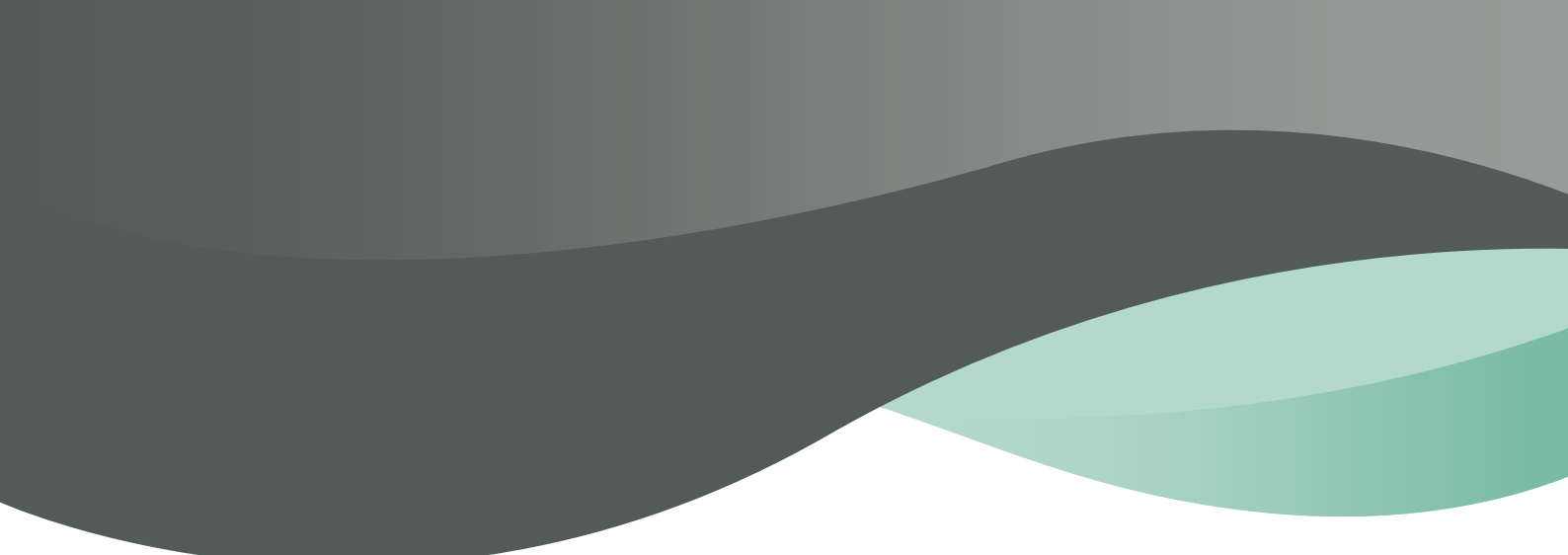




Physical Intervention Policy

Updated for:	September 2025
Next review:	September 2026

James Montgomery Academy Trust



(Including use of reasonable force and searching of pupils)

1. Policy rationale and aims

This policy has been written in recognition that some situations may arise in which physical contact occurs between staff and children, e.g. in the care of children and in order to support their access to a broad and balanced curriculum. It is reasonable that children do require opportunities for close contact as long as this is within public view, sensitively carried out and age/person appropriate. The policy aims to ensure that any physical contact between adults and children is carried out appropriately and safely with consideration of all parties concerned.

At James Montgomery Academy Trust (JMAT) no physical intervention is used unless it demonstrably considers the welfare of the child, it is in their best interest, is proportionate and balances the rights of both staff and children. None of these methods are used as sanctions or punishment. JMAT acknowledges that restrictive physical interventions are only a small part of whole school approaches to behaviour management and in all circumstances steps to avoid physical interventions will always be in place through de-escalation techniques.

The policy has been developed in response to the [Use of Reasonable Force \(DfE July 2013\) guidance](#) and in conjunction with section 93 of The Education and Inspections Act 2006. It is also written with guidance from DfE Searching, Screening and Confiscation July 2022.

It also follows the [British Institute of Learning Disabilities \(BILD\)](#) code of practice for the use and reduction of restrictive physical interventions. (2010) 'Third edition'. Staff must have regard to:

- *The Equality Act 2010* – particularly focusing on reasonable adjustments for disabled pupils.
- *Children and Families Act 2014* – with consideration if a child has an EHCP

The policy should be read in conjunction with other school policies relating to interaction between adults and children including the Relationships and Behaviour Policy. The Headteacher (add others if needed e.g. behaviour/inclusion team) will regularly review incident data to identify patterns or reduce restraint use over time using RecordMy and Arbor.

