



Newdigate C of E Infant School  
St Michael's C of E Infant School  
(Mole Valley Gateway Federation)

**Touch and the use of Physical Restraint Intervention**

Autumn 2025

This policy will be reviewed annually, and updated sooner if there are changes to statutory or local authority guidance, or following any significant incident involving the use of physical restraint

## Principles

Our approach is child-centered, rights-respecting and trauma-informed. We only use Restrictive Physical Intervention (RPI) as a last resort, after preventing, anticipating and de-escalating wherever possible. Any use of force must be proportionate, using the minimum necessary and applied for the shortest time, while preserving the pupil's dignity. We provide additional safeguards for pupils with SEND, SEMH or medical needs by making reasonable adjustments and using personalised plans. Wherever possible, RPI should be planned in advance, agreed with parents and professionals, and rehearsed, rather than relying on unplanned interventions. Recording, reporting and reviewing each incident is an essential part of safeguarding and reducing the need for future RPI.

## Prevention and de-escalation

We minimise risk through creating a calm, predictable environment and providing high-quality teaching. We support behaviour through relationship-based strategies such as Emotion Coaching and restorative approaches. We offer personalised regulation strategies and reasonable adjustments to meet individual needs. Where appropriate, we seek early help and multi-agency support. Staff are trained to prevent incidents, de-escalate situations and, when absolutely necessary, carry out safe interventions.

## When RPI may be appropriate

Staff may use reasonable force or RPI only to prevent a pupil from causing injury to themselves or others, committing a criminal offence, causing serious damage to property, or seriously disrupting the maintenance of good order and discipline when other strategies have failed or are clearly inappropriate. In making this judgement, staff must consider the risk, the context, the pupil's age and understanding, and any SEND or medical needs, as well as whether safer alternatives are available. Staff must never use RPI as a punishment, for compliance, or in a way that deliberately inflicts pain, restricts breathing, or applies pressure to the neck, chest, abdomen, joints or genital areas.

## Authorisation to use RPI

Planned interventions are authorised by the Headteacher and included in a written Positive Handling Plan or Risk Reduction Plan. In unplanned emergencies, any school staff member may use reasonable force to prevent immediate harm. Whenever possible, staff familiar with the pupil should lead the intervention, with a second adult present to support and act as a witness.

## Positive Handling Plans (PHP) and risk assessment

For pupils where RPI may be foreseeable, the school will co-produce a Positive Handling Plan with parents or carers, and with the pupil where appropriate. This plan sets out known triggers, early signs and agreed de-escalation strategies. It also describes any environmental adjustments, when RPI may be required, and which holds or positions are approved. The plan records medical or SEND considerations and the reasonable adjustments required. It identifies staff roles, how communication will be managed and how assistance can be summoned. The plan also specifies how incidents will be recorded, how parents will be notified, and how the plan will be reviewed using incident data and pupil voice.

## During an intervention

During an intervention, staff will use clear, calm communication and will offer the pupil face-saving choices. They will use only approved techniques and will avoid pain-inducing or floor holds unless immediately necessary to prevent serious harm. Staff will continually assess risk and reduce or

release the intervention as soon as it is safe to do so. They will prioritise the safety of bystanders and, if necessary, move to a safer space. Where required, staff will summon assistance and, if needed, call emergency services.

### **After an intervention (post-incident)**

Immediately after an intervention, staff will check the welfare of those involved, including providing first aid, medical checks and reassurance. The Headteacher or Designated Safeguarding Lead (DSL) will be notified on the same day. Pupils will take part in a debrief to share their perspective and agree on next steps or reparations (where able). Staff will also participate in a reflective review and will be offered supervision and wellbeing support. Relationships will be restored, and adjustments will be made to plans where necessary to reduce the risk of recurrence.

### **Recording and reporting (from September 2025)**

The school will record each significant incident where force is used as soon as practicable and will inform parents or carers without delay, unless doing so would place a child at risk. Each record will include the date, time and location of the incident, the names and roles of staff present, and the names of pupils involved and any witnesses. It will also include the context, any triggers, and the de-escalation strategies attempted. The rationale for using force and the legal basis will be explained, along with details of the type of intervention, its duration and the degree of force used. Records will also note any injuries, first aid or medical treatment, post-incident support and actions, details of parent contact and any follow-up meetings, and whether the incident indicates that adjustments are needed to the Positive Handling Plan, Education, Health and Care Plan or wider provision. These records will be stored securely and will be analysed termly by the Headteacher/DSL/SENCo, to identify patterns, inform support and report to governors. Aggregate data will be used to reduce reliance on RPI and to monitor whether particular groups, such as pupils with SEND, are disproportionately affected.

