



Physical Intervention & Restrictive Practices Policy

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Physical intervention and restrictive practices in schools and educational settings: policy guidance.

1. Background

In England and Wales, school staff have a power to use 'reasonable force' to prevent a pupil from: – committing any offence – causing personal injury to, or damage to the property of, any person (including themselves), or – prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school.

We balance this right with the rights of the learner under the ECHR, and in line with WG's commitment to reducing the use of all restrictive practices where it is safe to do so.

- Staff may also use reasonable force when exercising the statutory power to search pupils for weapons, without their consent, where they have reasonable grounds for suspicion.
- Staff may also segregate a pupil in an area away from other pupils if they are disruptive. This approach can be used as a planned disciplinary penalty. Schools have discretion about how long to segregate a pupil and in what circumstances, leading to a variety of practices. In England and Wales, schools must have a behaviour policy that should set out what these practices are.
- Recording all such instances will enable schools to maintain a clear record of how much inclusive learning time the learner has missed and why. This will enable schools and the LA to meet learner need more effectively and ensure suitable full time inclusive education.
- Learners will not be isolated or secluded from all other learners or staff, against their will except in extreme or urgent situations.

School maintains records of all forms of restrictive practices including the segregation and isolation of learners against their wishes, not just times when passive or active physical restraint is used. The range of restrictive practices used in schools are broken down into 10 categories as below.

School monitors the use of all restrictive practices as part of the overall progress of a learner and to look at data analysis of these interventions in terms of their statutory equality duties.

CODE	DESCRIPTION
1. PHYS 1	Active physical restraint: physical restraint preventing movement e.g. team teach holds and wraps
2. PHYS 2	Physical restraint passive physical restraint e.g., guided holds
3. CHEM	Chemical restraint: e.g. medication
4. MECH	Mechanical restraint : e.g. straps or clothing or switching off wheelchairs

5. ENV 1	Environmental restriction: stopping learners going to places
6. ENV 2	Environmental restriction : items removed/confiscated
7. SECLUDE	Seclusion or enforced isolation in a room or teachers office away from peers and other learners - NB should not be pre planned nor routine use of this intervention, as this may constitute unlawful imprisonment.
8. SEG 1	Segregation; time out of class with only staff
9. SEG 2	Segregation; time in another class
10. SEG 3	Segregation; time in internal detention / exclusion room with other learners

Restrictive practices are a broad range of measures that may occur in schools

We define physical intervention as follows:

Physical intervention is when a member of staff uses force intentionally to restrict a child's movement against his or her will. This can be active holds, passive guides, mechanical or chemical intervention.

All staff within this setting aim to help children take responsibility for their own behaviour and where possible to avoid such interventions. We do this through a combination of approaches, which include:

- positive role modelling
- teaching an interesting and challenging curriculum through differentiated activities.
- setting and enforcing appropriate boundaries and expectations
- providing supportive feedback.
- providing appropriate coping strategies for managing behaviour.
- Using bespoke pastoral support plans, single page profiles, Positive handling plans and use of wellbeing data and TIS and ACE aware approaches etc to ensure learner voice and a full understanding of the learners needs.
- A graduated response to learner needs via ALN and SEMH continuum routes; seeking out external support and guidance where needed.

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

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

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

2. Principles for the use of physical intervention

2.1 In the context of positive approaches

We only use physical intervention when 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. 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 physical intervention.** We would only use 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 physical intervention immediately. We would use 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 of paramount concern and staff are not advised to use physical intervention if it is likely to put themselves at risk. We will make parents/guardians aware of our Physical Intervention policy alongside other policies when their child/young person joins our school.

2.2 Duty of care

We all have a duty of care towards the children and young people in our setting. This duty of care applies as much to what we *don't* do as what we *do*. When children or young people 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 physical intervention.

2.3 Reasonable force

When we need to use 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 can physical intervention be used?

Only after de-escalation strategies have been used or as an emergency response to a given situation.

