Positive Handling Policy as part of Team Teach approaches

Policy Document for: Positive Handling

Due for Review: Spring 2027

Additions/amendments in this version

June 2025	*Extended to cover all Trust schools*
March 26	*Updated in light of new guidance*
Page 2 & 5	*Addition to why PI may be used*
Page 3	*Updates to guidance*
Page 6	*Section on seclusion added*
Page 8	*Addition for recording of incidents*
Page 10	*Addition to other physical contact*
Page 15	*Clarification around PI and RPI categorisation*

All staff have access to this policy on CPOMS to sign to the effect that they have read and understood its content.

With the change to the guidance, this policy is effective 1st April 2026.

Rationale

In our Trust schools, we understand our pupils' diverse needs include social, emotional, and behavioural challenges, so implementing a Positive Handling Policy is essential for creating a safe and supportive learning environment. We believe the best way to support this is a multi-disciplinary approach, including using the Team Teach as a framework for our Positive Handling Policy. To do this we:

- **Understand the Needs of Our Pupils**

Our pupils often experience difficulties that can manifest in challenging behaviours. These may stem from a variety of sources, including communication barriers, sensory sensitivities, or emotional distress. This Positive Handling Policy aims to address these needs by promoting understanding and proactive strategies, rather than reactive measures.

- **Promote Positive Behaviour**

The core principle of Team Teach is to foster positive behaviour through de-escalation and proactive techniques. By equipping staff with the skills to manage challenging situations effectively, we can create an environment where positive behaviours are encouraged and reinforced. This not only benefits individual pupils but also contributes to the overall school climate.

- **Ensure Safety for All**

The safety of pupils and staff is paramount at our schools. Team Teach emphasises the use of minimal physical intervention techniques, ensuring that any physical handling is a last resort, used

only when absolutely necessary to prevent harm. This approach aligns with our commitment to safeguarding all members of our school community.

- **Build Staff Confidence and Competence**

Training staff in the Team Teach methodology enhances their confidence and competence in handling challenging behaviours. This professional development equips educators with a toolkit of strategies to prevent incidents and manage situations effectively, reducing stress and uncertainty in the classroom.

- **Foster Positive Relationships**

Implementing a Positive Handling Policy with Team Teach at its core encourages positive relationships between staff and pupils. By focusing on de-escalation and positive reinforcement, we can build trust and rapport, which are essential for effective teaching and learning in our schools.

- **Comply with Legal and Ethical Standards**

A well-defined Positive Handling Policy is essential for compliance with legal and ethical standards in education. Team Teach provides a clear framework that aligns with best practices in behaviour management and intervention, ensuring that our policies meet the required guidelines for the care and education of pupils with additional needs.

- **Encourage Collaborative Partnerships**

Engaging parents and caregivers in understanding the Positive Handling Policy fosters a collaborative approach to behaviour management. By sharing our commitment to positive handling and communication strategies, we can work together to support our pupils both at school and at home.

The implementation of a Positive Handling Policy using Team Teach is a proactive and compassionate approach tailored to the unique needs of pupils. By prioritising safety, promoting positive behaviours, and building strong relationships, we can create an inclusive environment where every pupil has the opportunity to thrive. This policy not only aligns with our educational values but also ensures that we are meeting the diverse needs of our pupil population effectively and ethically.

Introduction

This policy should be read in conjunction with Bourne Alliance Safeguarding and Child Protection Policy and the relevant school Behaviour and wellbeing policies. It details how we will implement guidance provided by DfE, Team Teach and other relevant advice.

The term ‘positive handling’ includes a wide range of supportive strategies for managing challenging behaviour. A clear and consistent positive handling policy supports all pupils, including those with social, emotional and behavioural difficulties, within an ethos of mutual respect, care and safety.

Staff have a duty to intervene to prevent pupils from hurting themselves or others, damaging property, or to maintain good order and discipline, if deemed unsafe to self or others. Furthermore, the school takes seriously its duty of care to pupils, employees and visitors to the school.

The first and paramount consideration is the welfare of the children in our care. The second is the welfare and protection of the adults who look after them.

Staff will be trained to look after pupils in their care and aim to focus on de- escalation techniques wherever possible.

Aspire

At Aspire, the Wellbeing Around the Child Team adopts a comprehensive and collaborative approach when implementing holistic support for each child. Drawing on expertise in Communication, Behaviour, Sensory needs, Team Teach, and other specialised areas, the team works collegially to ensure that every child receives the tailored support they need. In the mainstream schools, the Heads, FLO, Inclusion team and behaviour leads work alongside teachers to identify support for children. The mainstream schools are able to draw on the specialist support from Aspire school.

Through teamwork, shared knowledge, and a focus on individual needs, we strive to create a supportive and nurturing environment that empowers children to thrive, emotionally, socially, and academically.

Mainstream schools

The mainstream schools the Heads of school lead on positive behaviour approaches, with a distributed team in each school consisting of senior staff, SENDCos and FLOs. The Trust also has a behaviour team who lead on supporting mainstream schools, also using the specialist skills of Aspire school.

Guidance

- The DfE non-statutory guidance document 'Use of reasonable force' (dated April 2026) provides advice for headteachers, staff and governing bodies: https://assets.publishing.service.gov.uk/media/6943dad6501cdd438f4cf5aa/Restrictive_interventions_including_use_of_reasonable_force_in_schools.pdf
- Section 93 of the Education and Inspections Act 2006 (the Act) enables school staff to use such force as is reasonable. There is no legal definition of when it is reasonable to use force.
- DfE guidance on the use of reasonable force in schools (2026) also states that in addition to the general power to use reasonable force, headteachers and authorised staff can use such force as is reasonable given the circumstances to conduct a search for "prohibited items". Force cannot be used to search for items banned under the school rules.
- DfE guidance and the Act make it clear that school staff have a legal power to use reasonable force. However, wherever possible, only staff trained in the pre-emotive and responsive positive handling strategy techniques of Team Teach will use physical intervention techniques with children, and only when necessary.
- In March 2019 the Equality and Human Rights Commission published the guidance document, 'Human rights framework for restraint'. This guidance sets out key principles of articles 3, 8 and 14 of the European Convention on Human Rights (ECHR), incorporated into domestic law by the Human Rights Act 1998, which govern the use of restraint across all settings: https://www.equalityhumanrights.com/en/publication-download/human-rights- framework-restraint

Team Teach

Team Teach training is a cornerstone of our approach to positive handling and is accredited by the **Institute of Conflict Management (ICM)**. Staff participate in either a **6-hour** or **12-hour course**, determined by the specific needs of the children they support.

These courses are delivered by our in-house qualified Team Teach trainers, ensuring high-quality instruction and adherence to best practices. To maintain proficiency and compliance, all staff undertake a **refresher course** at regular **annual intervals**. This ensures that staff remain confident and competent in implementing positive handling strategies that prioritise the safety and dignity of all children and adults involved.

Further details of the Team Teach approach, as well as training content and refresher information can be found on the Team Teach website. The website address is https://www.teamteach.co.uk/.

To ensure consistency and up-to-date practices in positive handling, the Trust's Team Teach trainers meet once per term to share common experiences, review techniques, and maintain high standards of knowledge and skill. All participants are required to complete a post-training evaluation following each session. This evaluation is a vital part of the training process, as it provides feedback to inform and shape future training sessions, ensuring they remain effective and responsive to staff needs.

Trainers provide ongoing support through **Class and Pathway Q&A sessions** and **technique refreshers**, tailored to the needs of staff. These sessions are facilitated using Team Teach resources and debrief materials to reinforce best practices. These resources are regularly updated and the most recent version of these can be sought from the Team Teach trainers at the addresses listed in Appendix 3.

Each school will keep a list of staff qualified to use Team Teach.

Aspire school

Additionally, targeted support for specific classes or pathways is offered based on regular reviews of **Personal Behaviour Support Plans (PBSPs)** and analysis of **CPOMS data**. This data-driven approach ensures that interventions are aligned with individual needs and contribute to a safe, supportive environment for all children.

Mainstream schools

The behaviour policy sets out the steps used for supporting children with the behaviour. Each steps involves different groups of staff who bring additional support as needed. At step 3 or 4, depending on which step the child has reached, a behaviour and wellbeing support plan is instigated, alongside a pupil risk assessment which will be shared with parents for agreement. An analysis of CPOMS data is used to ensure that the behaviour and wellbeing plan is aligned to individual needs and to bring a safe, supportive environment for all.

Before Using Physical Intervention

We take effective action to de-escalate and reduce risk by:

- Showing care and concern by acknowledging unacceptable behaviour and requesting alternatives using negotiating and reasoning
- Giving clear directions for pupils to stop
- Reminding the pupil about rules and likely outcomes
- Removing an audience or taking vulnerable pupils to a safe place
- Making the environment safer by moving furniture and removing objects which could be used as weapons
- Using positive guidance to escort pupils to somewhere less pressured
- Ensuring that colleagues know what is happening and call for help
- Following Risk Assessments and Positive Behaviour Support Plans (PBSPs) or Behaviour and Wellbeing Plans
- Utilising relevant communication tools as listed in a child's Pupil Passport/pen portrait which

is shared with staff

Whilst or before intervention, staff should speak calmly as a way of reassurance, e.g. “I am doing this to keep you safe”.

Use of Intervention

The term ‘physical intervention’ is used when force is used to overcome active resistance.

- Physical intervention should only be used when there is no realistic alternative and for the shortest amount of time possible.
- A dynamic risk assessment is undertaken or staff use the written Risk Assessment for the child
- Staff are taught and supported to think creatively about alternatives to physical intervention which may be effective.
- The paramount consideration is that the action is taken in the interest of the child and that it reduces rather than increases risk.
- Staff have a duty to inform the Senior Leadership team of any injuries which affect their ability to handle children.

Staff are specifically trained in Team Teach techniques to ensure the safety and well-being of all individuals during physical interventions. This training emphasises:

- Techniques that do not restrict breathing.
- The ability to recognise the signs of positional asphyxiation and respond appropriately.

In the event that a release is required, staff are trained to seek or administer first aid promptly if necessary, prioritising the immediate health and safety of those involved. This commitment to safety underpins all physical intervention practices within the school.

Any response to challenging behaviour should be **reasonable, proportionate and necessary**. Physical intervention must only be in accordance with the following:

- The member of staff should have good grounds for believing the child is in immediate danger of harming themself or another person, in danger of seriously damaging property or not maintaining good order or discipline.
- Only the minimum force necessary to prevent injury or damage should be applied.
- Every effort should be made to secure a minimum of two Team Teach trained members of staff present before applying the intervention. Other staff can act as assistants or witnesses.
- Once safe, the intervention should be relaxed to allow the child to regain self-control.
- Intervention should be an act of care and control, NOT punishment.
- Physical intervention should not be used purely to force compliance with staff instructions when there is no immediate danger to people and property.
- After the event, the intervention should be discussed with the child, if appropriate, and the parents at the earliest opportunity. Staff can be supported through these conversations by SLT or Team Teach trainers if appropriate.

When managing a Physical Intervention staff should:

- Always give a pupil an opportunity to resolve the situation without use of physical intervention first.
- Always send for assistance from colleagues; other pupils should never be involved in

physical intervention. Staff may have to intervene before help arrives, but not managing this entirely on their own is safer for all concerned.

- Be aware of their emotions. Are you comfortable and confident to deal with this scenario without anger or distress? If not – do not intervene.
- Continue to communicate with the pupil (and witnesses) throughout the incident even if the pupil doesn't respond. Be clear about what they are doing and inform the pupil that the intervention will cease when it is no longer necessary.
- Apply only appropriate strategies and the minimum required force to achieve the required outcome (prevention of injury/harm, pupil/staff safety, restoration of good order). Release the pupil once this has been achieved.
- Manage the situation calmly – even if the pupil responds negatively.
- Complete a record of the incident on CPOMS as soon as possible after the incident and ensure that both adults and children only re-engage once they are ready and composed.

The definition of reasonable, proportionate, necessary, and safe practice can change and evolve, and this will be kept under review.

Seclusion

(added March 26)
This is a new term added in the guidance changes. This is different to an internal suspension which is when a child is removed from their usual classroom for a short period but stays in school to work in a separate supervised space. See the school's individual behaviour policies.

The guidance defines seclusion as
*"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."

- The supporting adult will be observing the child and supporting regulation through a closed door or in the room. The child will be observed through the vision panel at all times if the staff member is outside the room.
- As soon as the immediate risk of harm has reduced, the child will be allowed to leave and encouraged to continue to co-regulate with a supporting adult.
- The pupil must be released as soon as the risk has reduced.

Any incident of seclusion will be recorded and reported to parents. This will be added to the pupil risk assessment. It is important that this is reflected in the risk assessment that seclusion may be used when the child is highly dysregulated and presents a danger to themselves or others since at this time they are not acting with intent. This WILL NOT be used for punishment.

	Voluntary?	Confinement?	Purpose	Location
Removal from	Can be voluntary or involuntary	No, just separation	Safety, privacy, solitude	Anywhere

classroom				
Seclusion	Almost always involuntary	Yes, forced confinement	Behaviour management/risk control	A space the person cannot leave

Staff must ensure that the decision is **reasonable, necessary, and proportionate**.

During seclusion:

- The pupil must be continuously monitored by staff.
- Staff must check the pupil's physical and emotional wellbeing regularly.
- Seclusion must last only for the minimum time necessary.

The school will ensure that:

- Seclusion is used only as a last resort.
- It is used only to prevent immediate risk of serious harm to the pupil or others.
- It is never used as punishment or for staff convenience.
- The duration is as short as possible.
- The pupil is continuously monitored.
- Any incident of seclusion will be recorded accordingly under the correct category of 'Seclusion'.
- Parents or carers will be informed of any seclusion incident as soon as possible, normally on the same day.

Following any seclusion incident:

- The pupil should be supported to reflect on the incident
- Behaviour plans or risk assessments may be reviewed.

Difference between seclusion and removal from the classroom

The 'Behaviour in schools' guidance sets out 'removal from classrooms' which is where a pupil can be required to spend some time outside of the classroom at the instruction of staff. This is not the same as asking a child to speak to an adult outside the classroom for a brief conversation and to return following that.

Removal from the classroom could be:

- **Internal suspension:** which would be part of the risk assessment and personal behaviour plan for the child. Parents are informed where internal suspension has been used. The child remains supervised by adults so they can continue their education. This may be different to the mainstream curriculum but is still meaningful to the child.
- **Internal separation:** is used where a child does not have a risk assessment and behaviour plan but has behaved in a such a way to cause an unreasonable level of disruption and to enable them to be taken to a place where their education can continue whilst being in a managed environment. This may lead to a risk assessment and behaviour plan being written.

Removal is used to maintain safety for all pupils and to restore stability following an unreasonable high level of disruption and to enable disruptive pupils to be taken to a place where their education can continue in a managed environment. See each **school behaviour** policy for full details.

Planned regulation strategies

Removal is not the same as using separation spaces such as calm rooms or sensory rooms for non-

disciplinary reasons. This is where a space is used as a planned response which supports regulating emotions.

These could be:

- **Time-out:** A short, supervised break from an activity where the pupil is free to leave. For example a child moving outside to undertake a regulation activity with an adult
- **Withdrawal space:** A calm or safe space a pupil may choose to access voluntarily or be supported to access such as a nominated space for the child or to go outside to another safe space to undertake co-regulation activities with an adult

During withdrawal or time out, the child may be in a space with a supporting adult to support co-regulation to help keep themselves and others safe. The supporting adult may be:

- In the space with the child, helping them to co-regulate
- Co-regulating the child through an open door to allow distance to support regulation
- At times a child may request a closed door for regulation. Staff will remain observing the child at all times through the vision panel and opening the door to check in with the child on a very frequent basis
- Co-regulating the child using agreed strategies which could be inside or outside the school building such as in the playground or classroom outdoor spaces

Risk assessments for pupils

Dynamic Risk Assessment – Responding to Unforeseen Emergencies

Even the best planning system cannot cover every eventuality, and the school recognises that there are unforeseen or emergency situations in which staff must think on their feet.

An unforeseen event may require an emergency response with a dynamic risk assessment. After that event, staff have a duty to plan ahead and prepare a Risk Assessment or PBSP/behaviour and wellbeing plan.

Positive Handling Plan (including Risk Assessment Process)

Risk assessments are required for pupils who exhibit challenging behaviour. Responsible staff should think ahead to anticipate what might go wrong. Parents will be involved with the writing of the Risk Assessment or PBSP

When considering a pupil's behaviour, staff and parents will think about the following:

- Can we anticipate a Health and Safety risk related to this pupil's behaviour?
- Have we got all the information we need to conduct the Risk Assessment?
- Have we provided a written plan?
- What further steps can we take to prevent dangerous behaviour from reoccurring?

Staff may also need to make an individual risk assessment where it is known that force is more likely to be necessary to restrain a particular pupil, such as a pupil who is considered to be at greatest risk of needing positive handling interventions due to their special educational need (SEN) or disability. Plans should be compatible with a pupil's EHCP and properly documented in the school records.

An individual risk assessment is essential for pupils whose SEND are associated with:

- Communication impairments that make them less responsive to verbal communication

- Physical disabilities and/or sensory impairments
- Conditions that make them fragile, such as haemophilia, brittle bone syndrome or epilepsy
- Dependence on equipment such as wheelchairs, breathing or feeding tubes.

Risk management is regarded as an integral part of behaviour management planning. All pupils who have been identified as presenting a risk should have a Risk Assessment or PBSP. The plans detail strategies which have been to be found effective for that individual, along with any responses which are to be avoided. Any particular physical techniques which have been found to be effective should be named, along with any alerts to any which have proved to be ineffective, or which have caused problems in the past.

Risk Assessments and PBSPs should be considered along with the child's EHCP or any other planning document relevant to the pupil such as an Individual Health Care Plan or Pupil Passport. The Risk Assessment or Positive Behaviour Support Plan should take account of the age, sex, level of physical, emotional and intellectual development, special needs and social context. Parents will be involved in the writing of each Risk Assessment, PBSP/Behaviour and Wellbeing plan or Pupil passport/pen portrait and review. (Risk Assessment **Appendix 1**)

Pupils who have an injury

Any pupil who has a chronic injury/medical condition or an acute injury which would mean that certain holds could not be used, these will be added to their personal risk assessment.

Post-Incident Debrief

After any incident a full debrief should take place so that learning can inform practice.

Following an incident, it is the policy of the school to offer support to all involved. This is an opportunity for learning, and time needs to be given for following up incidents so that pupils and staff have an opportunity to express their feelings, suggest alternative courses of action for the future and appreciate another person's perspective. It is difficult to devise a framework of support that meets the needs of all. As individuals we all vary in how much support we need after an unpleasant incident.

Aspire

Generally, The **Headteacher, Assistant Headteacher, Behaviour team, and Team Teach trainers** collaborate to ensure appropriate follow-up after incidents. Generally, a **Team Teach trainer** will engage with staff and children involved in any intervention to discuss the incident and address concerns. However, due to the complex needs of our children, it may be more appropriate for a child's **trusted adult** to lead the discussion with the child. This trusted adult can then relay any questions or concerns to the Team Teach trainers during a debrief.

If staff or pupils require time to rest or compose themselves following an incident, the **Headteacher, Assistant Headteacher, or Pathway Leads** will make the necessary arrangements to ensure a supportive recovery process.

Following an incident, consideration may be given to conducting a further risk assessment, reviewing the current Risk Assessments or Positive Behaviour Support Plans. Any further action in relation to a member of staff or pupil will follow the appropriate procedures.

Mainstream schools

The Head, senior staff and FLO will offer first line of collaboration to ensure appropriate follow up after incident. The Trust Behaviour mainstream lead who is a Team Teach trainer will be involved in

reviewing incidents and will speak to staff involved in the intervention to discuss the incident and address concerns. If the staff or pupil need more time to recover after an incident, the Head or other senior staff will offer support to enable this.

The intervention will be recorded on CPOMS. In the case of PI and RPI, a member of staff will call parent/carer by phone to discuss and then in the case of RPI an email will be sent by Arbor. Parents will be informed using email via Arbor or other written communication method and Intervention used will be shared with them and recorded on CPOMS.

Following an initial incident, a pupil risk assessment will be drawn up by the class team, with support from other staff as needed such as Head, senior team, FLO, Trauma Teacher or behaviour team. This is then shared with parents for agreement. After any further incident, this will be reviewed alongside behaviour and wellbeing plans. RA should be uploaded in the appropriate location for each school

- Iwade: Share Point, Inclusion, Class folder.
- Bobbing: Teams, Pupil RA folder
- Grove Park: Teams, Pupil RA folder and CPOMs

Recording

Good practice requires that:

- All incidents where friendly guides and escorts are used are to be recorded as a physical intervention/Positive handling event following school policy

Staff must adhere to the guidelines outlined in **Appendix 3**, which details the procedures for:

- Recording physical interventions (PI) and restrictive physical interventions (RPI)
- Reporting incidents to parents in line with expectations set out
- Implementing PBSPs/Behaviour & wellbeing plans when necessary.

All incidents must be fully documented within **24 hours** of their occurrence. Following the guidance in Appendix 3, when a member of staff is required to notify a parent of the use of a PI or RPI , staff must record that this notification has taken place on **CPOMS**, ensuring clear and accurate communication is logged. Where written notifications are sent, these should be attached to the CPOMS record.

All records will be kept for 25 years from the Date of Birth of the pupil with their pupil record.
Any injury/harm to staff or children involved in an incident must be reported on CPOMs and either an HS157 form filled out for adult injuries, or a log created on Medical Tracker for child injuries.

Monitoring and Evaluation

Aspire

The Behaviour Team and DSLs will ensure that each incident is reviewed and instigate further actions as required. This information will be shared with the safeguarding governor.

Mainstream schools

The Behaviour lead and DSLs in each school will ensure each incident is reviewed and instigate further actions as required. This information is shared with the safeguarding governor.

Paragraph F2 of the Human rights framework for restraint states *'To know whether discrimination is occurring, public bodies should collect and analyse data on their use of restraint, to identify if restraint is being used disproportionately against people with particular protected characteristics under the Equality Act 2010, or who share other identifiable group characteristics, for example,*

women, ethnic minorities, or people with particular impairments such as learning disabilities.'

The Headteacher will regularly review the use of intervention to avoid unintended discrimination.

Complaints and Allegations

Any complaints made against staff will follow the BA Mat Complaints Policy.

Other Physical Contact with Pupils (DfE's Use of Reasonable Force)

It is not illegal to touch a pupil. There are occasions when physical contact, other than reasonable force, with a pupil is proper and necessary.

Examples of where touching a pupil might be proper and necessary:

- 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
- To appropriately guide a pupil

This list is not exhaustive but provides some examples of situations where physical contact is proper and necessary.

Appendix 1 Blank Risk Assessment Aspire – separate RA for mainstream schools

Appendix 2 Aspire Antecedent, Behaviour, Consequence reflective framework

Appendix 3 All schools Staff Reference – Physical and Restrictive Physical Interventions

At Aspire, the School Behaviour, Safeguarding, Anti Bullying policies etc will be incorporated into the care package offered by the Wellbeing Around the Child and Aspire School, which is used to address each pupil's needs.

Monitoring and Review

A formal review of this policy will be carried out to reflect changes in Bourne Alliance MAT's strategy and/or changes to legislation.

Appendix 1: Aspire Pupil Risk Assessment and Positive Behaviour Support Plan

Behavioural (B) and Health and Safety (H&S) risk are assessed within this document. Risk is assessed using the following formula: P X S = Risk Score
Probability Scale: 1 (very unlikely to happen) → 5 (Certain to happen)
Severity Scale: 1 (Very low risk) → 5 (High Risk)

1 = minor injury treated at place of injury
2 = minor injury treated in medical room
3 = major injury requiring hospital visit
4 = permanent physical disability
5 = fatality

Acceptable risk levels will be highlighted in GREEN and unacceptable risk will be highlighted in RED.

Activities assessed with a risk at 20 or above after safety measures have been applied are not permitted. If behaviour is assessed by the Behaviour Team, to be likely to cause serious risk to self or others, a Positive Behaviour Support Plan (section 2 of this document) is to be completed.
If an emergency physical intention has been used to ensure safety of self or others, then a Positive Behaviour Support Plan (section 2 of this document) is to be completed. Risk Assessments and Personal Behaviour Support Plans must be checked and updated where required every term.

Section 1 – Individual Risk Assessment

A	Name:	D.O.B.:	Class:	Date Written: Updated:
B	What behavioural patterns present a health and safety hazard or danger to themselves or others whilst in school or off site?			
1. 2. 3. 4.				
C	What actions have been taken to reduce the above risk?			
1. 2. 3. 4.				
D	What are parent's and other professional's views?			
E	Has a positive handling intervention been planned for?			
F	Are there any activities that cannot be reasonably safely managed?			

Author of Risk Assessment: Signature: Date:
Approved by: Signature: Date:

Has an EMERGENCY PI been used? If so what was it?	

Section 2 – Positive Behaviour Support Plan (PBSP)

This section must only be completed if a Behaviour Score remains at 20 or above after measures have been put in place to reduce the risk. This PBSP should only be completed once a collegiate response has been completed with the Behaviour Team. PBSP's should be completed by a relevant adult in school and shared in a meeting with the pupil's parents and any other relevant professionals in attendance.

Date of PBSP Meeting: Proposed Termly Review Date:

Proactive Strategies		
Active Signs & Strategies	Reactive Signs & Strategies	Recovery Strategies
Positive Handling Interventions that have been agreed to reduce risk:		
Author of PBSP: Signature: Date: Parent/s in attendance: Signature/s: Date: Headteacher or Behaviour Lead: Authorisation Signature: Date:		

Appendix 2: Aspire ABC Plans

ABC Plans can be found in the Behaviour folder on the Staff Shared Drive

Functional Analysis of Behaviours of Interest & Behaviours of Concern

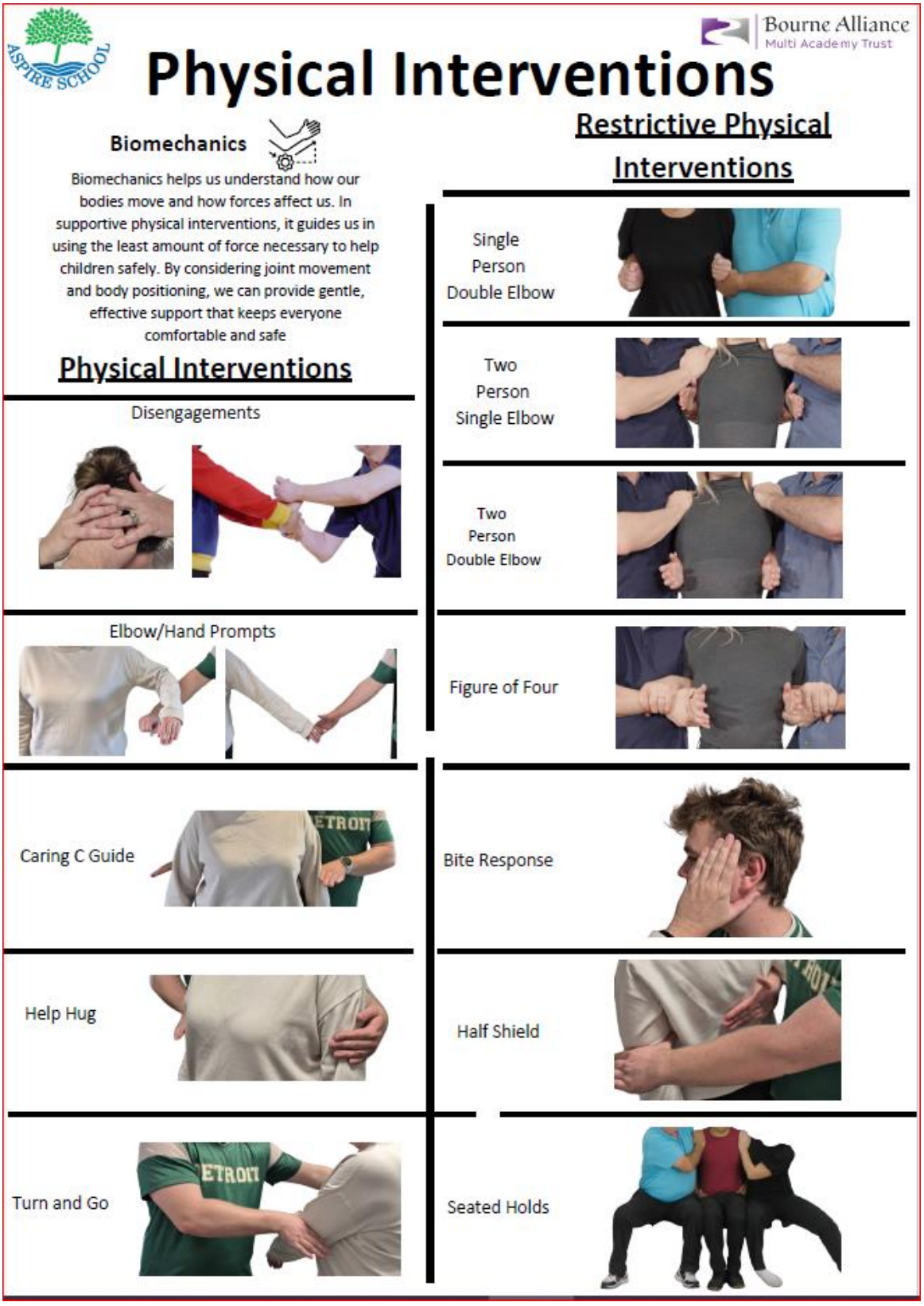
Name:		**Date**:
Before (Antecedent) *What happened immediately before the behaviour? Also consider historic events.* - *Include location and others in proximity* - *What were they doing and what was happening around them?* - *Remember sensory observations*	**During (Behaviour)** *What behaviour was observed?* - *Be clear and descriptive* - *Avoid emotive language or making assumptions* - *Look for subtle behaviour changes*	**After (Consequence)** *What happened immediately after the behaviour?* - *Include how staff responded* - *How was the individual supported?*

Functional Analysis of Behaviours of Interest & Behaviours of Concern

What could be the function of the behaviour? *e.g.* - *Connection seeking?* - *Self-stimulation?* - *Tangible reward?* - *Escape or avoidance?*	**What changes may be needed to support the individual moving forward?** *Consider:* - *Changes to the environment* - *Communication support* - *Positive support strategies* - *Staff responses*	**Implications for individual support plans** - *Who needs to know?* - *What do they need to know?*

Note: Functional analysis can be useful in understanding why we are seeing a particular behaviour, allowing us to put in place effective supports. It does not consider experiences that may be driving the behaviour.

Appendix 3: all schools Staff Reference – Physical and Restrictive Physical Interventions



Physical Interventions (PI)

A term used in legislation referring to a non-disciplinary intervention which immobilises a pupil or limits their movement. Listed as restraint in (*DfE Restrictive interventions, including use of reasonable force, in schools: April 2026*)

Action	After Action		PBSP
Arm Disengagements	CPOMS		Yes
Neck Disengagements	CPOMS		Yes
Body Disengagements	CPOMS		Yes
Clothing / Hair Disengagements	CPOMS		Yes
Body Blocking	CPOMS		Yes
Elbow Prompt	No Action Needed		No
Hand Prompt	No Action Needed		No
Caring C Guide	CPOMS		Yes
Help Hug / Elbow Snug Guide	CPOMS		Yes
Turn and Go	CPOMS		Yes

Restrictive Physical Interventions (RPI)

A means to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil. This guidance uses 'restrictive interventions' as the umbrella term to describe both physical and non-physical actions aimed to restrain pupils in different ways. (DfE Restrictive interventions, including use of reasonable force, in schools: April 2026)

Action	After Action		PBSP
Friendly	CPOMS & Notify Home		Yes
Single Person Double Elbow	CPOMS & Notify Home		Yes
Two Person Single Elbow	CPOMS & Notify Home		Yes
Two Person Double Elbow	CPOMS & Notify Home		Yes
Figure of Four	CPOMS & Notify Home		Yes
Bite Response	CPOMS & Notify Home		Yes
Half Shield	CPOMS & Notify Home		Yes
Turn, Gather, and Guide	CPOMS & Notify Home		Yes
Single Person Double Elbow Seated	CPOMS & Notify Home		Yes
Two Person Single Elbow Seated	CPOMS & Notify Home		Yes
Two Person Double Elbow Seated	CPOMS & Notify Home		Yes

Notification Process

After any of the relevant above incidents:

1. Log the incident on CPOMS with full details.
2. PI: Notify parents/carers by phone as soon as practicable
3. RPI: Notify parents/carers by phone and then written communication **the same day**.
4. Record that notification has taken place on CPOMS – where written communication is sent, add this to CPOMS
5. Review and update the pupil's PBSP and Risk Assessment.
6. If parental agreement is pending, proceed under duty of care and document actions.

For any further information regarding the use of PI's or RPI's please speak to the BA-MAT Team Teach Trainers

Hollie Attwood – hollie.attwood@ba-mat.org.uk

Ryan Tudball **ryan.tudball@ba-mat.org.uk**

Liam Wybraniec **liam.wybraniec@ba-mat.org.uk**

Appendix 4 – Template Letter

Dear Recipient(s) Salutation,

Please find below details of the recent incident involving your child, Student(s) Full Name, where by a Restrictive Physical Intervention was used.

Date, time, duration, and location of the incident	
Details of the incident	*Antecedent(s):* *De-escalation strategies:* *Behaviour(s):* *Consequence(s):* *Restrictive physical intervention(s) used:* *Reason(s) for use of restrictive physical intervention(s):* *Overview of incident: Include names of the student (just the student whose guardians are being emailed, do NOT name other children in this) and staff involved.*

We understand that you may be feeling worried or upset about what has happened. Please be reassured that the safety and wellbeing of your child is always our priority and physical interventions are only used as a last resort in order to keep everyone safe.

We value your collaboration to reduce the likelihood of this happening again and find the best ways to support your child moving forward.

If you have any concerns about your child's physical, emotional or mental wellbeing as a result of this incident or want to ask any questions, please do get in contact. If you are worried about your child's health, especially in relation to any physical symptoms, please contact your doctor immediately.

Yours sincerely,

Appendix for mainstream school

Appendix 1: Mainstream school Pupil Risk Assessment

Health and Safety Risk Assessment – Pupil risk assessment

Bourne Alliance Multi Academy Trust

Academy / School	Bourne Alliance			Assessment No.	
Site	Iwade – Grove Park – Bobbing	Location			
Assessed by	**	Date	**	Review date	Annually or updated as needed
Details of workplace/activity	Pupil at School – trips, engaging with visitors ** amend as needed	Persons Affected *(Who may be harmed)*			
		Self, other pupils, adults, visitors			

Name of pupil	**	Class name	**

What are the behavioural patterns which present health and safety hazards or danger to themselves or others whilst in school or off site?
•

What risks do they pose and to whom?	**Severity of risk**	
• Self		
• Other pupils		
• Staff		
• Environment		
• Anything else?		

	What measures have been taken to reduce the risks?	**Mitigating factors**	**Residual risk**
	•		Severity: Likelihood:

	What measures have been taken to reduce the risks?	Mitigating factors	Residual risk
			Mitigated to: **this must be low or more mitigation is needed

What further action is needed to further to reduce the risk?
•
Has a positive handling intervention been planned for?
• Following an initial meeting with parents, it has been agreed that Positive Handling can be used IF ** is putting self or others in danger. • Any support or escort will be removed as soon as ** is in a safe space. • Team Teach trained staff will use interventions on attached sheet • The table below will be completed which sets out proactive strategies, active signs, reactive signs and recovery strategies • Parents will be informed if any intervention is required and has been used.
How will this risk assessment be communicated to others?
• Risk Assessment to be shared with class team, HLTA and SLT and any other members of staff who have contact with **. • Risk Assessment to be shared and agreed by parents.
Contingency plan for absence
• Weekly plan ensures two adults will be in the room at all times. • Daily plans rearranged to ensure this is the case if staff are then off.

Has an EMERGENCY PI been used? If so what was it?	

Proactive Strategies		
•		
Active Signs & Strategies	Reactive Signs & Strategies	Recovery Strategies
Positive Handling Interventions that have been agreed to reduce risk:		

Author of risk assessment and signature:	Date:
Parent/s in attendance names and signatures	Date:
Headteacher or Behaviour Lead: Authorisation Signature:	Date: