations. Safety Intervention trains staff to use reasonable force, if necessary, to prevent pupils from harming themselves or others.

CPI Safety Intervention provides a gradual, graded system of response proportionate to the situation, task and individuals involved. There is an emphasis on appropriate and targeted verbal and non-verbal communication as well as de-escalation strategies.

6. Safe areas in school

At Merrydale we have a safe areas and places. This is a space where children can safely calm from crisis behaviours and/or are feeling anxious and need a room to calm down. These spaces are viewed as a positive intervention and a safe environment for children to calm from crisis and are furnished with cushions, bean bags etc, Under no circumstances will children be sent to the safe space as a form of punishment.

Children are encouraged to ask to go to the safe space when they are displaying crisis behaviours and need some time away from their peers. Some pupils will ask to go to the safe space during times of distress. In this instance they may choose to be alone, or not, and they may choose to have the door open or closed. On occasion staff will direct pupils to the safe space using language and/or visual communication aids. Where pupils respond positively to this direction, they may choose to be alone, or not, and they may choose to have the door open or closed.

There are some occasions where a small number of pupils display crisis behaviour before choosing or being directed to the safe space. On these occasions staff may choose to make the environment safe by asking other pupils and staff to go to an alternative room. Alternatively, staff may choose to physically escort the pupil to the

safe space in order to manage the crisis behaviour and make the situation safe following our [principles for the use of Restrictive Physical Intervention](#).

If staff do physically intervene, they should always be intending to escort the pupil to a safer space, i.e., an environment where the risks associated with the behaviour are reduced for all concerned. This would involve staff guiding or escorting the pupil to a safe space. Once in the safe space staff need to decide to either:

- 1) Remain in a physical restraint because the pupil is at risk of absconding or continuing to hurt themselves, peers, or members of staff.
- 2) Disengage and give the pupil space in the safe environment.

When staff disengage from physical intervention it is always the intention that a member of staff remains in the safe space with the pupil. If the staff member perceives that by remaining in the room they are placing themselves or the pupil in danger, then the staff member should move to the doorway.

The door should not be closed on the safe space room unless the adult perceives an immediate threat of being assaulted by the pupil. If the staff member believes that their presence in the room is exacerbating the crisis they may step outside the room. It is desirable at this point that there is a change of face and that someone new can join the pupil inside the room, however, there are circumstances where the presence of any adult inside the room causes the pupil further anxiety, prolonging the crisis behaviour. In these instances, staff may step outside the room as it is in the pupil's best interests to create the environment where they are most likely to calm quickly.

Where the safe space is used by pupils displaying crisis behaviour, patterns will be analysed over time in order to try to reduce crisis behaviours. Where crisis behaviours are increasing staff will review behaviour management strategies, particularly de-escalation strategies, in order to ensure that crisis patterns start to reduce.

7. Recording and Monitoring

Incidents of restrictive physical intervention must be recorded by staff, using the agreed Hold Until Safe (HUS) form kept on the school server and in files on the Pastoral team. [Appendix 2](#) shows an example of an HUS form.

The HUS form must be completed within 24 hours of the incident however, it is preferable that this is fully completed by the end of the day that the incident takes place.

All staff involved in the incident should read and sign the completed paperwork to indicate their agreement of content. The HUS form is then inserted in the bound physical intervention book stored in the School office. The number generated from the completion of the form in the front of the Hold Until Safe book must be written on top of the Hold Until Safe form. The HUS form also needs to be uploaded to CPOMs under the Physical Intervention category, ensuring all relevant staff are alerted.

Parents/Carers must be contacted on the day of the incident, as soon as is practicable, to inform them that a restrictive physical intervention has taken place. The following information must be provided:

- When and where the incident took place
- Why physical intervention was used
- What physical intervention was used (disengagements, holds, transitions)
- Whether there were any injuries
- What follow up action (support and /or disciplinary) was being taken in relation to their child

No message will be left on answerphones about the nature of the incident, instead a message to contact the school will be left. If the parent has not returned the call by the end of the school day a message in the home school diary or book bag should be used to indicate that there has been a behaviour issue and requesting that the parent telephone the school to discuss it further. If class teams have left the premises before parents/carers have called back, it is their responsibility to inform the member of SLT, or the pastoral team, so they can take the telephone call if it comes through.

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 any incident our aim is to repair any potential strain to the relationship between the child and the people that were involved in the restrictive physical intervention.

Following restrictive physical intervention, we give support to the child so that they can understand why it was necessary. Where we can, we record how the child felt about this. This is done through restorative conversations, between the pupil and staff members involved, to rebuild the relationship. The conversation is non-judgmental and aims to identify new strategies and skills for all concerned so that they are better equipped to deal with challenging behaviour without the need to resort to physical intervention in the future. During this time, the child will be asked whether they have 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.

Some pupils may not have the expressive or receptive skills to fully engage in a repair session. Where this is the case, staff will explore alternative strategies such as social stories in order to explain why certain actions are taken and teach alternative behaviour management skills for the future.