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

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

- b) Causing personal injury to, or damage to the property of, any person (including the pupil himself); or
- c) Prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school/setting, whether during a teaching session or otherwise.
- d) Where the personal safety of pupils is compromised.

Physical intervention may also be appropriate where, although none of the above has yet happened, they are judged as highly likely to be about to happen. We are very cautious about using physical intervention where there are no immediate concerns about possible injury or exceptional damage to property. **Physical intervention would only be used in exceptional circumstances.** It should be done by staff that know the student well and who are able to make informed judgements about the relative risks of using, or not using, physical intervention; for example, stopping a younger child leaving the school site.

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

In all cases, we remember that, even if the aim is to re-establish good order, physical intervention may actually escalate the difficulty. If we judge that physical intervention would make the situation worse, we would not use it, but would do something else (like go to seek help, make the area safe or warn about what might happen next and issue an instruction to stop) consistent with our duty of care.

Our duty of care means that we might use a physical intervention if a child is trying to leave our site and we judge 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 physical intervention when we have control or charge of Pupil off site (e.g. on trips).

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

4. Who can use physical intervention?

If the use of physical intervention is appropriate, and is part of a positive behaviour management framework, a member of staff who knows the child well should be involved, and where possible, Team Teach accredited trained in the use of physical intervention. However, in an emergency, any of the following may be able to use reasonable force:

2.8 any teacher who works at the school,

2.9 any other person whom the head/ line manager, teacher has authorised to have control or charge of pupils, including:

- a) support staff whose job normally includes supervising pupils such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors;
- b) people to whom the head/ line manager teacher has given temporary authorisation to have control or charge of pupils such as paid members of staff whose job does not normally involve supervising pupils (for example catering or premises-related staff) and unpaid

volunteers (for example parents accompanying pupils on school organised visits) but not prefects.

5. Planning around an individual and risk assessment

In an emergency, staff do their best, using reasonable force within their duty of care. Where an individual child has an individual positive behaviour management plan, which includes the use of physical intervention, we ensure that such staff receive appropriate training and support in behaviour management as well as physical intervention. We consider staff and children's physical and emotional health when we make these plans and consult with the child's parents/guardians. In most situations, our use of physical intervention is in the context of a prior risk assessment that considers:

- What the risks are
- Who is at risk and how
- What we can do to manage the risk (this may include the possible use of 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 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 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 physical intervention. In particular, we include the child's perspective. We also involve the child's parents (or those with parental responsibility), staff from our school/setting who work with the child, and any visiting support staff (such as Educational Psychologists, Behaviour Improvement Team workers, Speech and Language Therapists, Social Workers and colleagues from the Child and Adolescent Mental Health Services).
- We record the outcome from these planning meetings and seek parental signature to confirm their knowledge of our planned approach. We review these plans at least once every 4 to 6 months, or more frequently if there are any concerns about the nature or frequency of the use of physical intervention or where there are any major changes to the child's circumstances.

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

6. What type of physical intervention can be used?

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

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

- Holding a child around the neck or collar or in any other way that might restrict the child's ability to breathe
- Slapping, punching or kicking a child
- Twisting or forcing limbs against a joint
- Tripping a child
- Holding a child by the hair or ear

Such actions would be considered inappropriate. We may, however, use withdrawal or time-out in a planned way. We define these as follows:

Withdrawal involves taking a young person, with their agreement, away from a situation that has caused anxiety or distress, to a place where they can be observed continuously and supported until they are ready to resume their usual activities.

Time-out is where a response to a young person's inappropriate behaviour includes a specific period of time with no positive reinforcement as part of an overall intervention plan.

