

# Stanhope Primary School

## Touch and Physical Intervention Policy

**2025**



<b>Date of Approval:</b>	Summer 2025
<b>Date of Next Review:</b>	Summer 2027

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Masters Road Wellesley  
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## **Touch and Physical Intervention Policy**

### **Introduction**

At Stanhope Primacy School, we believe that pupils need to be safe, know how to behave, and know that the adults around them are able to manage them safely and confidently. For a very small minority of pupils the use of restrictive physical intervention may be needed, and, on such occasions, acceptable forms of intervention will be used.

The majority of pupils behave well and conform to the expectations of our school. We have responsibility to operate an effective behaviour policy that encompasses preventative strategies for tackling inappropriate behaviour in relation to the whole school, each class, and individual pupils.

All the school staff need to feel able to manage inappropriate risk and behaviour, and to have an understanding of what and how challenging behaviours might be communicated. They need to know what the options open to them are, and they need to be free of undue worries about the risks of legal action against them if they use appropriate physical intervention.

Parents need to know that their children are safe with us, and they need to be properly informed if their child is the subject of a Restrictive Physical Intervention, including the nature of the intervention, and the rationale for its use.

### **General policy aims**

At Stanhope Primary School we recognise that the use of reasonable force is only one of the last in a range of strategies available to secure pupil safety and well-being and also to maintain good order and discipline. Our policy on restraint should therefore be read in conjunction with our Behaviour Policy and Child Protection policies.

### **Specific aims of the touch and physical restraint policy**

- To protect every person in the school community from harm
- To protect all pupils against any form of physical intervention that is unnecessary, inappropriate, excessive or harmful
- To provide adequate information and training for staff so that they are clear as to what constitutes appropriate behaviour and to deal effectively with violent or potentially violent situations

### **1. Definition of 'restrictive physical intervention'**

1.1. The Law allows for teachers and other persons authorised by the Headteacher to use Restrictive Physical Intervention to prevent a pupil from doing or continuing to do any of the following: -

- committing a criminal offence
- injuring themselves or others
- causing damage to property
- engaging in any behaviour that is prejudicial to maintain the good order and discipline at the school

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'Restrictive Physical Intervention' involves the use of force to control a person's behaviour, using bodily contact, mechanical devices or changes to the person's environment. This includes both physical restraint and removal to a seclusion or calm room. It refers to any instance in which a teacher or other adult authorised by the Headteacher has to, in specific circumstances, use 'reasonable force' to control or restrain pupils. There is no legal definition of 'reasonable force'. However, there are two relevant considerations:

- the use of force can be regarded as reasonable only if the circumstances of an incident warrant it.
- the degree of force must be in proportion to the circumstances of the incident and the seriousness of the behaviour or consequences it is intended to prevent.

1.3. The definition of physical force also includes the use of mechanical devices (e.g. splints on the pupil prescribed by medical colleagues to prevent self-injury) and forcible seclusion. We do not plan for and do not advise, except in emergency situations, staff to use seclusion. Seclusion is where a young person is forced to spend time alone in a room against their will. Examples could include:

- Where a child has been escorted to a room in order to remove them from a dangerous situation and staff members observe them from outside of the room whilst holding the door shut (e.g. through a window), or the door being locked.
- Where a staff member has removed all the class members from a room and in order to prevent the pupil displaying the challenging behaviour from following, the door is shut so they are prevented from leaving.

It is important for staff to note that, although no physical contact may be made in the latter situations, this is still regarded as a Restrictive Physical Intervention.

## 2. **When the use of restrictive physical interventions may be appropriate in Stanhope Primary School**

2.1. Restrictive Physical Interventions will be used when all other strategies have failed, and therefore only as a last resort. However, there are other situations when physical management may be necessary, for example in a situation of clear danger or extreme urgency. Certain pupils may become distressed, agitated, and out of control, and need calming with a brief Restrictive Physical Intervention that is un-resisted after a few seconds.

2.2. The judgement on whether to use physical intervention and what intervention to use should always depend on the circumstances that staff find themselves in. Time in these circumstances is often short with little time for reflection. Nevertheless, staff need to make the clearest possible judgements. Staff will need to decide the seriousness of the incident and the injury, disorder or damage that could occur if force is not used. They need to assess the chances of achieving a desired outcome by other means and the risks associated with physical intervention compared with using other strategies. If a member of staff decides that the use of force is appropriate and an action of last resort then they should always:

- Advise giving a warning to the pupil that a physical intervention may have to be used.

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- Suggest how the pupil is to be handled ensuring that no form of restraint is used that could constrict breathing.
- Try to ensure that they do not use force unless or until another staff member is present to support, observe or call for assistance.