### **Training and competence (Surrey)**

Staff receive initial and regular refresher training in prevention, de-escalation and safe interventions through Surrey-approved programmes, such as Positive Touch based on CPI Safety Intervention. Only staff with current training may lead planned RPI. Training records are maintained by the DDSL and training needs are reviewed after incidents and at least annually.

### **Complaints, concerns and allegations**

Concerns or complaints about RPI will be managed through the Complaints Procedure. Any safeguarding concern, including alleged inappropriate force, will be referred to the DSL and managed under the Child Protection and Safeguarding Policy. Where an allegation about staff meets the harm threshold, the Headteacher will consult the Local Authority Designated Officer (LADO). If the allegation is about physical contact or restraint, the LADO or strategy discussion will consider the staff member's lawful power to use reasonable force and whether their actions were proportionate. The school's Low-Level Concerns process will remain in place for conduct that does not meet the harm threshold but still requires management and record-keeping.

### **Roles and responsibilities**

The Headteacher is responsible for ensuring the policy is implemented, authorising planned RPI, providing resources for training, quality assuring records and analysis, and reporting to governors. The Designated Safeguarding Lead and their deputies have oversight of safeguarding aspects,

review incidents for safeguarding themes, and liaise with the LADO and other agencies when required. The SENCo coordinates Positive Handling Plans and risk assessments, ensures reasonable adjustments are in place, and liaises with specialists. All staff and volunteers must focus on prevention and de-escalation and only use reasonable force when necessary; they must record and report incidents promptly and engage with training. Governors monitor aggregate data and seek assurance that the school's practice reduces the need for RPI and safeguards pupils and staff.

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### Individual child or young person risk assessment

A plan for assessing and managing foreseeable risks for children or young people who are likely to need Restrictive Physical Intervention

Child's Name	
Class & Year Group	
Teacher	
Parent/Carers	

Identification of Risk	
Describe the foreseeable risk (i.e. what specific behaviours have occurred)	
Is the risk potential or actual? (i.e. has this happened before)	
List who is affected by the risk	
Assessment of Risk	
In which situations does the risk occur?	
How likely it is that the risk will arise? (i.e. how often has it happened before)	
If the risk arises, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to occur?	
How serious are the adverse outcomes?	

Assessment Completed By		
Signature & Date		
<b>Agreed Plan and School Risk Management Strategy</b>		
Focus of Measures	Measures to be employed	Level of risk
Proactive interventions to prevent risks	Early interventions to manage risks	Reactive interventions to respond to adverse outcomes
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

<b>Agreed By</b>	
Child (if appropriate)	
Parent/carer	
Headteacher	
SENDSCO	
Class teacher	

Support services (if applicable)	
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**Evaluation of Plan and School Risk Management Strategy**

Measures set out	Effectiveness in supporting the child	Impact on risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		
<b>ACTIONS FOR THE FUTURE</b>		

Plans/strategies evaluated by	
Role	
Date	

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## Positive Handling Plan (PHP)

Child's Name:

Child's Name	Date of Birth	Class/Year group	Date of plan/review date
			Plan:
			Review:

### 1. Pupil Profile

Strengths and interests:


Known triggers:


Early warning signs:


### 2. Strategies to Promote Positive Behaviour

- Clear routines and structure
- Visual timetables and prompts
- Use of calm, low-arousal spaces
- Positive reinforcement (stickers, verbal praise, preferred activities)
- Choice and distraction techniques

### 3. De-Escalation Strategies

- Calm tone of voice, give space
- Offer comfort object, water, or quiet time
- Remove audience where possible
- Use simple, clear language
- Redirect to preferred activity or peer

### 4. Handling/Intervention Strategies

Only used as a last resort, when the child or others are at immediate risk of harm.

Type of intervention agreed:

- Guiding by the arm/hand

- Blocking (preventing movement into danger)
- Holding to prevent harm (e.g. two-person hold if necessary)

Staff authorised to use intervention:

Location where intervention may occur:

  


## 5. Risk Assessment

Risks to the pupil:

  
  


Risks to peers/staff:

  
  


Protective measures in place:

  
  


## 6. Post-Incident Support

- Child given time to calm in a safe, supported environment
- Debrief with child (age-appropriate discussion, restorative practice)
- Record incident in behaviour log / safeguarding system
- Inform parents/carers same day

## 7. Roles & Responsibilities

Plan written by: (Class Teacher / SENCO / DSL)

Staff involved in implementation:

Reviewed with parents/carers: (yes/no)

Agreed by child (where appropriate): (signature/drawing/emoji consent)

**8. Review Cycle**

Plan reviewed half-termly or sooner if incidents occur.

Changes logged and signed off by SENCO/DSL and parents.

**9. Signatures**

Parent/Carer: ..... Date:

Headteacher/DSL: ..... Date:

Staff Team: ..... Date: