Restrictive Physical Intervention Policy 2026-27 (Version 3)

The RPI Policy in respect of Reginald Mitchell Primary School has been discussed and adopted by the Local Advisory Board in Dec 2025	
Chair of Board:	*Mrs*
Responsible Officer:	*Headteacher – Mrs*
Agreed and ratified by the Local Advisory Board on: Sep 2026	
To be reviewed:	*Sep 2028*

1. Overview

Our staff may engage in the delivery of an inclusive and effective curriculum with pupils who display complex behaviours that can be challenging to the school and to the safety of the individual and those around them.

This document identifies approaches to be taken by employees when situations of challenging and harmful behaviour escalate to levels that give rise to the need to use restrictive physical interventions.

The Trust will support staff involved in restrictive physical intervention incidents as long as the guidelines and procedures in this document have been followed. Where there is evidence that staff involved have blatantly disregarded their responsibilities, formal disciplinary action may be taken. However, the Children First Learning Partnership recognises that in volatile situations staff may need to deviate from laid down safe systems of work and risk assessments in order to protect themselves and/or others. Where these actions were taken in good faith, they will be supported. Employees should report any concerns regarding management of pupil behaviour or the use of restrictive physical intervention to their line manager.

Within School settings this document does not limit or remove School staff powers to restrain pupils as outlined in Section 93 of the Education and Inspection Act 2006. However, it does not authorise anything to be done in relation to a pupil which constitutes the giving of corporal punishment within the meaning of section 548 of the Education Act 1996. This includes the statutory power of authorised staff to use reasonable force when undertaking a lawful search for prohibited items in accordance with relevant legislation and Department for Education guidance.

This document reflects national standards which form part of the Department of Health publication *Positive and Proactive Care: Reducing the Need for Restrictive Interventions* and the Department for Education publication *Restrictive Interventions, Including Use of Reasonable Force, in Schools* (April 2026). The Trust recognises that restrictive interventions can have a significant impact upon pupils, staff and families. The expectation is that preventative, supportive and de-escalation strategies are utilised wherever possible in order to minimise the need for restrictive interventions and ensure that any intervention used is lawful, necessary, reasonable and proportionate

2. Aims and Objectives

It is the aim of the Children First Learning Partnership to make restrictive physical intervention as safe as practicable, relevant and practical for staff and pupils.
Implementation of the document and associated guidance will help our schools to address important outcomes for pupil choice, rights, independence and inclusion.

It is the objective of this document:-

- that all methods of restrictive interventions are used as infrequently as possible – as a last resort, reasonable and proportionate (the expectation is that as far a possible settings and services will be restraint free);
- that restrictive interventions when used are used in the best interests of the individual pupil;
- every reasonable effort is made to minimise risk or harm or injury to anyone involved and that the need to maintain an individual's respect, dignity and welfare is maintained; and
- that restrictive physical interventions are risk assessed, so that the impact of the restrictive physical intervention will be minimised when key factors are evaluated and a planned approach is taken to incidents whenever possible.

The safety of staff during restrictive physical intervention is of equal importance to the best interests of pupils and both take priority over care of property.

Staffordshire County Council considers that **restrictive physical intervention** is:

> Any form of restrictive intervention, be it physical, mechanical, chemical, environmental or social/psychological intervention, which is designed and used (intentionally or unintentionally) to limit or restrict another's liberty.

Levels of physical intervention

Physical intervention is also categorised into non-restrictive and restrictive interventions:

Non-Restrictive Intervention. This is where the pupil can move away from the physical intervention if they wish to. Non-restrictive examples include:-

- Physical presence, non-verbal prompts and directions;
- Touch or prompting;
- Guiding;
- Disengagement;

Restrictive Intervention. This is where the intervention is intended to prevent, or significantly restrict freedom of movement of an individual. Restrictive interventions generally carry a higher risk and require a greater degree of justification

Examples of restrictive interventions include:-

- Escorting and manoeuvring;
- Temporary physical containment or holding;
- Seclusion;
- Full restraint;
- Mechanical restraint; and
- Chemical restraint.