2.3. The safety and well-being of all staff and pupils are important considerations. Under certain conditions this duty must be an over-riding factor.

2.4. Restrictive Physical Interventions will be applied using the minimum amount of force and for the minimum amount of time possible.

2.5. Restrictive Physical Interventions will be used in a way that maintains the safety and dignity of all concerned.

### 3. Who may use restrictive physical intervention in Stanhope Primary School

3.1 **All staff have a duty of care to keep children safe.** All staff employed at the school, are authorised by the Headteacher to have control of pupils, and must be aware of this Policy and its implications.

Some staff members have had training in TEAM Teach and should be called to assist when necessary. This includes all of the members of the Senior Leadership Team.

3.2 We take the view that staff should not be expected to put themselves in danger, and that removing pupils and themselves is the right thing to do. We value staff efforts to rectify what can be very difficult situations and in which they exercise their duty of care for the pupils.

### 4. Acceptable forms of touch and intervention in Stanhope Primary

4.1. There are occasions when staff will have cause to have physical contact with pupils for a variety of reasons, for example:

- Communication (for example young pupils and those with SEN may need staff to provide physical prompts or help etc.)
- First Aid
- Congratulating a pupil
- To comfort a pupil in distress (so long as this is appropriate to their age)
- To gently direct a pupil
- For curricular reasons (for example in PE, Drama etc)
- For life skills (for example changing for PE, toileting, using cutlery etc.)
- In an emergency to avert danger to the pupil or pupils
- In rare circumstances, when Restrictive Physical Intervention is warranted

4.2. In an emergency incident staff may take into account the use of reasonable force and their responsibilities under duty of care.

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4.3. In all situations where physical contact between staff and pupils takes place, staff must consider the following:

- The pupil's age and level of understanding
- The pupil's individual characteristics and history
  - The location where the contact takes place (it should not take place in private without others present)

4.4 If a pupil requires physical support on a regular basis this information will be documented on one or more of the following depending on the type of physical support required risk assessment, individual education plan, a toileting plan and/or behaviour support plan.

4.5 Physical contact is never made as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact will not be made with the participant's neck, breasts, abdomen, genital area, other sensitive body parts, or to put pressure on joints. It will not become a habit between a member of staff and a particular pupil.

## 5. Support for pupils

5.1. If a pupil is identified for whom it is felt that Restrictive Physical Intervention is likely, then a risk assessment and behaviour support plan will be completed. This assessment will help the pupil and staff to avoid difficult situations through understanding the factors that influence the behaviour and identifying the early warning signs that indicate foreseeable behaviours that may be developing.

5.2. The plan will include:

- involving parents/carers and pupils to ensure they are clear about what specific action the school may take, when and why
- a risk assessment to ensure staff and others act reasonably, consider the risks, and learn from what happens
- a record needs to be kept in school of risk reduction options that have been examined and discounted, as well as those used
- managing the pupil, strategies to de-escalate a conflict, and stating at which point a Restrictive Physical Intervention is to be used
- identifying key staff who know exactly what is expected. It is best that these staff are well known to the pupil
- ensuring a system to summon additional support
- identifying training needs
- the school taking medical advice about the safest way to hold a child with specific medical needs

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## 6. Recording and Reporting

6.1 For any use of restrictive physical intervention:

- SLT are informed immediately.
- A form in the Physical Intervention Record Book is completed. This book is stored in the locked safeguarding cupboard. Parts of this form may be completed at a later date (in a separate colour) once all actions have been completed.
- The intervention is briefly recorded on CPOMS (category 'Physical Intervention'). The DSL will check the form and add the CPOMS code to the page on the physical intervention record.
- A Risk Assessment and/or Behaviour Support Plan will be considered.

We do this as soon as possible after an event, within 24 hours. Where an incident causes injury to a member of staff, it should be recorded as per our accident/incident reporting procedure. Further, our Local Advisory Committee ensures that procedures are in place for recording significant incidents and then reporting these incidents as soon as possible to pupil's parents.

6.2 After using restrictive physical intervention, we ensure that the Headteacher is informed as soon as possible. We also inform parents by phone (or by email or letter home with the child if this is not possible). A copy of the record form is also available for parents to read.

6.3 In rare cases, we might need to inform the police, such as in incidents that involve the possession of weapons. This would be in line with our general practice, informed by the DfE Guidance Screening, Searching and Confiscation – Advice for Head Teachers, Staff and LAC (2018) and Section 45 of the Violent Crime Reduction Act 2006.

## 7. Supporting and reviewing

7.1 We recognise that it is distressing to be involved in a physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened.

7.2 After a restrictive physical intervention, we give support to the child so that they can understand why it was necessary. Where we can, we record how the child felt about this. 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.

7.3 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.

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7.4 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 restrictive physical intervention.

7.5 After a restrictive physical intervention, we consider whether the individual provision map/behaviour support plan and risk assessment needs to be reviewed so that we can reduce the risk of needing to use restrictive physical intervention again.

## 8. Guidance and training for staff

8.1 Guidance and training is essential and takes place at a number of levels

- Awareness for governors, staff and parents
- Behaviour management for all staff e.g. de-escalation and ACEs and trauma training  
All staff to read this policy
- Physical Intervention awareness training-as many staff as possible
- Team teach training-specific staff members

## 9. Complaints

9.1. It is intended that by adopting this policy and keeping parents and the Local Advisory Committee Members informed we could avoid the need for complaints. The school has a clear complaints procedure, a copy of which is available upon request. All complaints that arise about the use of force by a member of staff will be dealt with according to our Child Protection and Safeguarding policies.

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### **Appendix 1: Summary Guidance for Staff on the Use of Physical Intervention**

This guidance for staff is a summary of our school's detailed policy on the use of physical intervention.

Where staff are in any doubt about the use of physical intervention, they should refer to the full policy. This summary guidance refers to the use of restrictive physical intervention (restraint) which we define as "when a member of staff uses force intentionally to restrict a child's movement against his or her will". Staff should not feel inhibited from providing physical intervention under other circumstances, such as providing physical support or emotional comfort where such support is professionally appropriate. The use of such support must be consistent with our Child Protection policy.

- The person responsible for authorising staff to use restrictive physical intervention as part of a structured and planned intervention within this school the Headteacher.
- The person responsible for ensuring that all planned use of restrictive physical intervention is risk assessed is the Headteacher/SENCO.
- Copies of all risk assessments are held in a confidential safeguarding folder on the schools systems and are reviewed after every use of force and termly.
- Only those trained in appropriate techniques within the last twelve months may be authorised. The person responsible for ensuring that appropriate training is provided, including regular updates, is the Headteacher/SENCO.
- Training records are held in the Headteacher's office or secure section of the school's computing system.
- Those not involved in risk assessment but whose roles include the supervision of children may use reasonable force in an emergency unplanned intervention where it is necessary to prevent a serious injury from occurring.
- Every use of restrictive physical intervention is to be reported the same day to a member of SLT. SLT will ensure that a parent of the child who has had force used against them is notified that day.
- In addition, the details of each use of physical intervention must be recorded on CPOMS and in the Physical Intervention Record Book as soon as possible after an event and within 24 hours.

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## Appendix 2: Physical Intervention Record Form

## Physical Intervention Record Form

<b>Name of Child</b>	
<b>Date of Birth</b>	
<b>Year Group/Class</b>	

<b>SEND (K/E)</b>	
<b>LAC / PLAC</b>	
<b>Pupil Premium</b>	
<b>Service</b>	
<b>EAL</b>	

## When did the incident occur?

<b>Date</b> (e.g. Monday 5 <sup>th</sup> December 2019)	<b>Time</b>

<b>Name</b>	<b>Role</b> CT, LSA, SLT	<b>Team Teach / PI trained?</b> If, so detail	<b>How were they involved?</b> P: Physically O: Observer	<b>Staff signature</b>

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1. What was happening before?

2. What do you think triggered this behaviour?

3. What de-escalating techniques were used prior to physical intervention?

4. Why was a PI deemed necessary?

5. Any other information relevant to include.

Technique	Standing/escort	Sitting/chairs	Kneeling	Ground
Breakaway/defensive				
One person				
Two people				

**Team Teach technique(s) used (tick as appropriate)**

Please give details below of hold, e.g. single elbow, double elbow, wrap, etc.

.....

How long was the child held?

.....

<b>Who logged the incident on CPOMS?</b>	
<b>Was there any medical intervention needed?</b> <i>If so, include names of any injured person and brief details of injuries</i>	

**Other forms completed (initial if completed):**

<b>Accident form (scholar pack) for both staff and children</b>	
<b>Body map</b>	
<b>Serious Injury/Accident Form</b>	
<b>Other (please detail)</b>	

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<b>Has the child been held before?</b>  <i>NB: a child should have an individual plan clearly detailing reactive strategies and physical intervention approaches if they have been involved in physical interventions on more than one occasion.</i>	Page 11 of 17  Yes/No
<b>Does the individual support plan need to be reviewed as a result of this incident?</b>	Yes/No
<b>Does the risk assessment need to be implemented/reviewed as a result of this incident?</b>	Yes/No  If yes, who will action and when? (less than four weeks)

***Good practice dictates that schools should review what happened and consider what lessons can be learned, which may have implications for the future management of the pupil. These need not be added to this form but should be incorporated in the individual plans for the child.***

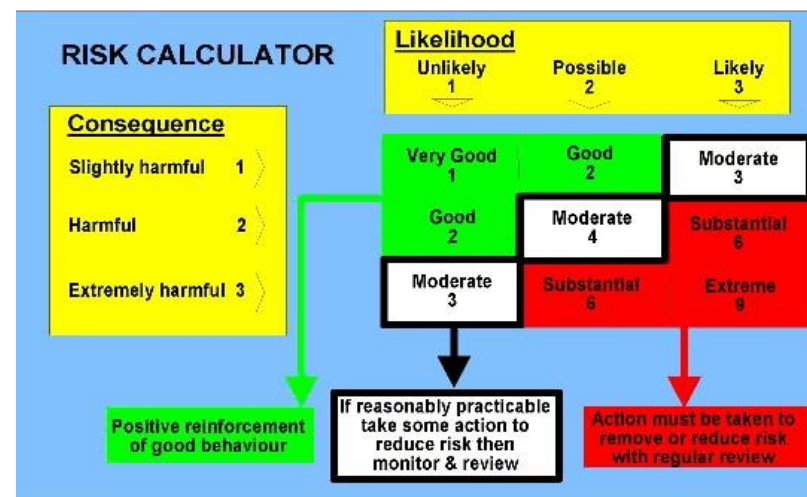
<b>Was the pupil debriefed?</b>	Yes/No (if yes, detail below)
<b>Were staff offered a debrief?</b>	Yes/No (if yes, detail below, if no, detail why not)

<b>Parents were informed:</b>	<b>Date</b>	<b>Time</b>	<b>By whom?</b>	<b>By direct contact, telephone, letter?</b>
<b>Form completed by:</b>	<b>Name</b>		<b>Designation</b>	<b>Date and time</b>

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Appendix 3: Risk Assessment

<b>Pupil Risk Assessment</b>		
Name:	Class:	DOB:
Date of Assessment:		
Assessor/s:		
Follow up assessment dates:		
Additional Information		



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	Hazard Observed	Who may be harmed?	Risk rating before controls	Control measures/notes	Risk rating after controls	Control measures by (Initial)
1				•		
2				•		
3				•		

**Average risk rating**

No of hazards		Total Hazard score		Hazard score after controls	
		Average score		Average score	
Notes/Comments:					

**People involved in the production of the assessment and any additional notes**

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**Appendix 4: Support Plan**

**Supporting a young person after a physical intervention**

What happened? (The young person's view)

What happened? (The adult's view)

Looking for patterns

Planning for the future

Young person's printed name ..... Signature .....

Adult printed name ..... Signature .....

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Incident date ..... Incident time .....

## Staff Incident Debrief Form

Date:

Staff involved:

Supported by:

Discussion points:
Points for further consideration/sharing:
To the staff involved. Is there anything further you require or person you would like to see?

Signature of staff involved: .....

Signature support colleague: .....

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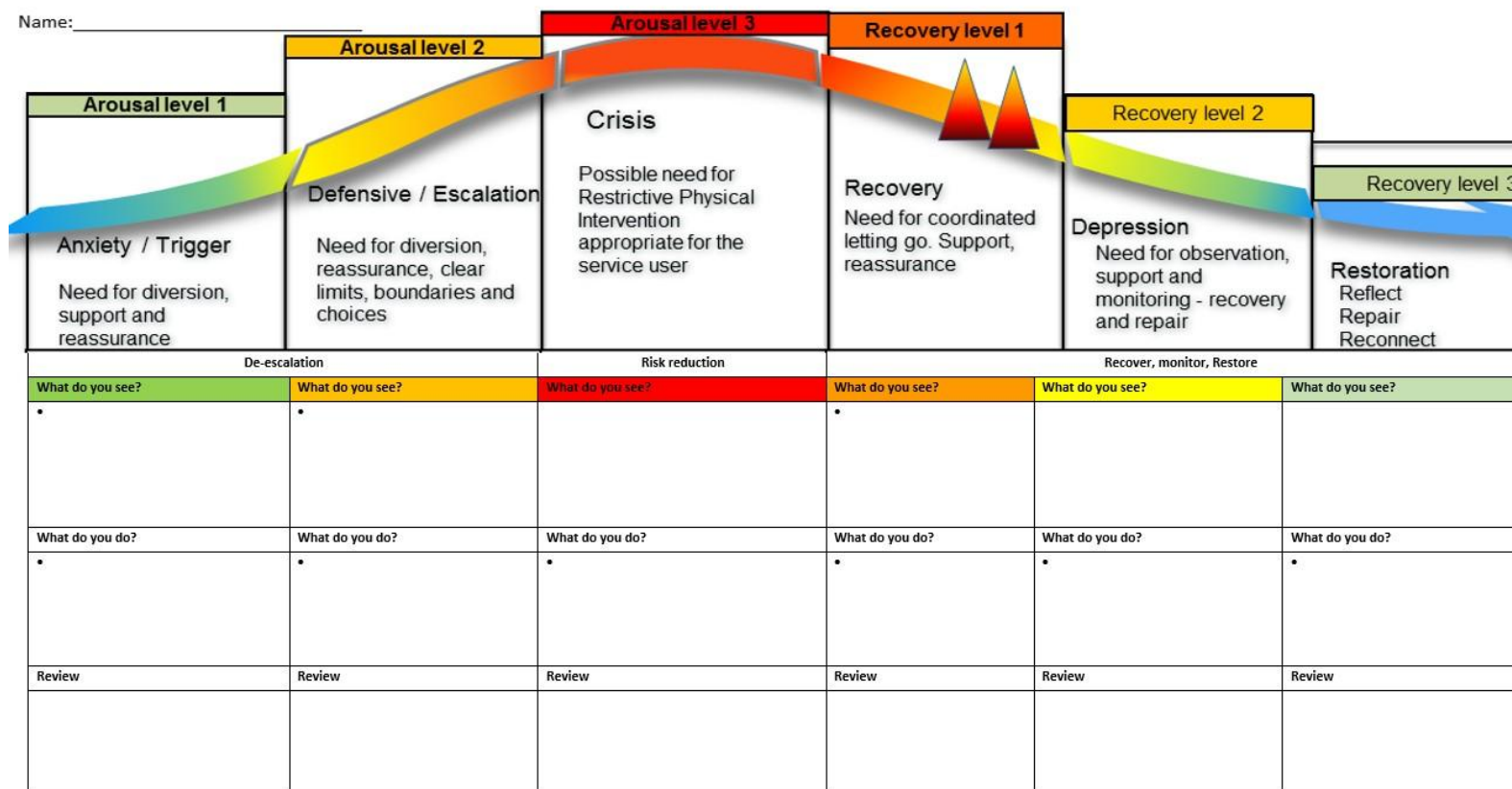


## Appendix 5- Individual Behaviour Support Plan

<b>Individual Behaviour Support Plan</b>										
Name:					Date of Plan:					
Key adult/team:										
Any diagnosis or description of difficulties:										
Environment and Triggers: Describe the situations which have led to dangerous situations in the past:										
•										
What is the child likely to do?										
•										
Risk: Indicate the level of potential risk										
HIGH			MEDIUM				LOW			
Indicate and/or describe precisely what might happen:										
Slap	Punch	Self-harm	Damage property	Bite	Kick	Pinch	Hair grab	Neck grab		
Clothing grab	Body holds	Arm grab	Spit		Scream & shout		Abscond	Scratch		
(Stage 1) Prevention: Describe any changes to routines, personnel or environment which might reduce the risk of this happening:										
(Stage 2) Diversions and Distractions: Describe interests, words, objects etc; which may divert attention from an escalating crisis:										
DE-ESCALATION : Describe any strategies which have worked in the past (T) or should be avoided (A)										
STRATEGY (stage 1 & 2)			T <small>Try</small>	A <small>Avoid</small>	(Stage 3) PHYSICAL INTERVENTION				T <small>Try</small>	A <small>Avoid</small>
Verbal advice and support					Guide- leave him and ensure there are not children around/ block entrance to children/classroom if needed.					
Firm, calm & clear directions					Standing Single Elbow (2 person )					
Negotiation					Standing Figure of four (2 person )					
Limited choices					Standing Double Elbow					
Distraction / Diversion					Half Shield (single person escort)					
Change of environment					Sitting Single Elbow (2 person )					
Reassurance										
Minimal Intervention										
Planned Ignoring										
Contingent touch										
CALM talking/stance/Place										
Humour										
Success Reminders										
Reminders about consequences										
Withdrawal Offered										
Withdrawal Directed										
Transfer Adult										
(Stage 5 & 6) Debrief and recovery: Describe what needs to happen after an incident to aid and support recovery and best approach for debrief.										
SIGNED:					Print Name:					

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



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