7. Recording and reporting

We record any use of physical intervention. We do this as soon as possible and always within 24 hours of the incident. A copy of the incident form is sent to the Inclusion Service, H&S and Safeguarding in education lead officer within 24 hours of the incident to allow for the analysis of the use of physical intervention by the LA. According to the nature of the incident, we may also note it in other records, e.g. SIMS, the accident book, violent incident records or child tracking sheets which are also kept in head/ line manager, teacher's/ school office and shared with the appropriate department, e.g. Health and Safety where appropriate. Further, our governing body/ Management Committee ensures that procedures are in place for recording significant incidents and then reporting these incidents as soon as possible to the pupil's parents. After using physical intervention, we ensure that the head/ line manager is informed as soon as possible. We also inform EACH parent by phone (or by letter or note home with the child if this is not possible) - checking and confirming they have received the information.

8. Supporting and reviewing

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

We also support adults who were involved, either actively or as observers, by giving them the chance to talk through what has happened with the most appropriate person from the staff team. A key aim of our after-incident support is to repair any potential strain to the relationship between the child and the people that were involved in the physical intervention.

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

9. Monitoring

We monitor the use of physical intervention in our school/setting. [Mr Gilbert](#) and [Mr Gibson](#) are responsible for reviewing the records on a termly basis, and more often if the need arises, so that appropriate action can be taken. The information is also used by the governing body when this policy and related policies are reviewed.

Our analysis considers equalities issues such as age, gender, disability, culture and religion issues in order to make sure that there is no potential discrimination; we also consider potential child protection issues. We look for any trends in the relative use of restrictive physical intervention and restrictive practices overall, across different staff members and across different times of day or settings. Our aims are to protect children, to avoid discrimination and to develop our ability to meet the needs of children without using 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 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 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 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 physical intervention has been used, our school's complaints procedure explains how to take the matter further and how long we will take to respond to these concerns.

Where there is an allegation of assault or abusive behaviour, we ensure that the head/line manager is immediately informed. We would also follow our child protection procedures. In the absence of the head teacher/line manager, in relation to physical intervention, we ensure that the deputy head/deputy line manager is informed.

If the concern, complaint or allegation concerns the head/ line manager teacher, we ensure that the Chair of Governors/ Chair of management committee is informed. 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.

11. Reviewing this policy

We adopted this policy on January 2024.

It is next due for review by January 2025.

(This would depend on the individual setting, but it is recommended that this should be at least annually).

Guidance Appendices

Recording and Reporting Incidents

Schools/settings are required to maintain systematic records of every significant incident in which force has been used, in accordance with school policy and procedures on the use of force and its child protection requirements. The purpose of recording is to ensure policy guidelines are followed, to inform parents, to inform future planning as part of school/setting improvement processes, to prevent misunderstanding or misinterpretation of the incident and to provide a record for any future enquiry. The use of reasonable force to control or restrain pupils must be recorded in writing using the record sheet within 24 hours.

A copy of the recording sheet should be sent immediately to the Learning and Skills Directorate. The head/line manager should also be informed of any physical intervention. The records should be kept in a locked cabinet in the head/line manager's office and all staff should have access to it. For Children with Safeguarding Files, a copy of the incident sheet should be kept in the Safeguarding File or on data files in My Concern or equivalent. RP type 1-4 will merit My Concern recording in addition to SIMS or schools' alternative mechanism for recording. RP types 5-10 whilst being logged on SIMS will not automatically have a safeguarding component and thus would not be recordable on My concern in the same way as a formal fixed term exclusion would of itself be a SIMS entry for behaviour but not a My Concern entry.

Good practice dictates that parents should be informed if the use of physical intervention of types 1-4 has been used on their child as soon as possible after the event. Wherever possible, it is best to telephone parents as soon as possible after the incident before confirming details in writing. It is also good practice for parents to be given a copy of the school's policy on the use of force and information on post-incident support. Social workers and corporate parent should also be informed.

It is good practice for governors to monitor incidents where force has been used. Head/line manager have an important role in reporting such incidents to the Management Committee Governing Body. Schools/Settings should have a member of staff and a member of the governing body/management committee who are responsible for monitoring, analysing and responding to the use of reasonable force to control or restrain pupils interventions within their school. The local authority also monitors and analyses the use of reasonable force within Vale of Glamorgan schools/settings

The member of staff involved in an incident is usually best placed to compile the record. It would be good practice for the member of staff with lead responsibility for safeguarding to check the record and for the school/setting to provide the member of staff involved in the incident with a copy of the final version. Staff training could usefully include good practice on completing incident records.

Differing accounts given of the same incident should all be recorded. Parents should be told when and where the incident took place, which members of staff were directly involved (anonymised where necessary), why they decided that force had to be used, what force was used, whether there were any injuries and what follow-up action was needed.

The record is likely to form part of the pupil's educational record as it is a record of information which is processed (obtained, recorded and held) by or on behalf of the Governing Body/ Management Committee of the school/ setting (or teacher at the school, other than for personal use), relates to the pupil, and originated from or was supplied by a teacher employed by the Governing Body or the local authority.

If a copy of the actual incident record is not provided by the school/setting the parent would be entitled to see the educational record, within 15 school days of receipt of the parent's written request. If a parent makes a written request for a copy of the record this must be provided, also within 15 school days of that request being received.

When schools/ settings comply with a request to see or to have a copy of a pupil's educational record there is some information that must not be disclosed. This is any information that the child him/herself could not lawfully be given under the Data Protection Act 1998, or to which s/he would have no right of access under that Act or by virtue of any order made under section 30(2) or section 38(1) of it. Further detail on what data contained in educational records may be disclosed is contained in the Welsh Government's guidance on Educational Records, School Reports and the Common Transfer System - the keeping, disposal, disclosure and transfer of pupil information, Circular 18/2006. When recording such incidents, staff should bear in mind that, if this information is later passed to the police, it may be included in a DBS disclosure. Schools/ settings should retain records of such incidents until the member of staff involved has reached normal retirement age or for 10 years from the date of the allegation if that is longer.

All injuries should be recorded in accordance with school procedures. The school should take action to report relevant injuries to staff or pupils to the Health and Safety Executive's Incident Contact Centre www.hse.gov.uk/riddor/index.htm.

H&S will advise of the necessary actions and use of INC1 and AC1 forms as appropriate. These forms are available on SIMS. Also in use is the behaviour escalation form for staff to complete as a staff led action for members of staff who wish to record and inform HT and LA of any incidents of concern from their perspective. Data from these reports will be used by schools and the LA via H&S teams to look at both individual and overall school and LA patterns or concerns for its employees.

Members of staff who have been assaulted may wish to consider reporting that to the police.

Positive Handling Plan

Name of pupil:		Plan number:	
Positives: <i>What is the pupil good at and what do they like doing?</i>	Triggers: <i>What situations have led to problems in the past?</i>	Successful approaches: <i>What proactive interventions have been effective in preventing the pupil's anxiety rising?</i>	
•	•	•	
•	•	•	
•	•	•	
•	•	•	
•	•	•	
Describe any modifications to the environment or pupil routines that can be implemented to prevent anxieties rising?			
•			
•			
•			

De-escalation. Describe any strategies that have worked in the past or should be avoided:

Strategy	Description of impact	Try	Avoid
Verbal advice and support		<input type="checkbox"/>	<input type="checkbox"/>
Firm clear directions		<input type="checkbox"/>	<input type="checkbox"/>
Negotiation		<input type="checkbox"/>	<input type="checkbox"/>
Limited choices		<input type="checkbox"/>	<input type="checkbox"/>
Distraction		<input type="checkbox"/>	<input type="checkbox"/>
Diversion		<input type="checkbox"/>	<input type="checkbox"/>
Reassurance		<input type="checkbox"/>	<input type="checkbox"/>
Planned ignoring		<input type="checkbox"/>	<input type="checkbox"/>
Reassuring touch		<input type="checkbox"/>	<input type="checkbox"/>
Talk calmly		<input type="checkbox"/>	<input type="checkbox"/>
Time out		<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal offered		<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal directed		<input type="checkbox"/>	<input type="checkbox"/>
Change of adult involved		<input type="checkbox"/>	<input type="checkbox"/>
Reminders of consequences		<input type="checkbox"/>	<input type="checkbox"/>
Humour		<input type="checkbox"/>	<input type="checkbox"/>
Success reminders		<input type="checkbox"/>	<input type="checkbox"/>
Others		<input type="checkbox"/>	<input type="checkbox"/>

