Farsley Westroyd Primary School and Nursery Care and Control Policy.

Introduction

The purpose of this policy is as follows:

- The purpose of the policy is to clarify the situation for all teaching and support staff working with children and young people, to inform them what is acceptable in relation to the use of physical intervention and seclusion to manage challenging behaviour, and to prevent any misunderstanding of their intentions.
- It is also intended to inform children, their parent(s), carer(s), families and other relevant stakeholders of the legal position in relation to physical intervention, seclusion and systems and procedures that we follow at Farsley Westroyd Primary School and Nursery. Taking into account new statutory expectations and guidance from April 2026.
- State how the school will implement the new legal duty to record and report the use of seclusion and physical interventions effective from April 2026
- Provide specific support for staff who work with pupils with special educational needs and disabilities (SEND)

For clarity, this guidance will use the following definitions:

Restrictive intervention: a means to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil. This policy uses 'restrictive interventions' as the umbrella term to describe both physical and non-physical actions aimed to restrain pupils in different ways.

Reasonable force: a term used in legislation which includes physical restrictive interventions. All members of school staff have the legal power to use reasonable force in limited circumstances. Reasonable means using no more force than is necessary for the least amount of time, the application of which will depend on the circumstances.

Significant incident: any incident where the use of force goes beyond appropriate physical contact between pupils and staff. This includes when physical force is used to implement a non-physical restrictive intervention.

Seclusion: a non-disciplinary intervention involving keeping a pupil confined to a place away from others, and preventing them from leaving either by physical obstruction, blocking, or making them believe they will be punished if they try to leave.

Restraint: a term used in legislation referring to a non-disciplinary intervention which immobilises a pupil or limits their movement. This may or may not include direct physical contact. For example, holding a pupil's arms to their sides or removing a pupil's crutches would both be considered forms of restraint.

There is a common misconception that any physical contact with a child is in some way unlawful. This is NOT true. It is not illegal to touch a pupil. There are circumstances when it is appropriate for staff to have some physical contact with pupils which does not give rise to any question over the use

of reasonable force and other restrictive interventions. This will depend on the circumstance, but examples of occasions when physical contact is generally appropriate include:

- Holding the hand of the child at the front/back of the line.
- Walking on excursions or when crossing a road.
- When walking together around the school
- When comforting a distressed pupil
- When a pupil is being congratulated or praised
- To demonstrate how to use a musical instrument
- To demonstrate exercises or techniques during PE lessons or sports coaching
- To give first aid.

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In assessing whether physical contact is appropriate in a given situation, the member of staff should use their judgement and have regard to:

- the school's child protection (or any other relevant) policy
- the applicable circumstances, such as whether there are other adults present
- the individual pupil's age
- any other material factors, including but not limited to whether:
- the pupil has SEND or other vulnerabilities
- any alternative strategies that do not include physical contact can be used

Seclusion - a non-disciplinary intervention involving keeping a pupil confined to a place away from others and prevented from leaving - should only be used as a safety measure to protect others from harm when a pupil is experiencing high levels of emotional or behavioural dysregulation. In such circumstances, the pupil is not acting with intent. Seclusion should not be implemented by staff through threat of punishment. The place to which the pupil is confined should be safe and not feel threatening or intimidating to the pupil. The pupil should be supervised at all times during the period of seclusion. As soon as the immediate risk of harm has reduced, the pupil should be allowed to leave. An incident involving the use of seclusion must be recorded and reported in accordance with the procedures outlined in the section on 'Recording and reporting duties. Seclusion, as defined in this guidance, is not a disciplinary response to deliberate or wilful misbehaviour. It is to keep the child and others safe. When a child's exit is being restricted for safety this is seclusion and must be recorded and reported.

At Farsley Westroyd Primary School and Nursery, we constantly strive to create a calm environment that minimises the risk of incidents arising that might require the use of force. We minimise the need to use restrictive interventions, such as through prevention and de-escalation.