2. Physical intervention

Physical Interventions may include:

- **Prompts** This is the lowest form of using force to control a person behaviour.
- **'Help Hugs'** This can be where the child has asked for physical contact to help regulation in the form of 'co-regulation'.
- **Guides** Moving someone in a certain direction but they have the ability to leave.
- **Escorts** The person is unable to leave you because you are holding them. The person is complying. It may be moving a person from point A to point B to keep them safe.
- **Restraints** Physical control with the application of reasonable force with the intent of overpowering the person.

3. Non-restrictive physical intervention

This is a proactive, supportive strategy to divert a child from a distressed situation through prompting, guiding, or hugging a child where the child is compliant to keep them or others safe until they have regained control of themselves. It can also assist children where they have the choice to move away from the cause of distress without the need to touch the child.

At JMAT every effort is made to resolve conflicts positively using non-restrictive intervention. However, when a situation continues to escalate, it may be necessary to employ Restrictive Physical Interventions.

4. Restrictive physical intervention (RPI)

The term 'Restrictive Physical Interventions (RPI)' refers to 'any method of responding to behaviours which involves some degree of direct physical force to limit or restrict movement or mobility'. All members of school staff have a legal right to use reasonable and proportionate force. This right applies to any member of staff at the school. It can also apply to people whom the headteacher has temporarily put in charge of children such as unpaid volunteers as long as they are accompanied by a trained Team Teach member of staff and they are doing so under their supervision and guidance (Section 93 Education and Inspections Act 2006).

Section 93 of the Education and Inspections Act 2006 and the Use of Reasonable Force (DfE July 2013) allows the use of or physical restraint, as a last resort and where there is no other acceptable alternative. It clearly outlines 4 areas when use of reasonable force is justifiable:

- To prevent a child causing injury to themselves.
- To prevent a child from seriously damaging property.
- To prevent a child causing injury to others (children or staff).
- To prevent a child from causing serious disorder.

As the safety and wellbeing of all staff and children is paramount, staff should always first consider both their own safety and that of others as well as remembering that we only ever use the minimum level of force needed for the shortest amount of time to restore safety.

The guiding principles relating to the use of reasonable force are as follows:

- It is an act of care and control, not punishment. It is never used to force compliance with staff instructions.
- As soon as it is safe, the restrictive physical intervention will be relaxed to allow the child to regain self-control.
- Every effort would have been made to secure the presence of other staff, and these staff may act as assistants and/or witnesses.
- To prevent severe distress, injury, or damage, only the minimum force for the shortest amount of time will be used.
- Procedures are in place for supporting and debriefing children and staff after every incident as it is essential to safeguard the emotional well-being of all parties involved.
- After an incident, staff will be able to show that the intervention used was in keeping with the school's Relationships and Behaviour Policy.

The underlying principle of any restrictive physical Intervention (RPI) should meet the following legal criteria:

- Be proportionate to both the behaviour of individual children and the degree of harm / damage they are likely to cause.
- Could it be deemed reasonable?
- How was this in the best interests of the child?
- Only be used when all opportunities to de-escalate a situation have been exhausted.

There is no legal definition of what reasonable, proportionate and necessary is, however at JMAT all instances of Restrictive Physical Interventions (RPI) should:

- Use the minimum degree of force necessary for the shortest period of time.
- Was it proportionate to the degree of risk?
- Why was the Intervention necessary?
- Never use force to ensure compliance in circumstances where there is no risk of injury, serious disruption or serious property damage.

- Should only involve the use of a Team Teach Technique that staff have been trained in the use of it. However, in emergency staff will act within the best interest of the child.
- If a Team Teach Technique is used, it should be stated on the child's personalised positive handling plan that has been agreed and signed by school and parents/carers.

A distinction will be maintained between the use of an emergency intervention, which is appropriate to a particular circumstance, and the use of planned intervention.

For quality assurance an additional member of staff should where possible observe the hold and suggest any necessary adjustments.

5. Emergency RPI

An emergency RPI may be employed in response to an incident requiring a rapid physical response (for example a child running on to a road). In such circumstances the ideas of **duty of care**, and **reasonable**, **proportionate** and **necessary** actions must remain paramount.