From your risk assessment, what is the likelihood of a child harming himself / herself, another child or adult in the event of an incident? Is it:

Probability	Himself / Herself	Another child	Adult
Improbable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate whether this behaviour is likely to be directed towards a pupil or member of staff:

Type of incident	Towards other pupils	Towards member of staff
Verbal abuse	<input type="checkbox"/>	<input type="checkbox"/>
Severe disruption of lesson	<input type="checkbox"/>	<input type="checkbox"/>
Slapping	<input type="checkbox"/>	<input type="checkbox"/>
Pinching	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>
Punching	<input type="checkbox"/>	<input type="checkbox"/>
Spitting	<input type="checkbox"/>	<input type="checkbox"/>
Hair grabbing	<input type="checkbox"/>	<input type="checkbox"/>
Neck grabbing	<input type="checkbox"/>	<input type="checkbox"/>
Clothing grabbing	<input type="checkbox"/>	<input type="checkbox"/>
Arm grabbing	<input type="checkbox"/>	<input type="checkbox"/>
Body holds	<input type="checkbox"/>	<input type="checkbox"/>
Weapons / missiles being thrown	<input type="checkbox"/>	<input type="checkbox"/>

Preferred strategy for dealing with above incidents. Key:

- 1- De-escalation (some strategies outlined on previous sheet)
- 2- Summoning assistance
- 3- Summoning external assistance (police)
- 4- Double elbow (2 person)
- 5- Single elbow (2 person)
- 6- Single elbow (2 person) – to seating
- 7- Figure of four (2 person)
- 8- Wrap
- 9- Wrap to seating
- 10- Wrap to floor

Type of incident	Best Strategy when dealing with this type of incident									
	1	2	3	4	5	6	7	8	9	10
Verbal abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe disruption of lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying / using smoking materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying / using mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slapping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair grabbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck grabbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing grabbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm grabbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body holds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapons / missiles being thrown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other strategies to be deployed										

Notification:						
	Parent/ Carer	Social Worker	B.I.T.	GP/ CAMHS	Child Protection Officer	Other
Name:						
Date:						
Name of Person completing this plan:						

Restrictive practices: Interventions

(1-4 Physical / Mechanical and Chemical)



Name of young person		School	
Date of birth		NCY	
Location of incident		Date of incident	
Full name and roles of any adults involved			
Start time of incident		Duration of restraint in minutes	
Details of any injury sustained by the young person			
Details of any injury sustained by adults			
Was a medical check carried out?	No <input type="checkbox"/>	Yes – on the child <input type="checkbox"/>	Yes – on adults <input type="checkbox"/>
Has the incident been reviewed with the young person?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Nature of behaviour which led to restraint	Type of restraint used - this form for 1- 4 SIMS codes. For types 5-10 use school reporting on SIMS or other method and submit termly reporting to LA.		
Injury to person <input type="checkbox"/>	PHYSICAL 1 Active physical restraint physical restraint preventing movement e.g. TeamTeach holds and wraps	<input type="checkbox"/>	
Damage to property <input type="checkbox"/>	PHYSICAL 2 Physical restraint passive physical restraint e.g. guided holds	<input type="checkbox"/>	
Criminal Offence <input type="checkbox"/>	CHEMICAL 3 Chemical restraint	<input type="checkbox"/>	
Serious Disruption <input type="checkbox"/>	MECHANICAL 4 Mechanical restraint straps or clothing or switching-off of wheelchairs	<input type="checkbox"/>	
Absconding <input type="checkbox"/>			
Supporting records completed	Incident / Accident Book	<input type="checkbox"/>	
	SIMS record	<input type="checkbox"/>	