Whole-school measures include:

- consideration of how the school and classroom environment can support all pupils to enjoy, believe and achieve together
- sharing best practice for whole-class behaviour management, and for managing communal spaces such as corridors and playgrounds
- training staff in effective communication strategies, such as using appropriate tone of voice and empathy to aid de-escalation
- development of positive working staff-pupil relationships and trust

- a positive behaviour management policy which is consistently implemented.
- The school wide use of emotion coaching in combination with consistent use of Zones of Regulation.
- All staff are trauma informed trained
- We have a positive behaviour policy with a strong relational ethos.
- A strong universal neurodiverse supportive school community.
- Using data from recording and analysing the on the use of restrictive interventions to inform improvement planning

Individual approaches:

- working closely with parents to support individual pupils
- using up to date guidance from involved agencies.
- actively exploring best practice and innovative personalised approaches
- Graduated Response. Assess, Plan, Review, Do.
- Strong consistent relationships
- Consistent approaches.
- Exclusive engagement with known predictable adults
- giving pupils time, space and strategies to calm down before their behaviour escalates
- using the language specific to the child in the emotion coaching process
- implement the child's individual IPM or BIPRA
- Strategies to support individual pupils based on their identified needs, including the development of BIPRA's. (Behaviour, Individual Pupil Risk Assessment)
- PEEPS. Personal evacuation plans.

At Farsley Westroyd Primary School and Nursery, communicating the school's policy on the use of restrictive interventions to all members of the community is an important way of building and maintaining the school's culture and makes expectations transparent to all. This policy will be regularly shared in staff briefings and annually in September as part of our safeguarding updates.

Determining when use of restrictive interventions is appropriate

There will be times when school staff may need to use restrictive interventions, and they should know this option may be available to them. The decision on whether it is reasonable to use a restrictive intervention depends on the individual circumstances of each situation.

To make this assessment, the member of staff should consider the following:

Is it necessary?

- Staff should consider whether there are other more effective, less restrictive ways to manage a situation.
- Staff should assess whether a restrictive intervention is likely to successfully reduce the relevant risks, or whether its use would escalate the situation further or cause more harm than the behaviour itself.
- Where possible, staff should communicate with other staff members to understand any broader risks in the environment. Is it proportionate?
- Staff should use the least amount of force or least restrictive intervention necessary for the least amount of time required to reduce the relevant risks.
- If the intervention itself is escalating the situation, staff should reconsider their approach and attempt an alternative strategy.

- Staff should consider the personal circumstances of the pupil such as medical conditions, special educational needs or other vulnerabilities, their characteristics such as age and size, and must consider relevant equality implications under the Equality Act 2010.14

Have you considered the pupil's welfare?

- Staff should consider the impact on the pupil's overall welfare, balanced against any actions taken. For example, pupils who have experienced an adverse life event, with diagnosed or undiagnosed medical conditions or sensory impairments, 14 Equality Act 2010 11 past trauma or neglect, communication difficulties, or other needs, may find the use of restrictive interventions particularly distressing.
- Staff should seek to maintain respect for a pupil's dignity. This may include, where possible, considering the location and environment where any intervention is used, such as in front of their peers.
- Where possible, staff should clearly and calmly communicate to the pupil what is happening, why, and explain what the pupil needs to do.
- For pupils with difficulties with speech, language and communication, or with English as an additional language, verbal and/or non-verbal strategies should be used to ensure the pupil understands what is happening and has adequate time to process information and respond.
- Staff should seek to understand how the pupil is feeling and use this information to determine whether the restrictive intervention should be, or continue to be, applied, reduced or stopped. This list of factors is not exhaustive, and staff should also take into account other relevant considerations.

Training on the use of restrictive interventions (TEAMTEACH) should equip staff to judge when it is appropriate to use restrictive interventions, including in situations where quick decisions are needed. It should also help staff understand how to assess whether their response is reasonable under pressure. If an assessment has been made to use restrictive interventions, staff should be supported in their decision making. Farsley Westroyd Primary School and Nursery is committed to equipping all staff with the skills to safely support children using TEAMTEACH CPD.