Following the restrictive physical intervention, a full reflective debrief will be held with all members of staff involved, and when needed, chaired by a member of the Senior Leadership Team, to ensure that triggers can be identified, and points for future development can be agreed and implemented. 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.

9. Safety Support Plans

Where specified in a risk assessment or after any incidence of restrictive physical intervention a Safety Support Plans (SSP) is drawn up by the SENDCo, class teacher and other relevant staff, using the agreed school proforma – [Appendix 3](#).

An SSP is the agreed strategies (non-verbal, verbal and physical) that aim to support the pupil, providing them with a sense of security, safety and acceptance, allowing for recovery and repair, facilitating learning and growth.

SSP's are working documents and are reviewed by the SENDCo, class teacher and other relevant staff regularly to ensure that they are still effective and consider the relevant needs of the child. Copies of SSP's need to be signed by:

- The Headteacher
- The SENDCo
- The Class teacher
- The parent/carer
- The child (where appropriate)

Schools do not require parental consent to use force on a pupil but makes policies available to parents. All SSP's will be shared with the class team involved with the child and then made available for all on the school server

SSPs will be shared with new staff when a pupil transfers between classes and when they transfer to a new school. Consistency of practice will be a focus during transitions.

10. Roles and Responsibilities

The Advisory Board:

The Advisory Board helps set general guidelines on standards of discipline and behaviour and monitor the use of restrictive physical intervention.

Headteacher:

The Headteacher will ensure relevant staff have received training in de-escalation strategies to reduce the need for restrictive physical intervention as well as ensuring that named personnel have received Safety Intervention training. The Headteacher has the responsibility for informing the Advisory Board of the number of incidents of restrictive physical intervention on a termly basis and ensuring appropriate behaviour records are kept.

SENDCo:

The SENDCo will sign off all HUS forms and ensure these are stored in the bound logbook as well as recorded on CPOMs. They will provide written or verbal advice to staff. On a termly basis the SENDCo will review SSP with key adults and parents to. The SENDCo will also provide support for day-to-day incidents of behaviour that requires restrictive physical intervention, including having debriefs with staff involved in restrictive physical intervention.

All staff:

All staff members will proactively try to de-escalate situations to reduce the need for restrictive physical intervention. Where restrictive physical intervention is required, staff must document this using a HUS form and ensure all staff members involved have signed this. Staff will share SSPs and/or incidents of restrictive physical intervention with parents/careers.

11. 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.

If a child or parent/carer has a concern about the way restrictive physical intervention has been used, complaints will be managed following the school's complaints procedure.

Where there is an allegation of assault or abusive behaviour, the headteacher will be immediately informed and follow our child protection procedures.

12. Review

This policy will be reviewed by Discovery's Safeguarding and Behaviour Lead every two years.

Appendix 1: Staff members Safety Intervention trained

Staff Name	Role/Year Group	Next Refresher Date
Louise Saunders	SENDCo	7 th Oct 2022 MAPA
Hannah Fox	Pastoral TA/ELSA	Nov 2022 MAPA
Sam Read	TA	Feb 2022 MAPA
Tom Lemmon	Sports coach	Feb 2022 MAPA
Antony Corbett	Deputy Head teacher	September 2024 Team teach
Catriona Mugglestone	Head teacher	September 2024 Team teach
Gilly Williams	Assistant headteacher	September 2024 Team teach
Laura Raymond	Y6 leader	September 2024 Team teach
Alexandra Vincent	Y6 teacher	September 2024 Team teach
Michelle Last	Year 6 teacher	September 2024 Team teach
Toby Brown	Y5 teacher	September 2024 Team teach
Anna Peters	Y5 teacher	September 2024 Team teach
Laurie Davis	Y4 teacher	September 2024 Team teach
Kurshida Ramjan	Y4 teacher	September 2024 Team teach
Amanda Hancock	Y4 teacher	September 2024 Team teach
Elizabeth Mason	Y4 teacher	September 2024 Team teach
Alexandra Fairhurst	Y3 teacher	September 2024 Team teach
Rebecca Lawrence	Y3 teacher	September 2024 Team teach
Elle Sherrenham	Y3 teacher	September 2024 Team teach
Eleanor Boxall	Y3 teacher	September 2024 Team teach
Sue Butler	TA	September 2024 Team teach
Donna O'Connor	Family Support Worker	September 2024 Team teach

Appendix 2: Holding Until Safe (HUS) Form

Safety Intervention – Holding Until Safe Incident Report						
Pupil Name:			DOB:			
Location of Incident:			Date:			
Full Names of Staff Involved:						
Start Time of Incident:		End Time of Incident:		Any injuries		Further information re: injuries
Duration of restraints:			Medical Check:			
External Contact	Date/Time	By whom	To whom	Records Completed		
Parent/Carer				AssessNet Form (accident form) First Aid log CPOMs Other (e.g., suspension documents).		
School						
Social Worker						
Medical Staff						
Police						
Other						
Record of parent contact conversation: Information to include: <ul style="list-style-type: none"> • Triggers • Duration of holds and what holds • Parent response 						
Environment and Triggers:						
Nature of Risk						
Injury to Person		Serious Disruption		Absconding		
Damage to Property		Criminal Offence		Bullying		
Describe Precisely what the risk was.						
Who was at risk?						

Managing Risk			
Diversion, Distraction and De-escalation Attempted			
Verbal advice and support		Planned ignoring	Apologising
Giving space		Time out/away from class	Removing audience
Reassurance		Take up Time	Supportive touch
Negotiation		Transfer Adult (fresh face)	Humour
Limit Setting		Success Reminders	Other
Physical Intervention Strategies Attempted			
Transitions	Low	Medium	High
Any slips, trips or falls? Did you have to disengage for any reason? Please describe if so.			
Small Child	Low	Medium	High
Standing hold			
Seated chair hold			
Seated kneeling hold			
Young Person	Low	Medium	High
Standing hold			
Seated chair hold			
Strike	Upper	Lower	Combination
Small Child	Low	Medium	High
Wrist disengagement			
Clothes disengagement			
Hair disengagement			
Body disengagement			
Neck disengagement			
Bite disengagement			
Young Person	Low	Medium	High
Wrist disengagement			
Clothes disengagement			
Hair disengagement			
Body disengagement			
Neck disengagement			
Bite disengagement			
Was the pupil removed to an agreed place? Yes/No Where? How long for? Brief description of the staff intervention:			

Pupils response:
Incident review with pupil Date: By whom: Comments:
Debrief with staff Date: By whom: Comments:
Actions/Outcomes from incident

Signed.....(by all staff named on form)

Line Manager Signed.....Date.....

Appendix 3: Safety Support plan (SSP)

		Safety Intervention – Safety Support Plan			
Pupil Name:			DOB:		
Date of Plan:			Review Date of SSP:		
My Circle of Support: (The people who are important to me, my friends and the people who help and support me)					
Important people:		My friends:		Key adults in school:	
Primary Preventative Interventions (Getting the right fit between my needs and my support)					
What strengths, gifts and qualities do I bring? (Getting to know me)					
What is important me? What works for me? (What matters most to me right now, and in the immediate future; What makes a good day; what keeps me safe and well; what keeps me active, engaged and stimulated)					
What doesn't work for me? (What makes for a bad day; what do I find unpleasant or distressing; what do I prefer to avoid)					
What does good care and support look like for me?					

(Identify the 'best fit' in terms of the care and support I need to minimise the impact of Precipitating Factors; consider any previous traumatic events, so that the support provided is trauma-sensitive)

Precipitating Factors/Triggers/ Background Factors

Internal and external factors which trigger or accelerate my risk or crisis behaviour.

My Precipitating Factors/Triggers

(My flash points, triggers, and common conflicts that cause my behaviour to escalate)

Secondary Preventative Intervention

(What helps me to manage my triggers; what decelerates and de-escalates my risk or crisis behaviour)

Anxiety Level

(My known observable behaviour)

Supportive Approaches

(My calming and support strategies)

- Verbal advice and support*
- Giving space*
- Reassurance*
- Negotiation*
- Limit Setting*
- Planned ignoring*
- Time out/away from class*
- Take up time*
- Transfer adult (fresh face)*
- Success reminders*
- Empathic listening*
- Apologising*
- Removing audience*
- Supportive touch*
- Humour*

Defensive Level

(My known observable behaviour)

Directive Approaches

(My calming and support strategies)

Risk or Crisis Behaviour (Crisis behaviour which is likely to cause harm to self or other)			
<p>Risk Behaviour Level</p> <p>My risk behaviours are:</p> <p>The level of risk to myself and/or others is:</p> <p>My preferred strategies to minimise harm are:</p> <p>Any necessary restrictive interventions staff may need to use include:</p> <p>To minimise trauma and distress when using restrictive interventions, staff should:</p>			
Post Crisis Support (My preferred way of managing my emotions after a crisis event)			
<p>Tension Reduction <i>After a crisis event, I prefer to:</i></p>		<p>Therapeutic Rapport <i>Support from staff should include:</i></p>	
Any medical conditions to be taken into account before using Physical interventions?			
Optional Physical Intervention to be used			
	Low	Medium	High
Disengagements			
Young person Standing Hold			

Young person Seated Hold			
Small child Standing Hold			
Small child Seated Hold (on a chair)			
Small Child Seated Hold (kneeling)			

Are there any factors to consider when debriefing? E.g. communication aids, staff etc.

How should we record incidents - who, when and how?

[Communicate to Head Teacher \(Name\)](#)
[Complete HUS \(Hold Until Safe\)](#)
[Upload to CPOMS](#)
[Report to parent/carer](#)

Role	Name	Signature
Headteacher		
SENCO		
Parent/carers		
Teacher		
Key Adults		
Key Adults		