		Reported to H&S department as injury or concern arising from behaviour escalation	<input type="checkbox"/>
		Medical Report	<input type="checkbox"/>
		RIDDOR*	<input type="checkbox"/>
		Formal Statement	<input type="checkbox"/>
External Agencies Informed	Environmental triggers Describe what was happening prior to the incident		
Medical staff <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Social worker <input type="checkbox"/> Placing authority <input type="checkbox"/> Police <input type="checkbox"/>			
Level of 'Potential Risk'	HIGH <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	LOW <input type="checkbox"/>
Select the nature of the risk	Verbal Abuse <input type="checkbox"/> Bite <input type="checkbox"/> Kick <input type="checkbox"/> Body hold <input type="checkbox"/> Throwing objects <input type="checkbox"/>	Slap <input type="checkbox"/> Pinch <input type="checkbox"/> Hair grab <input type="checkbox"/> Arm grab <input type="checkbox"/> Other <input type="checkbox"/>	Punch <input type="checkbox"/> Spit <input type="checkbox"/> Neck grab <input type="checkbox"/> Weapon <input type="checkbox"/>
Who was at risk?			
Describe the risk			
Describe the incident			
Diversions, distractions and de-escalations attempted (please tick)			
Distraction	<input type="checkbox"/>	Verbal advice and support	<input type="checkbox"/>
Diversion	<input type="checkbox"/>	Firm clear directions	<input type="checkbox"/>
Reassurance	<input type="checkbox"/>	Negotiation	<input type="checkbox"/>
Planned ignoring	<input type="checkbox"/>	Limited choices	<input type="checkbox"/>
Withdrawal directed	<input type="checkbox"/>	Reassuring touch	<input type="checkbox"/>
Change of adult involved	<input type="checkbox"/>	Talking calmly	<input type="checkbox"/>
Reminders of consequences	<input type="checkbox"/>	Time out	<input type="checkbox"/>
Humour	<input type="checkbox"/>	Success reminders	<input type="checkbox"/>
Strategic capitulation	<input type="checkbox"/>	Other – please detail below	<input type="checkbox"/>

Team-Teach physical intervention strategies used (please tick)			
Double Elbow (Two Person)	<input type="checkbox"/>	Wrap	<input type="checkbox"/>
Single Elbow (Two person)	<input type="checkbox"/>	Wrap to seating	<input type="checkbox"/>
Single Elbow (Two person) – to seating	<input type="checkbox"/>	Wrap to floor	<input type="checkbox"/>
Figure of Four (Two Person)	<input type="checkbox"/>		
Other intervention strategies attempted			
Training Details and Date(s) of Team Teach Training, Dignified Care and Responsibility training or other accredited training received by member(s) of staff involved			
Follow up Debrief and repair following the incident: NB please detail if a RA (Risk Assessment) exists and is reviewed and if there is a PHP (Positive Handling Plan) or similar in place and has been or will be reviewed.			
Learner / pupil voice Staff member (with whom the child has a good relationship) details of child's account of incident and discussion – (To be completed when pupil is in a calm mood and incorporated into RA and PHP as appropriate) NB this may be on a subsequent day if regulation is delayed.			
Debrief with parent(s) / carer(s)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you have met with parents / carers for a debrief please summarise the discussion:			
Name of person completing report:		Signature:	
Position:		Date:	
Name of other person Involved / witness:		Signature:	
Date:		Date:	

Where to send this form:

Please return completed form by email in triplicate to:



1. Health and safety corporate, heathsafetycorporate@valeofglamorgan.gov.uk
2. Safeguarding in Education jdredrup@valeofglamorgan.gov.uk
3. Inclusion Team Manager

When Physical Intervention / Restraint has occurred

Reminder to staff of DOs and DON'Ts

DO

- Know the procedures within the schools/ settings guidelines for the use of physical intervention.
- Discuss the procedures with a senior member of staff if you are unsure of any point.
- Send for adult help early if things begin to get out of hand and physical intervention seems likely.
- Assess the situation calmly before acting.
- Use minimum restraint for minimum time.
- Report the incident to the Head / Line Manager, teacher or senior member of staff as soon as possible and complete a report.
- Review the incident afterwards and look at RA and PHP measures.

DO NOT

- Place yourself at risk by attempting to intervene physically with a child or young person who is obviously carrying a weapon.
- Attempt to restrain a child or young person when you have lost your temper.
- Use excessive force.
- Place yourself at risk of false allegation, i.e. avoid being alone with a child or young person if possible.

Protocol - Logging Restrictive Practices

The HT needs to be aware of the possible cumulative or one-off impact on employees.

The HT should consider any duty of care aspects as an employer of any interventions and any exposure to risk as part of workplace conditions experienced by Teachers / Staff / Volunteers. This may need to maintain recording of this in addition to any learner interventions and HT should link to H&S and HR in this regard.

CODE ON SIMS	DEFINITION	REPORT ON SIMS	REPORT TO LA	REPORT TERMPLY TO LA	FOLLOW UP ACTIONS BY SCHOOL
1 PHYS 1	Active physical restraint such as TeamTeach holds.	<ul style="list-style-type: none"> Record on SIMS giving sufficient detail to be useful Record additional information to enable school's monitoring of RPs by protected characteristics. 	<ul style="list-style-type: none"> Report by email in triplicate ASAP after the incident and within 24 hours to: H &S, Inclusion & safeguarding Complete BE1 and Intervention Form as appropriate Record on SIMS Record on My Concern if applicable. Record Follow Up Actions such as RA (risk assessment) and PHPs 	<ul style="list-style-type: none"> Report termly to LA using SIMS spreadsheet. The report can be run from SIMS and sent to LA in this format. If you do not use SIMS you will need to correlate to the codes used by SIMS for interventions 1-10 	<ol style="list-style-type: none"> Learner may need a Risk Assessment or revision to their existing Risk Assessment and Positive Handling Plan. All involved professionals such as Social Worker and parent / carer should be part of RA writing this process. Incident should be reviewed to prevent or mitigate against repetition. May also need My Concern entry and safeguarding approach.
2 PHYS 2	Passive restraint (e.g. guided holds).				
3 CHEM	Use of medication to restrain.				
4 MECH	Wheelchair switch off, straps etc.				
5 ENV1	Prevented from going somewhere.	<ul style="list-style-type: none"> Record on SIMS 	<ul style="list-style-type: none"> Immediate LA reporting not required but needs to be recorded on SIMS and which will then show in termly report to LA 	<ul style="list-style-type: none"> Report termly to LA using SIMS spreadsheet. The report can be run from SIMS and sent to LA in this format. 	<ol style="list-style-type: none"> School based consideration of Risk Assessment and any bespoke pastoral or behaviour support planning. Consider if this necessitates any changes to the Behaviour Policy and consider all SEMPH needs. Review incident to seek to prevent repetition or escalation. Involve LA as needed. Ensure strategic overview of data to consider equality duty is being met and along with the commitment to reduce all restrictive practices. NB: <i>SIMS 7 Seclusion should not be used routinely or in a planned way since forced time in a room alone can be unlawful (false imprisonment) – and should only be used in extreme or urgent situations.</i>
6 ENV2	Removal of items (e.g. phone)				
7 SECLUDE <i>NB forced time in a room alone can be unlawful (false imprisonment) – and is not to be a planned measure</i>	Forced time out of class alone – (with staff only observing at intervals or at a distance and not placed with peers – i.e. in seclusion / isolation.				
8 SEG1	Forced time out of class with just an adult staff member there (e.g. in Head's office or in class alone at break).				
9 SEG2	Forced segregation with others in another class – (e.g. sent to another classroom).				
10 SEG3	Forced time in detention or segregation with other learners / peers (e.g. exclusion / detention room with others).				