



Springfield School

Physical Intervention Policy

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Background

We define restrictive physical intervention as follows:

Restrictive physical intervention is when a member of staff uses suitable and appropriate force intentionally to restrict a child's movement against his or her will.

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

- positive role modelling
- teaching an interesting and challenging curriculum
- setting and enforcing appropriate boundaries and expectations
- providing supportive feedback.

More details about this and our general approach to promoting positive behaviour can be found in our behaviour policy.

There are times when children's behaviour presents particular challenges that may require restrictive physical intervention. This is only if there is a risk of harm to the child or others and all other means of instruction have been explored. Physical Intervention is rarely used at Springfield School, as all staff are trained in more appropriate de-escalation techniques.

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

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

This policy is consistent with our Child Protection and SEND policies, and with national and local guidance for schools on safeguarding children.

We would exercise appropriate care if there was an emergency need to use physical contact (there is further guidance in our Child Protection policy); there are some children for whom physical contact would be inappropriate (such as those with a history of physical or sexual abuse, or those from certain cultural/religious groups). We pay careful attention to issues of gender and privacy, and to any specific requirements of certain cultural/religious groups.

Principles for the use of restrictive physical intervention

In the context of positive approaches

We only use restrictive physical intervention where the risks involved in using force are outweighed by the risks involved in not using force e.g serious injury or death. All other alternatives would be explored before any physical intervention could be used.

It is not our preferred way of managing children's behaviour. Restrictive physical intervention may be used only in the context of a well-established and well implemented positive behaviour management framework with the exception of emergency situations. We describe our approach to promoting positive behaviour in our Behaviour Policy. We aim to do all we can in order to avoid using restrictive physical intervention.

However, there may be rare situations of such concern where we judge that we would need to use restrictive physical intervention immediately. At this time the Headteacher, Deputy Head teacher or pastoral lead would be called for to help manage the situation and risk assess the need for Physical Intervention, if the situation allows.

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

Only staff that have undertaken MAYBO training with the SEMHIT team may use Physical Intervention in school.

Duty of care

We all have a duty of care towards the children in our setting. This duty of care applies as much to what we *don't* do as what we *do* do. When children are in danger of hurting themselves or others, or of causing significant damage to property, we have a responsibility to intervene. In most cases, this involves an attempt to divert the child to another activity or a simple instruction to "Stop!" along with a warning of what might happen next. However, if we judge that it is necessary, we may use restrictive physical intervention.

Reasonable force

When we need to use restrictive physical intervention, we use it within the principle of reasonable force. This means using an amount of force in proportion to the circumstances. We use as little force as is necessary in order to maintain safety, and we use this for as short a period as possible.

When restrictive physical intervention be used

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

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

- causing serious personal injury to, any person (including the pupil himself);
- putting themselves in serious danger with dangerous risk-taking behaviours

Restrictive physical intervention may also be appropriate where, although none of the above have yet happened, they are judged as highly likely to be about to happen.

Restrictive physical intervention would only be used in exceptional circumstances, with staff that are trained to implement physical intervention, by a member of staff that know the student well and who are able to make informed judgements about the relative risks of using, or not using, restrictive physical intervention; for example, stopping a younger child leaving the school site.

If we judge that restrictive physical intervention would make the situation worse, we would not use it, but would use other strategies (like seeking help, make the area safe or warn about what might happen next and issue an instruction to stop) consistent with our duty of care.

Our duty of care means that we might use a restrictive physical intervention if a child is trying to leave our site and we judged that they would be at unacceptable risk. This duty of care also extends beyond our site boundaries: there may also be situations where we need to use restrictive physical intervention when we have control or charge of children off site (e.g. on trips).

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

Who can use restrictive physical intervention?

If the use of restrictive physical intervention is necessary and the children has a consistent management plan and personalised risk assessment, a member of staff who knows the child well should be involved, they need to have been trained through an accredited provider in the use of restrictive physical intervention.

Any adult in Springfield School that has completed the MAYBO positive and Safer Outcomes training:

- P-02891 Government of Jersey - Education Department:
- Personal Safety and Guiding | Children and Young People

Planning around an individual and risk assessment

Any child that is at Risk of having Physical Intervention needs to open to SEMHIT and have an accompanying Consistent Management Plan and an individualised Risk assessment, which are reviewed termly by the SENCO and SEMHIT team.

We consider staff and children's physical and emotional health when we make these plans and consult with the child's parents/guardians.

In most situations, our use of restrictive physical intervention is in the context of a prior risk assessment which considers:

- What the risks are?
- Who is at risk and how?

- What we can do to manage the risk (this may include the possible use of restrictive physical intervention)?

We use this risk assessment to inform the Consistent management plan that we develop to support the child. If this plan includes restrictive physical intervention, it will be as just one part of a whole approach to supporting the child's behaviour. The behaviour plan outlines:

- Our understanding of what the child is trying to achieve or communicate through his/her behaviour.
- How we adapt our environment to better meet the child's needs.
- How we teach and encourage the child to use new, more appropriate behaviours.
- How we reward the child when he or she makes progress.
- How we respond when the child's behaviour is challenging (responsive strategies).

We pay particular attention to responsive strategies. We use a range of approaches (including humour, distraction, relocation, and offering choices) as direct alternatives to using restrictive physical intervention. We choose these responsive strategies in the light of our risk assessment.

We draw from as many different viewpoints as possible when we anticipate that an individual child's behaviour may require some form of restrictive physical intervention. In particular, we include the child's perspective. We also involve the child's parents (or those with parental responsibility), staff from our school who work with the child, and any visiting support staff (such as Educational Psychologists, SEMHIT, Speech and Language Therapists, Social Workers and colleagues from the Child and Adolescent Mental Health Services).

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

What type of restrictive physical intervention can be used?

Any use of restrictive physical intervention by our staff should be consistent with the principle of reasonable force, which are shared as part of the MAYBO training. In all cases, staff should only be using this in an emergency situation where there is a serious risk to life or injury.

Further, we actively work to ensure general training is accessed by our staff in the following areas:

- those relating to legal issues policy and risk assessment
- understanding behaviour and planning for change.
- de-escalation techniques.

A record of such training is kept in the school office and is monitored.

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 inside or outside of the room, depending on risk.

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, one door is shut so they are prevented from leaving that exit and encouraged to use an alternative exit to avoid serious harm to themselves or others.

If we need to seek further advice around the use of seclusion, other than in an isolated emergency situation, we would contact the lead Educational Psychologist and the SEMHIT team for further advice and guidance.

Recording and reporting

Any use of restrictive physical intervention MUST be reported to the SEMHIT team and parents informed. We do this as soon as possible after an event, ideally within 24 hours. Where an incident causes injury to a member of staff, it should be recorded using the behaviour log on SIMS. Then report these incidents as soon as possible to pupil's parents.

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

Supporting and reviewing

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

After 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.

We also support adults who were involved, either actively or as observers, by giving them the chance to talk through what has happened with the most appropriate person from the staff team.

A key aim of our after-incident support is to repair any potential strain to the relationship between the child and the people that were involved in the restrictive physical intervention.

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

Monitoring

We monitor the use of restrictive physical intervention in our school. The Headteacher and SEMHIT team are responsible for reviewing the records on a termly basis, and more often if the need arises, so that appropriate action can be taken. The information is also used by the governing body when this policy and related policies are reviewed.

Our analysis considers equalities issues such as age, gender, disability, culture and religion issues in order to make sure that there is no potential discrimination (See Inclusion Policy); we also consider potential child protection issues. We look for any trends in the relative use of restrictive physical intervention across different staff members and across different times of day or settings. Our aims are to protect children, to avoid discrimination and to develop our ability to meet the needs of children without using restrictive physical intervention. We report this analysis back to the governing body so that appropriate further action can be taken and monitored. Along with any physical interventions made.

Concerns and complaints

The use of restrictive physical intervention is distressing to all involved and can lead to concerns, allegations or complaints of inappropriate or excessive use. In particular, a child might complain about the use of restrictive physical intervention in the heat of the moment but on further reflection might better understand why it happened. In other situations, further reflection might lead the child to feel strongly that the use of restrictive physical intervention was inappropriate. This is why we are careful to ensure all children have a chance to review the incident after they have calmed down.

If a child or parent has a concern about the way restrictive physical intervention has been used, our school's complaints procedure explains how to take the matter further and how long we will take to respond to these concerns.

Where there is an allegation of assault or abusive behaviour, we ensure that the Headteacher is immediately informed. We would also follow our child protection procedures and the managing allegations policy. In the absence of the headteacher, in relation to restrictive physical intervention, we ensure that the deputy headteacher is informed. If the concern, complaint or allegation concerns the headteacher, we ensure that the Professional Partner/Education Department is informed. If the headteacher or deputy headteacher are all unavailable, or staff feel it would be inappropriate to report to them, staff can contact the Education Department or the school's professional partner

Our staff will always seek to avoid injury to the pupil, but it is possible that bruising or scratching may occur accidentally. This is not to be seen as necessarily a failure of professional technique but a regrettable and infrequent side effect of making sure children and adults remain safe. However it must be stressed that Physical intervention will only happen if the child is in risk of danger.

If parents/carers are not satisfied with the way the complaint has been handled, they have the right to take the matter further as set out in our complaints procedure.

The results and procedures used in dealing with complaints are monitored by CYPES.