6. Planned RPI and Physical Intervention Plans

A planned RPI is being employed by staff in response to an identified behaviour/risk in order to keep everyone safe when all other strategies have been unsuccessful and the child is posing a significant risk to themselves and/ or others. They should be described in writing in advance in the Physical Intervention Plan (PIP) which is written by a member of the Senior Leadership Team, SENDCo and class team working with the child and agreed and signed by the child (where possible) and the child's parents/carers. The identified strategies are based upon the child's Individual Risk Assessment. Both the child's Individual Risk Assessment and Physical Intervention Plan must be shared with the child (if possible) parents/carers and all members of staff working with the child and must be uploaded onto RecordMy with all staff who work with the child tagged.

De-escalation techniques must be implemented before any restrictive physical intervention and all restrictive physical interventions must be reasonable and proportionate for the situation.

7. Reporting and Recording RPI

Following an incident where a restrictive physical intervention has been used, parents/carers must be advised at the end of the school day and the incident must be recorded on RecordMy as soon as practically possible or at least within 24 hours of the incident occurring. In all incidents the antecedent, behaviour and consequence must be recorded so that plans and procedures can be reviewed adequately following the incident. Only restraints/holds and escorts need to be tagged as RPI but all incidents should be logged under Behaviour or under SEND if the incident is linked to the child's SEND need. In the case of physical injury occurring to the child and/or other children or staff an incident/accident form also needs to be completed. Physical Intervention Plans and Individual Risk Assessments must be reviewed and updated if necessary after every significant incident.

8. Injuries

RPIs are intended to reduce risk and Team Teach techniques always seek to avoid injury to the person using them. However, it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the people involved remain safe. Any such injury will be reported using the JMAT accident form. In some circumstances, following the use of more restrictive holds, it is acknowledged that children may encounter some minimal discomfort when appropriate release techniques are used. However, this is very brief and transient and poses less of a risk than the behaviour they are employed in response to.

9. Individual risk assessments

Every adult has a duty of care towards the children in their care. School environments must be places where known triggers are kept to a minimum and planned strategies have been put in place to cope with a trigger if it is unavoidable. Employers also have a duty of care towards their staff and must take action to reduce foreseeable risk to all adults working on the school premises. This includes ensuring staff are appropriately trained in de-escalation and Team Teach techniques. This may not be possible or needed for all staff. A Duty of Care is defined as the legal obligation imposed on an individual requiring that they adhere to a standard of reasonable care while performing any acts that could foreseeably harm others.

Individual risk assessments are developed and implemented to improve the safety of staff through a consistent approach to the assessment and management of risks associated with children that display behaviours of concern. The risk may be to the child themselves, other children, staff or property. All information recorded in the risk assessment document must be treated with confidentiality. A clear risk assessment and management strategy will help staff to make decisions about what can reasonably be done to reduce foreseeable risks. At the same time, it will help prepare staff for times when things go wrong. Behaviours that challenge are often foreseeable, even though it may be difficult to predict exactly when they will occur or the degree of challenge they will pose. The identification and evaluation of the severity of risks dependent upon specific decisions and actions. This judgement is then balanced against an assessment of the likelihood of these risks happening. Following a risk assessment, a specific behaviour presented by a child may be deemed highly unsafe and therefore a child might not be able to carry out a particular activity in school or offsite. This is not to be considered as punishment for the presented behaviour but a safety measure until the activity can be made safe for this child.

10. Personal protective equipment (PPE)

If a child's risk assessment includes past incidents and tendencies for biting, pinching, grabbing hair, scratching or any other behaviour that can put the staffs' health and safety at risk, then the school will supply appropriate PPE. In this case the appropriate piece of equipment will be named on the child's Individual Risk Assessment. All staff that work with these children are obliged to use the PPE provided.

11. Searching pupils for prohibited items

The Education and Inspections Act 2006 gives statutory power to headteachers and other staff authorised to do so the power to screen and search children for prohibited items either with or without the child's consent.

The following excerpt from the DfE publication 'Searching, Screening and Confiscation July 2022' seeks to clarify the school's position relating to this section of Physical Intervention Policy.

2. Headteachers and staff they authorise have a statutory power to search a pupil or their possessions where they have reasonable grounds to suspect that the pupil may have a prohibited item listed in paragraph 3 or any other item that the school rules/ identify as an item which may be searched for.

3. The list of prohibited items is:

- knives and weapons
- alcohol
- illegal drugs
- stolen items

any article that the member of staff reasonably suspects has been, or is likely to be used:

- to commit an offence, or
- to cause personal injury to, or damage to property of; any person (including the pupil).

an article specified in regulations:

- tobacco and cigarette papers
- fireworks; and
- pornographic images.

4. Under common law, school staff have the power to search a child for any item if the child agrees. The member of staff should ensure the child understands the reason for the search and how it will be conducted so that their agreement is informed.

- Where the person conducting the search finds an electronic device that is prohibited by the school rules or that they reasonably suspects has been, or is likely to be, used to commit an offence or cause personal injury or damage to property, they may examine any data or files on the device where there is a good reason to do so such as reasonably suspecting that the data or file on the device in question has been, or could be, used to cause harm, to disrupt teaching or break the school rules. This power applies to all schools and there is no need to have parental/carers consent to search through a child's mobile phone if it has been seized in a lawful 'without consent' search and is prohibited by the school rules or is reasonably suspected of being, or being likely to be, used to commit an offence or cause personal injury or damage to property.
- If an electronic device that is prohibited by the school rules has been seized and the member of staff has reasonable grounds to suspect that it contains evidence in relation to an offence, they must give the device to the police as soon as it is reasonably practicable. Material on the device that is suspected to be evidence relevant to an offence, or that is a pornographic image of a child or an extreme pornographic image, should not be deleted prior to giving the device to the police.
- If a member of staff finds a pornographic image, electronic or otherwise they must report such occurrences immediately directly to the Designated Safeguarding Lead (DSL), deputy Designated Safeguarding Lead or a member of the Senior Leadership Team and no disposal or deletion of images occur until this has occurred.
- A person carrying out a search can seize anything they have reasonable grounds for suspecting is a prohibited item or is evidence in relation to an offence.
- Where a person conducting a search finds alcohol, they may retain or dispose of it. This means that schools can dispose of alcohol as they think appropriate but this should not include returning it to the child.
- Where they find controlled drugs, these must be delivered to the police as soon as possible but may be disposed of if the person thinks there is a good reason to do so.

12. Post Incident de-brief

Adults who have been involved in a significant incident may need time away from the class to recover and/or talk through what has happened. In this case, other members of the team should ensure that this is possible by calling on help from the response team SLT on site. All school staff are responsible for creating a climate where colleagues who need time away or other support feel able to ask for it. De-briefing opportunities will also be available in several ways for staff and children to assist them in managing situations that have caused or may cause distress. An incident debriefing meeting assists people, particularly staff, to overcome the effects of the incident by:

- Talking about what happened.
- Expressing how they feel as a result of the incident.
- Identifying any individual stress reactions (i.e. physical, emotional, thinking and behavioural).
- Identifying some ways of dealing with stress reactions.
- If appropriate, independent referrals can then be made to outside agencies and professionals such as Education Support Partnership, which offers individual support, information and counselling to our staff 7 days a week/24 hour a day.

During staff debriefs, team members reflect upon a recent experience, discuss what went well and identify opportunities for improvement. They attempt to build a common understanding—by clarifying roles, priorities and goals—remove obstacles to collaboration, and reach agreements about how to ensure future success. Due to the complex behaviour and medical needs of some children it is important to note that incident debriefing meeting can be used for any sudden distressing event. As per the Relationships and Behaviour Policy we believe that children should always be given the opportunity to reflect, repair and restore the relationship with an adult or peer following an incident. Where developmentally appropriate, we support children to take responsibility for what they have done and to repair it with the other person(s) involved/affected. Unresolved difficulties can make children very anxious and this can cause behaviour to escalate or become habitual.

13. Supporting and training staff

Behaviour support and training is essential to support the development of successful behaviour strategies across schools through the upskilling of staff teams. Our current, chosen Accredited Training organisation in Positive Behaviour Management and Physical Interventions is 'Team Teach Ltd' (add Dynamis when school has received training). Team Teach / Dynamis is a holistic, Positive Behaviour Support approach, which emphasises that 95% of behaviour management is the employment of de-escalation techniques. Alongside approved methods of Restrictive Physical Intervention (RPI), staff learn risk reduction techniques and the theory and rationale behind Positive Behaviour Support. It is the duty of the headteacher to ensure adequate training is provided for all authorised staff in order to operate this policy. Training will be regular (both formal [re-accreditation] and informal, according to need) and in line with the Team Teach / Dynamis code of practice.

Untrained staff will not be expected to engage in restrictive physical interventions with children except in an emergency when the health and safety of others would seriously be put at risk by a failure to do so. This is in line with Team Teach / Dynamis guidelines. If a member of staff feels that they need additional training or practical or emotional support it is important that they seek help at an early stage, particularly if they are experiencing stress or anxiety when working with any child or children. The ability to seek help and support is seen as a sign of professional strength. In addition, if any member of staff believes that one of their colleagues needs support or guidance, they are expected to encourage them to seek help, and to learn from each other's practices where necessary. Alternatively, a concerned colleague should approach the headteacher or a member of SLT. This is a safeguarding responsibility.

14. Shared vocabulary

Certain words, or descriptions, can be unhelpful and potentially misleading when used to describe the behaviour of children. For this reason, shared vocabulary is useful. This relates to all forms of spoken and written communication.

The following terms are more widely acceptable than others:

'challenging, dysregulated, distressed, unhappy, unsettled, and anxious'

Every effort must be used to describe behaviour in these terms where possible.

15. Complaints and allegations

The availability of a clear policy about physical intervention including reasonable force and early involvement of parents/carers should reduce the likelihood of complaints but may not eliminate them. Any concerns raised by parents/carers will be dealt with as high priority by both the school in the first instance and where needed the Trust. The highest importance will be placed on fully investigating any concerns relating to positive handling raised by families or children.

Any complaints about staff will be investigated through the School's Complaints Policy and Procedure. If necessary, the complaint will be dealt with by the Staff Disciplinary Procedures and always in consultation with the Trust HR provider.

If any staff have experienced another member of staff using **unacceptable use of force** and not Team Teach / **Dynamis** approved techniques, they must report this to the headteacher as soon as possible. Where a complaint or allegation is made, the school will follow the JMAT protocol, as explained in the Whistleblowing Policy. Staff are strongly advised to avoid the following as they are judged to be unreasonable:

- Hold a child round the neck or by a collar as it may restrict breathing.
- Touch or hold a child in a way that may be considered indecent.
- Twist or force a limb against the joint.
- Hold a child by the hair or ear.
- Slapping, punching or kicking a child.
- Hold a child on the ground.

JMAT wants to give a voice to any member of staff in this type of situation by encouraging a culture of 'professional challenge'. In the context of this policy, the action would relate to some aspect of behaviour management. For example, a member of staff might be concerned that seclusion is being used to manage behaviour or a member of staff was shouting at a child. In this case, staff are encouraged to have conversation with the colleague in question; this is often enough to clarify any misunderstandings. Alternatively, share any concerns that they have with a member of SLT. Undermining colleagues must be avoided at all costs, and so any such conversation should be discreet, conducted in private at a suitable time and never in front of children. The baseline assumption, for every member of staff should be that they are doing 'the best that they can under the circumstances. Staff who operate within the parameters of this policy, children's Physical Intervention Plan and Team Teach training and code of conduct will always receive the full support of the Trust in the event that they are professionally challenged.

16. Document history

Previous versions now deleted from system

Issue	Author/ Owner	Date Reviewed	Reviewed by	Approved by A&R Committee (date)	Comments/ Changes
V1	JMAT	July 2025	PRG	08/07/25	• Section 1 - Addition of two bullet points at the end re the Equality Act and Children's Families Act

Key:

PRG – Policy Review Group

A & R Committee – Audit and Risk Committee

Appendix 1

Physical Intervention Plan

School:	
Child's name:	
Date:	
Person completing the plan:	

1. Aims

- For [INSERT CHILD'S NAME] to enjoy school and build positive and trusting relationships with members of staff and their peers.
- To provide a clear and consistent framework for anyone working with [INSERT CHILD'S NAME] and for them to know what is expected of them.
- To always ensure the safety and wellbeing of [INSERT CHILD'S NAME] and others.
- To encourage [INSERT CHILD'S NAME] to manage their own behaviour, replacing inappropriate behaviours with more acceptable ones.
- For [INSERT CHILD'S NAME] to increase their learning potential and increase the amount of time they spend on tasks.

2. What does the behaviour look like?

Stage 1 Anxiety Behaviours	Stage 2 Defensive Behaviours	Stage 3 Crisis Behaviours
[INSERT CHILD'S NAME] will look pale, and body will be tense. [INSERT CHILD'S NAME] will not give eye contact. [INSERT CHILD'S NAME] shakes head as if they are saying 'no'. [INSERT CHILD'S NAME] will not speak to you.	[INSERT CHILD'S NAME] will remove themselves for the adults space and find own space and crouch down. [INSERT CHILD'S NAME] will continue to shake head and say 'no'. If asked to do a task they will answer by saying, 'we are doing this' and want to be in control. [INSERT CHILD'S NAME] may start to be more vocal with the word 'no' and may growl at staff.	[INSERT CHILD'S NAME] will shout. Main phrases are 'no', 'shut up' and 'I'm not listening'. [INSERT CHILD'S NAME] will try to run and find a space, usually the hall. [INSERT CHILD'S NAME] will try to run out of school and can at times put themselves in danger e.g. climbing onto the roof. [INSERT CHILD'S NAME] will try to hurt people and damage property. They will kick, scratch, bite, spit and hit.

What are common triggers?

- Unfamiliar staff
- **[INSERT CHILD'S NAME]** being asked to do something they do not want to do or to not do something that they want to do.
- **[INSERT CHILD'S NAME]** being given too much or not enough choice.
- **[INSERT CHILD'S NAME]** not knowing/understanding what is happening.
- Asking **[INSERT CHILD'S NAME]** to complete any school work.
- Some days it can be that they just doesn't want to be spoken to.
- Another child being in the room.

De-escalation skills	Try	Avoid	Notes
Verbal advice and support	☐	☐	
Giving space	☐	☐	
Reassurance	☐	☐	
Help scripts	☐	☐	
Negotiation	☐	☐	
Choices	☐	☐	
Humour	☐	☐	
Consequences	☐	☐	
Planned ignoring	☐	☐	
Take up time	☐	☐	
Time out	☐	☐	
Supportive touch	☐	☐	
Transfer adult	☐	☐	
Success reminded	☐	☐	
Simple listening	☐	☐	
Acknowledgement	☐	☐	
Apologising	☐	☐	
Agreeing	☐	☐	
Removing audience	☐	☐	
Other	☐	☐	

3. Management of environment

- **[INSERT CHILD'S NAME]** has their own room in school and stays in here for the duration of time in school.

4. Communication needs

- Clear simple instructions beginning with name, especially when in crisis.
- **[INSERT CHILD'S NAME]** is starting to respond to warnings if they are communicated clearly.
- When **[INSERT CHILD'S NAME]** is required to transition around school, be precise as to where they are going, e.g. "**[INSERT CHILD'S NAME]**, we are going to..." using an object of reference.
- Clear and simple explanations of what is happening **now** and what will happen **next**.

5. Management of behaviour

- **[INSERT CHILD'S NAME]** has the school values which are teamwork, kindness, resilience and respect.
- If **[INSERT CHILD'S NAME]** attempts to hurt anyone or potentially break anything (e.g., throws something that might not actually break) staff will be called to deescalate the situation using change of face. If, each time you begin to speak to **[INSERT CHILD'S NAME]** shouts or spits, stop speaking and pay minimal attention. Try instead to reinforce what you are expecting by making brief eye contact and pointing to your head for good thinking or your ears for good listening. Once they are ready **[INSERT CHILD'S NAME]** we will usually say something like "Ok, I'm ready, good thinking/listening" At this point, ask **[INSERT CHILD'S NAME]** to sit calmly on a chair. Compliance to do this suggests that they are ready for the staff member to sit beside them and support them through repair and reflection of behaviour/actions.
- **[INSERT CHILD'S NAME]** will sometimes benefit from a 'change of face' particularly if the original member of staff dealing with the incident is less familiar to him.
- If **[INSERT CHILD'S NAME]** requests to transition independently around school, remind them that they must walk sensibly. Only give them one chance. If **[INSERT CHILD'S NAME]** attempts to abscond at any point, they MUST hold your hand for the remainder of the journey.
- **[INSERT CHILD'S NAME]** requires 1:1 support at all times.

6. Post incident learning / repair and reflection

Following any significant incidents, there must be the opportunity to repair and reflect on what has happened. For **[INSERT CHILD'S NAME]**, this is best achieved by a familiar member of staff having a positive verbal conversation with them and encouraging them to think about what has happened, how it made them feel and what could be done differently next time. They may also choose ways to repair relationships/damage, for example by apologising to specific people or picking up things they have thrown etc.

7. Reporting arrangement

Phone calls will be used to inform parents/carers of child's behaviour and the development of this plan.

Staff will keep individual records in class/complete 'Record My' (as necessary), and these will be reviewed each half term.

8. Preferred method of physical intervention?

Intermediate	Try	Avoid	Notes
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Friendly guides	☐	☐	
Friendly escort	☐	☐	
Single elbow	☐	☐	
Double elbow	☐	☐	
Single elbow in seats	☐	☐	
Double elbow in seats	☐	☐	

DATE FOR REVIEW: **[INSERT DATE]** or as changes occur and are needed.

Agreed by:

Parent / carer:		Date:	
Teacher:		Date:	
Headteacher / Deputy Headteacher:		Date:	
SENDCo:		Date:	

NB This is a working document for members of staff from **[INSERT SCHOOL NAME] who have received the relevant training.**

It is for information only for anyone working outside this setting.

Appendix 2

RecordMy examples

Example 1 – Non-restrictive intervention for behaviour

James Montgomery Academy Trust (RTP SA)

Behaviour recorded by [STAFF NAME]

Defiance 18/05/2022 09:20

Location

carpet

What happened before?

[CHILD'S NAME] was asked to change places as they were sitting right under the board.

What Happened?

[CHILD'S NAME] said "No!".

What happened after?

They were given time to make a good choice, but still refused.

Actions Taken

[CHILD'S NAME] escorted them safely from the carpet. [CHILD'S NAME] went under the table and kicked over a chair. They turned away from the board and refused to engage in the learning. After a couple of minutes [CHILD'S NAME] attention came back to me and the board. They were given positive praise for making a good choice. They then came to me at the end of the input for a help hug and we discussed how they had managed that situation.

Staff Present

[STAFF NAME(S)]

Was anyone injured?

No

Example 2 – Restrictive intervention for SEND

Details

xxxx was in the playground on the bikes. was riding dangerously and asked to stop but refused. I then guided them off the bike and they then smacked xxx in the face. They then went to stamp on xxx foot and shouting . xxxx decided that it was best to have some time inside to calm down as the xxxx outside area was frustrating them more and there was danger of them hitting other children or staff. I and xxx moved xxx inside using double elbow and guided them on to a chair where they shouted but sat until they were calm.

Actions / Next Step

Restorative conversation with xxx. Continue to monitor behaviour and dysregulate where needed.

RPI Used Double Elbow By CK and SA. Less than one minute. WITHIN PLAN

Example 3 – Non-restrictive intervention for SEND

SEND recorded by [STAFF NAME]

Dysregulated Behaviour

Detail

[CHILD'S NAME] arrived at school dysregulated today finding it hard to stay still and not accepting any kind of direction.

They were asked not to move a display and they immediately became dysregulated throwing a boxed game at me on the carpet and then throwing themselves down. They then allowed me to sit them on my knee on the carpet but then lunged at the pencil pots nearby, I automatically put out my arm to prevent them picking up a pot to throw. I then guided them into a safe space (porch) to enable them to calm down and prevent items being thrown at other children.

Actions / Next Step

Restorative conversation with [CHILD'S NAME]

Shared with parents, emphasized that it had been dealt with in school.

Ensure access to safe space.

Appendix 3

Individual Risk Assessment

School:	
Name of Child:	
Visit Location:	
Date of Visit:	

This risk assessment has been written to support the main risk assessment completed by the school. It has been written with key members of the child's family and approved before the visit has taken place.			
Approved by:	Name:	Signature:	Date:
JMAT Core Team Member			
Parent / Carer			
Headteacher			

Event-specific risks [Please complete as appropriate]

Hazzard	Who is at risk?	Control measures	What further action is needed?	Tick if all in place
e.g				
Travel from car / coach to...				
Activity: Fencing				
Activity: Abseiling				

Activity: Fire lighting				
Accessing the toilets				

SHARING RISK ASSESSMENT INFORMATION.

This risk assessment will be an addition to the main risk assessment for the visit. The risk assessment will be shared with

- Parents to ensure the correct information is on the form and they are happy with this.
- **Staff member** will share with **child** verbally the contents of this assessment to ensure they are happy with the activities and knows what will happen during each one.
- Instructors will have a copy of the risk assessment and **Staff member** will make them aware of who child is.

Staff member will:

- Ensure all staff involved have read and kept a copy of the Risk Assessment.
- Discuss with relevant members of SLT at school any issues/concerns.
- Share and discuss the risk assessment with key member(s) of the JMAT Core team.