Consideration for pupils with special educational needs and/or disabilities (SEND)

At Farsley Westroyd Primary School and Nursery there may be some children and young people with SEND who may react to distressing or confusing situations by displaying behaviours which may be harmful to themselves and others. Triggers may include pain, sensory overload, unfamiliar situations or environments, change, tiredness or feelings of fear and anxiety. In particular, pupils who are non-verbal or find verbal communication challenging may express their needs, discomfort or confusion through actions. Research shows that this is more likely to lead to pupils with SEND being disproportionately subject to the use of restrictive interventions. Therefore, at Farsley Westroyd Primary School and Nursery we invest time to understand the underlying triggers of challenging behaviour so that we can provide proactive support, create an inclusive environment and consider the impact of school policies on pupils with SEND. As examples of what we do:

- utilise staff who know individual pupils well to help identify and manage risk such as trigger points when challenging behaviour is more likely to occur
- develop proactive strategies to reduce the likelihood of restrictive interventions being used.
- work with the pupil, parents and other professionals to develop prevention and de-escalation strategies.
- removing stimuli that may be causing distress

- changing body language, facial expression, and/or tone of voice
- supporting the pupil to express their emotions before getting overwhelmed
- engaging the pupil in an activity which can help them manage their feelings of anxiety
- distracting the pupil in something that interests them or by introducing familiar objects and activities to redirect their attention

Ultimately at Farsley Westroyd we spend time, consulting with stakeholders, and importantly the child so that we know the individual well and can best create a support plan to identify potentially challenging aspects of the school environment and ways for the child to express and communicate their needs, thus reduce the likelihood for the need of use of reasonable force.

Our Behaviour support plans (BIPRA) should outline any adjustments, such as to address aspects of the school environment which the pupil finds challenging and ways for pupils to communicate their needs effectively. The child's behaviour support plans should detail circumstances where it may be appropriate for staff to have increased physical contact with a pupil. This should be discussed in conjunction with the relevant people, such as teachers, parents, the pupil, pastoral staff or health professionals, and parameters around its use stated clearly in the plan. Where there is an identified risk, such as increased likelihood in the need to use reasonable force and/or other restrictive interventions, schools must have risk assessments in place and where possible, mitigate risks such as through training and prevention strategies. At Farsley Westroyd Primary School and Nursery behaviour support plans should be reviewed with the pupil and their parent periodically and following any significant incident, so that changes can be made based on evidence of what has worked and what has not worked in practice for the individual pupil.

Whether the use of restrictive interventions is appropriate will depend on the circumstances, irrespective of whether it has been considered as part of a behaviour support plan. Where a pupil has a disability, the school has a duty under the Equality Act 2010 to take reasonable steps to avoid disadvantage so that the pupil can fully participate in the education provided by the school, and that they can enjoy the other benefits, facilities and services that the school provides for pupils.

In relation to inappropriate behaviour, staff at Farsley Westroyd Primary School l will use their skills to defuse conflict situations. We will distract, cajole, persuade and negotiate with young people as well as reminding them of rules, privileges, rewards and sanctions. There may be circumstances however, where verbal de-escalation alone is not enough to deal with the risks that present themselves, and physical steps need to be taken.

Pupil and staff support

At Farsley Westroyd Primary School and Nursery we evaluate all incidents involving the use of restrictive intervention as soon as practicable after the event to understand why it was used, the impact on pupils and any patterns and trends, and how the use of restrictive interventions might be avoided in future, for example by amending or introducing a behaviour support plan.

Immediately afterwards the child and adult should be checked by a qualified first aider for any injuries following a restrictive intervention. At Farsley Westroyd we have a number of paediatric first aiders and an adult first aider. Incidents in which a member of staff uses reasonable force or seclusion on a pupil must be recorded as described in 'Recording and reporting duties' in this policy. In addition, any injuries should be recorded in accordance with the school's health and safety policy adopted from the local authority. At an appropriate time, we will hold a follow-up conversation(s) to facilitate reflection, learning and to support pupil and staff wellbeing. This conversation should be framed as part of the overall debriefing process and look to understand what happened during the

incident and why, based on separate reflections from both the staff and pupils involved, as well as to repair and rebuild relationships through dialogue. This process should ideally be facilitated by a staff member who was not involved in the incident and may also benefit from the presence of an additional person to ensure impartiality and support. We may continue to monitor for a longer period of time. Additionally, any pupil who witnesses an incident of restrictive intervention where a peer may have been injured or become distressed should also be provided with appropriate support where necessary.

Recording and reporting duties

Recording the use of force and seclusion is statutory and at Farsley Westroyd Primary School and Nursery the Governing bodies has approved this policy to ensure the procedure is in place for recording each significant incident in which a member of staff uses force on a pupil, as part of the school's duty under section 93A of the Education and Inspections Act 2006. Incidents must be recorded as soon as practicable after the event, should be recorded in writing by the staff member(s) involved and they should endeavour to do this no later than the same day. The requirement to record applies even if the use of restrictive interventions in certain circumstances is agreed with parents as part of a pupil's behaviour support plan.

At Westroyd Primary School, we will record the following details as a minimum:

- names of pupil and staff directly involved
- any relevant needs or circumstances of the pupil, including whether the pupil involved has an identified special educational need or disability and their SEN status code
- time, date, location and approximate duration of the intervention
- brief account of the incident, including what led up to the incident, identified or potential triggers if known, any preventative or de-escalation strategies used, and (where relevant) what type of reasonable force was applied, the degree of force, and details of any physical injuries sustained
- brief account of why the use of force was assessed as necessary in that instance
- any post-incident support, such as details of any medical treatment for injuries or other adverse impacts
- when and how parents were notified.
- what follow up took place

Exceptions to the requirement to report are where:

- it appears to the staff member that doing so would be likely to result in serious harm to the pupil.

In this instance, the staff member must report the incident to any parent(s) who it can be reported to without resulting in significant harm or, if there are none, to the local authority within whose area the pupil is ordinarily resident.

A report of the incident made to parents includes the following details as a minimum:

- time, date, location and approximate duration of the intervention
- brief account of why the intervention was assessed as necessary in that instance
- brief account of what type of force was applied, and the degree of force
- details of any physical injuries sustained, if applicable

We will communicate this information to parents in writing and if possible, include invite parents to have a follow-up discussion about the incident where appropriate. This could involve a discussion about:

- any behavioural triggers or warning signs of an impending incident
- whether any agreed behaviour support plans were followed
- what de-escalation strategies were used and how effective they were
- what might be done differently in the future

Our governing body will take all reasonable steps to ensure that the school's procedures for recording and reporting the use of force and seclusion and restraint are complied with.

Complaints and allegations

Any complaints regarding the use of restrictive interventions should be dealt with in accordance with the school's normal complaints procedure.

This policy has been drawn up taking cognisance of DFE guidance: The Use of Reasonable Force (April2026), Section 93 of The Education and Inspections Act 2006, DFES guidance LEA/264/2003: Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties (Sept 2003) and the joint DFES/DOH guidance: Guidance for Restrictive Physical Interventions (July 2002). This policy should be read in conjunction with the school's Behaviour Policy, Health and Safety Policy and Child Protection Policy

Related school Policies

- Behaviour Policy
- KCSIE
- Safeguarding Policy
- Intimate Care Policy
- SEND Policy

Restrictive Intervention Recording Form

A means to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil. Used as the umbrella term to describe both physical and non-physical actions aimed to restrain pupils in different ways. Examples include physical intervention, mechanical restraint and seclusion.

Incident Details

Name of child	
SEN status *Including whether the pupil involved has an identified special education need or disability and their SEN status code*	
Class / year group	
Date of incident	
Time of incident	
Location of incident	
Name(s) of staff who performed the physical intervention	
Name(s) of staff who were present during the incident *This includes witnesses, staff who provided verbal reassurance*	
Why was the intervention assessed as necessary?	To prevent or stop the continuation of: ☐ A criminal offence ☐ Injury to themselves ☐ Injury to others ☐ Damage to property ☐ Serious disruption to good order and discipline

Details of the incident *This section should include a chronological narrative of the incident, including build-up / antecedents, identified or potential triggers, key de-escalation strategies used, names of physical interventions used, the degree of force used, any injuries sustained (if applicable), and post-incident / recovery details.*

De-escalation Strategies

If a strategy was effective but is not in the pupil's PBSP, this should be added to the PBSP.

Strategy used *e.g. choices, distraction, reassurance, etc.*	**Is this in the child's PBSP?** *Yes, No*	**Was this strategy effective?** *Yes, Somewhat, Not at all*

Restrictive Physical Intervention (RPI)

A form of restrictive intervention involving direct physical contact and force where the intention is to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil.

Name of technique *Please delete any techniques for which you/your staff have not been trained*	**Was this technique used?** *Tick if yes*	**How many times within this incident?**	**Duration of RPI** *If used multiple times, record individual durations*
Help hug	☐		
Single person double elbow	☐		
Small child escort (single person)	☐		
Small child escort (two person)	☐		
Beanbag hold	☐		
Friendly escort (two person only)	☐		
Single elbow (two person only)	☐		
Figure of four (two person only)	☐		
Two-person double elbow	☐		
Seated hold	☐		
Half shield / arm waltz	☐		
Total duration			

Were any RPIs used which are not listed above? If yes, please describe the technique used.	

Why was this technique used instead of one of the techniques listed above?	
Duration of this RPI *If used multiple times, individual duration*	

Other Uses of Force or Restrictive Interventions

This may include guides, escorts, personal safety techniques, and any other use of force which does not meet the definition of an RPI, but was used during a significant incident.

Name of technique *Please delete any techniques for which you/your staff have not been trained*	**Was this technique used?** *Tick if yes*	**Duration of this technique** *If used multiple times, record individual duration.*
Arm disengagement	☐	
Bite response	☐	
Body disengagement	☐	
Clothing disengagement	☐	
Hair response	☐	
Neck response	☐	
Shepherd	☐	
Caring C guide	☐	
Help hug (non-restrictive)	☐	
Friendly escort (non-restrictive)	☐	
Item used as weapon response	☐	

Were any other uses of force or restrictive interventions used which are not listed above? *If yes, please describe the intervention. This may include the use of wheelchair brakes against the student's wishes, or the removal of a walking aid.*	
Why was this technique used instead of one of the techniques listed above?	
Duration of this technique *If used multiple times, record individual duration*	

Ground Holds

Ground Holds are only to be used by Team Teach Advanced Accredited staff. ***Please delete if not used in your setting.***

Name of technique	**Was this technique used?** *Tick if yes*	**Duration of this technique** *If used multiple times, record individual duration.*
Front ground recovery	☐	
Back ground recovery	☐	
Total duration		

All incidents of ground holds should be reported to BIST; reportittobist@leeds.gov.uk

Seclusion

School staff seclude a pupil if they detain a pupil in a place apart from any other person, except the member or members of staff.

Was seclusion used? *Tick if yes*	**Was a staff member in the room with the child?** *Tick if yes*	**How was the child prevented from leaving the space?** *This may include locking the door, blocking the exit, or through fear of punishment*	**Duration of seclusion** *If used multiple times, record total duration.*
☐	☐		

All incidents of seclusion should be reported to BIST; reportittobist@leeds.gov.uk

Injuries

If necessary, the pupil and staff member involved should receive a medical assessment and treatment for any injuries as soon as possible.

Name of staff member who checked child for injuries after incident	
Did the child sustain any injuries? *If yes, please give details.*	
Did the child require any further treatment e.g. First Aid, hospital treatment, etc.? *If yes, please give details.*	
Did the child suffer any other adverse impacts?	

Any emotional, behavioural, educational, or social effects experienced by the pupil following the incident	
Did any staff sustain an injury during the incident? *If yes, please give details, including any further treatment required.*	

*A CF50/CF50a should **only** be completed if the injury sustained is notifiable or reportable (as per PG103.) Minor injuries, such as those requiring no more than on-site support (first aid, wellbeing breaks etc.) do **not** require a CF50/CF50a to be completed.*

Reporting to Parent/Carer

Has a report been made to parent / carer? *Please refer to DfE Guidance for reporting requirements*	☐ Yes ☐ No (please explain why):
Method of contact *e.g. telephone, email, in person, etc.*	
Date of contact	

Post-Incident Support

What post-incident support is specified in student's Positive Behaviour Support Plan?	
How and when was this support provided?	
Were any other post-incident actions undertaken? *This may include a review of BIPRA/PBSP, referral to external services, fixed-term exclusions etc.*	

Pupil Voice

Please detail views of the student following the incident *For pre-verbal students, this may include observations*	

How was Pupil Voice collected? *eg. Written statement, restorative conversation, observations.*	
Date collected	

Name(s) of staff completing the form	**Date completed**

Please add any internal procedures

Behaviour Individual Pupil Risk Assessment (BIPRA)

School Name:				**Date:**	Click or tap to enter a date.
Name of Head/Centre Manager:					
Pupil Name:		**D.O.B:**		**School Year:**	Choose an item.

Name of person completing this form:									
Name of person(s) contributing to this form:									
Revision Dates:	**1**		**2**		**3**		**4**		**5**	

Additional Information:
For additional guidance, please see BIPRA Support Document. This will guide you through completion of this form. Whether the BIPRA is active or redundant the document should be retained for - Pupil DOB +21 years. If the BIPRA refers to a child who requires restrictive physical intervention then this document, and any revised versions, should be retained for pupil DOB +75 years.

Likelihood → / Consequence ↓	Unlikely (1)	Possible (2)	Likely (3)
Slightly Harmful (1)	Trivial (1)	Acceptable (2)	Moderate (3)
Harmful (2)	Acceptable (2)	Moderate (4)	Substantial (6)
Extremely Harmful (3)	Moderate (3)	Substantial (6)	Unacceptable (9)

Trivial and Acceptable	Moderate	Substantial	Unacceptable

(1-2)	(3-5)	(6-8)	(9)
No action is required for this risk rating. All documentation should be kept for future reference in case of a civil claim, FOI or similar.	If practicable to do so, then additional controls should be put into place to further reduce the risk.	Further action should be taken immediately to reduce the risk. Setting may wish to engage the services of external professionals.	Action must be taken immediately to reduce the risk. External professional advice should be sought to mitigate and alleviate the prescribed risks of harm.

Key Information: Pupil overview (see supporting doc)

Parent/Carer View/s:			
This BIPRA has been read and understood by (Name):			
Relationship to pupil:		**Date:**	Click or tap to enter a date.
Parent/Carer Views:			



Hazard 1:		
WHAT is the hazard? And give a brief example of previous behaviour. (The situation may be the source of the potential danger.)		
WHO might be harmed by the above-mentioned hazard? It could be more than one person.		
HOW may the identified individual or persons be injured by the hazard		
The first risk rating assumes that you are doing NOTHING to prevent the harm indicated above.		
Risk Rating BEFORE controls-	The potential consequence is	Choose an item.
	The likelihood of this is	Choose an item.
	Risk Rating before controls is	Choose an item.
Control Measures:		
1		
2		
3		
4		
5		
6		
7		
8		
9		
This Risk Assessment has been shared, read, and understood by the following staff (initials)		
Risk Rating AFTER controls-	The potential consequence is	Choose an item.
	The likelihood of this is	Choose an item.

	Risk Rating After controls is	Choose an item.

Hazard 2:		
WHAT is the hazard? And give a brief example of previous behaviour. (The situation may be the source of the potential danger.)		
WHO might be harmed by the above-mentioned hazard? It could be more than one person.		
HOW may the identified individual or persons be injured by the hazard		
The first risk rating assumes that you are doing NOTHING to prevent the harm indicated above.		
Risk Rating BEFORE controls-	The potential consequence is	Choose an item.
	The likelihood of this is	Choose an item.
	Risk Rating before controls is	Choose an item.
Control Measures:		
1		
2		
3		
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6		
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8		
9		
This Risk Assessment has been shared, read, and understood by the following staff (initials)		
Risk Rating AFTER controls-	The potential consequence is	Choose an item.
	The likelihood of this is	Choose an item.

	Risk Rating After controls is	Choose an item.
Hazard 3:		
WHAT is the hazard? And give a brief example of previous behaviour. (The situation may be the source of the potential danger.)		
WHO might be harmed by the above-mentioned hazard? It could be more than one person.		
HOW may the identified individual or persons be injured by the hazard		
The first risk rating assumes that you are doing NOTHING to prevent the harm indicated above.		
Risk Rating BEFORE controls-	The potential consequence is	Choose an item.
	The likelihood of this is	Choose an item.
	Risk Rating before controls is	Choose an item.
Control Measures:		
1		
2		
3		
4		
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6		
7		
8		
9		
This Risk Assessment has been shared, read, and understood by the following staff (initials)		
Risk Rating AFTER controls-	The potential consequence is	Choose an item.

	The likelihood of this is	Choose an item.
	Risk Rating After controls is	Choose an item.
Hazard 4:		
WHAT is the hazard? And give a brief example of previous behaviour. (The situation may be the source of the potential danger.)		
WHO might be harmed by the above-mentioned hazard? It could be more than one person.		
HOW may the identified individual or persons be injured by the hazard		
The first risk rating assumes that you are doing NOTHING to prevent the harm indicated above.		
Risk Rating BEFORE controls-	The potential consequence is	Choose an item.
	The likelihood of this is	Choose an item.
	Risk Rating before controls is	Choose an item.
Control Measures:		
1		
2		
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This Risk Assessment has been shared, read, and understood by the following staff (initials)		

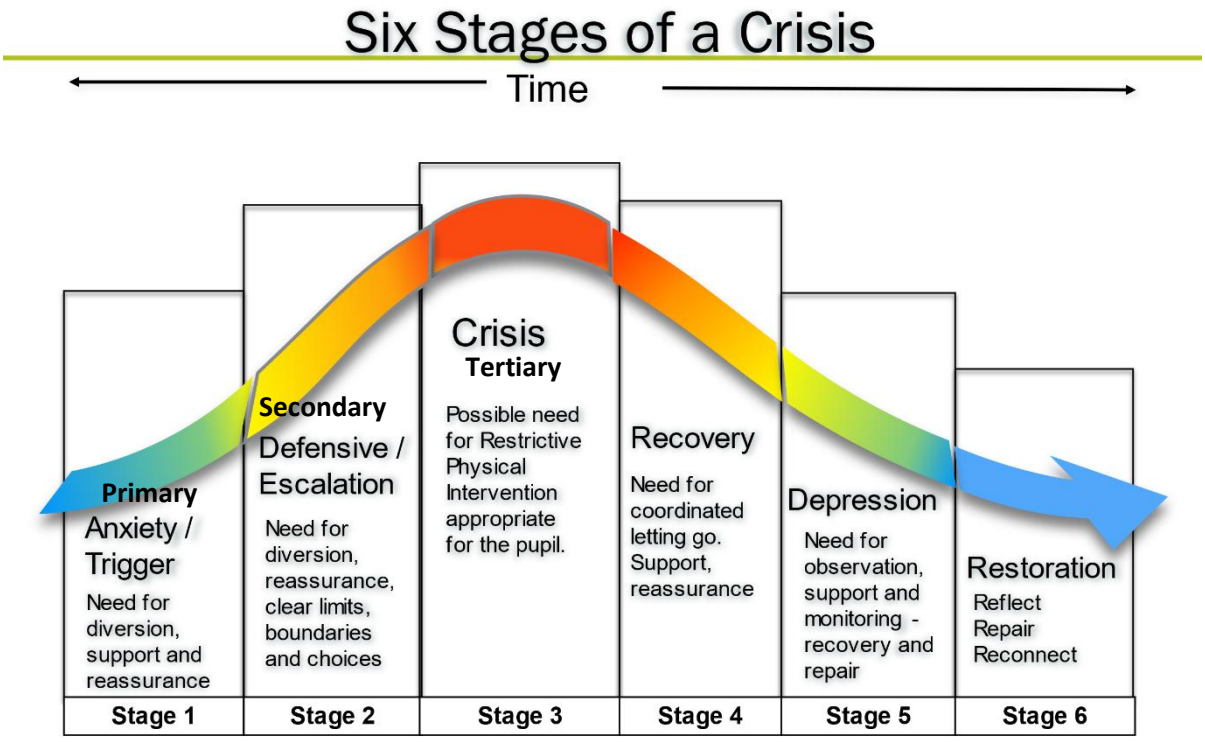
Risk Rating AFTER controls-	The potential consequence is	Choose an item.
	The likelihood of this is	Choose an item.
	Risk Rating After controls is	Choose an item.

Positive Behaviour Support Plan (PBSP)

Please note that should the Pupil have a BIPRA in place, then a PBSP must be Completed: (Although a PBSP could be used as a stand-alone document to support pupils in learning with non-restrictive physical interventions being listed.)					
School Name:				**Date:**	Click or tap to enter a date.
Name of Head/Centre Manager:					
Pupil Name:		**D.O.B:**		**School Year:**	Choose an item.

Name of person completing this form:	
Name of person(s) contributing to this form:	

Medical Conditions: (Any medical or physical condition that could impact on the use of physical intervention.)



Has a BIPRA been completed?	Choose an item.

Primary Stage – Behaviours: Lead up-Triggers, Worries, Escalators: (TWE) Describe common situations which staff have previously identified a need for further support and when these behaviours are likely to occur.
Early Indicator Behaviour: Early Indicators - How does pupil present? (Signs that identify the start of dysregulation and possible need for support).

DOs – suggestive strategies for de-escalation. This can include the pupil's interests, activities and resources that are useful.	**DON'Ts** – Actions which may escalate the pupil's behaviour further

Secondary Stage - Behaviours: Behaviours that indicate the pupil is escalating toward crisis level and strategies to keep the pupil and others safe.	
Behaviour:	
DOs – Suggestive strategies for de-escalation.	**DON'Ts** – Actions which may escalate the pupil's behaviour further

Behaviour:	
DOs – suggestive strategies for de-escalation.	**DON'Ts** – Actions which may escalate the pupil's behaviour further

Behaviour:	
DOs – suggestive strategies for de-escalation.	**DON'Ts** – Actions which may escalate the pupil's behaviour further

Tertiary Stage - Physical Intervention Strategies – Personal Safety

Describe any strategies which have worked in the past or should be avoided unless appropriate risk is present. All restrictive physical interventions should where possible be performed by staff who have been trained in each particular technique listed.

Arm responses:	
Side-step in	Choose an item.
Cross step in	Choose an item.
Drop elbow	Choose an item.
Pump	Choose an item.
Conductor	Choose an item.
Clock	Choose an item.
Crossover	Choose an item.
Neck disengagement:	
Steering wheel	Choose an item.
Fix & stabilise	Choose an item.
Windmill	Choose an item.
Snake	Choose an item.
Elbow swing	Choose an item.
Neck Brace	Choose an item.
Bar & brace-behind	Choose an item.
Elbow guide out of headlock	Choose an item.
Spin out of strangle	Choose an item.
Prompts Guides & Separations:	
Prompt touch	Choose an item.
Caring C guide	Choose an item.
Steering away	Choose an item.
Arm waltz	Choose an item.
Turn gather guide	Choose an item.
Half shield	Choose an item.
Clothing responses:	
Closed fist hold	Choose an item.
Tube grip	Choose an item.

Close to neck	Choose an item.
From behind	Choose an item.
Hair responses:	
One handed grab	Choose an item.
Two handed grab	Choose an item.
Knuckle squeeze	Choose an item.
Bite responses:	
Eye bulge	Choose an item.
Jaw manual manipulation	Choose an item.

One Person Holds:	
Prompt touch	Choose an item.
Caring C guide	Choose an item.
Single person double elbow	Choose an item.
Small Child Supports:	
Caring C guide	Choose an item.
Caring C kneeling	Choose an item.
Kneeling double elbow	Choose an item.
Two-person friendly escort	Choose an item.
Beanbags to hold single person	Choose an item.
Bean bags to hold two person friendly	Choose an item.
Change of face in beanbag	Choose an item.
Help alongside beanbag	Choose an item.
Response to dead weight	Choose an item.
Two Person Holds:	
Friendly escort	Choose an item.
Single elbow	Choose an item.
Figure of four	Choose an item.
Double elbow	Choose an item.
Response to dead weight	Choose an item.
Response to spitting	Choose an item.
Sitting in hold / beanbag option	Choose an item.
Moving to seated position	Choose an item.
Responses to kicking	Choose an item.
Change of face in seated	Choose an item.

Restoration Stage: It is best practice after an incident that a pupil receives support through restorative practice. This should take place after the incident when the pupil is regulated and able to engage.

How should restorative practice be done? Describe any strategies that have worked in the past. For example, how long should the child be left to calm before this happens, where should this take place, who should do the debrief? Etc…
Pupil voice – Where and how will this be recorded?
Recording & Reporting – How will any RPI be recorded and where?
Parent notified? How?
SLT made aware? How?

Signatures:					
School:	X manager	Name:		Date:	Click or tap to enter a date.
Parent/Carer	X Parent/Carer	Name:		Date:	Click or tap to enter a date.