There is no legal definition of reasonable force. The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it. The degree of force used must be in proportion to the circumstances of the incident and seriousness of the behaviour or the consequences it is intended to prevent. Any force must always be the minimum needed to achieve the desired result over the shortest possible time.

3. Application

3.1 Operational Requirement and Context

The expectation is that as far as possible settings and services will be restraint free. All intervention strategies should be carefully selected and reviewed to ensure that they do not unnecessarily constrain opportunities, access to education, or have an adverse effect on the pupils' welfare or quality of life. In some situations, it may be necessary to make a judgement about the relative risks and potential benefits arising from activities which might provoke challenging behaviours compared to the impact on the person's overall quality of life if such activities are prohibited. This judgement is likely to require a detailed risk assessment which must be documented and reviewed regularly.

Restrictive physical intervention must be used in a context of risk assessment and Targeted Strategy Plans/Personal Learning Plans. The correct use of intervention, recording and reporting on the use and investigation and follow up is essential.

Poorly or incorrectly used, restrictive physical interventions are a source of risk to both pupils and staff. They can escalate negative relationships and are a possible threat to the Trust via legal action. The correct use of restrictive physical interventions must always remain an act of last resort, be reasonable and proportionate and should not be normal practice.

3.1.2 Strategies for the use of Restrictive Physical Intervention

Restrictive physical intervention must be an act of last resort. Adopting good working practices involving primary (proactive) and secondary (preventive) control strategies as well as tertiary (reactive) controls is important. This means that preventative and proactive measures to avoid the incidents of restrictive physical intervention must always be attempted first. Details of control strategies are provided in guidance associated with these management standards.

For each pupil who presents challenges there needs to be individualised strategies for responding to incidents of behaviour including violence and aggression/self-injurious behaviour etc. Where appropriate and where behaviours pose an imminent or immediate risk of harm, the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for the pupil. This must be documented in a care plan/ on the individual's records.

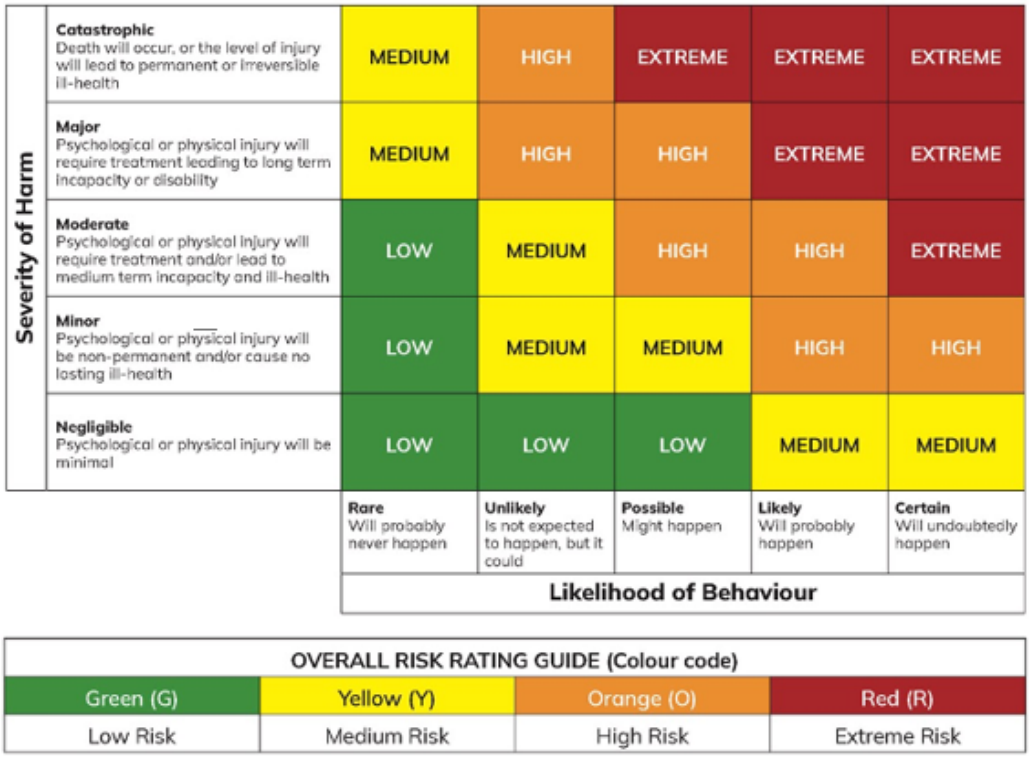
Appropriate training of staff in primary/proactive and secondary/reactive control strategies will have a major impact in the reduction of the need to use of tertiary controls such as restrictive physical interventions.

3.1.3 Risk Assessment

Whenever it is foreseeable that a pupil might require a restrictive physical intervention, then a risk assessment must be completed. It is essential that the outcomes of any assessment are made known to all relevant staff and other parties such as parents/carers. The assessment process is the same as for assessing any other form of risk and should be documented.

When undertaking this assessment:-

- Involve relevant agencies who may have an involvement with the individual, and their family members;
- Involve key people such as health professionals, social workers, specialist challenging behaviour nurse, psychologist etc. where necessary,
- Identify behaviours and settings that result in harm or damage from past incident reports/records;
- Determine the likelihood of an incident requiring restrictive physical intervention occurring;
- Identify the degree of potential harm/damage resulting from not intervening;
- Document the agreed management strategies and the risk levels using the Decision Making Matrix (CPI);
- If risks of intervening remain high risk, seek specialist advice and support;
- Agree review date and monitor that the protocols and management strategies are working effectively;
- Communicate the outcome of the risk assessment and management strategies/protocol to all relevant parties;
- Implement necessary training if training needs are identified.



Severity of Harm	Rare Will probably never happen	Unlikely Is not expected to happen, but it could	Possible Might happen	Likely Will probably happen	Certain Will undoubtedly happen
Catastrophic Death will occur, or the level of injury will lead to permanent or irreversible ill-health	MEDIUM	HIGH	EXTREME	EXTREME	EXTREME
Major Psychological or physical injury will require treatment leading to long term incapacity or disability	MEDIUM	HIGH	HIGH	EXTREME	EXTREME
Moderate Psychological or physical injury will require treatment and/or lead to medium term incapacity and ill-health	LOW	MEDIUM	HIGH	HIGH	EXTREME
Minor Psychological or physical injury will be non-permanent and/or cause no lasting ill-health	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Negligible Psychological or physical injury will be minimal	LOW	LOW	LOW	MEDIUM	MEDIUM

Likelihood of Behaviour

OVERALL RISK RATING GUIDE (Colour code)			
Green (G)	Yellow (Y)	Orange (O)	Red (R)
Low Risk	Medium Risk	High Risk	Extreme Risk

CPI Safer Intervention Decision Making Matrix TM

When the need for restrictive physical intervention is agreed, it is important that appropriate steps are taken to minimise the risks to staff and pupils. Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy.

It is essential that following any intervention, risk assessments are reviewed. It may be necessary to call a formal review meeting and revise the risk assessment and management plan. When reviewing the risk assessments, it is important to review trends, personality dynamics, factors surrounding the incident, what happened in the days and hours beforehand to look for triggers or contributing factors.

3.1.4 Seclusion

Seclusion is a restrictive intervention and must only be used in exceptional circumstances where it is necessary to prevent an imminent or immediate risk of serious harm to the pupil or to others.

For the purposes of this policy, seclusion means the confinement of a pupil away from others where the pupil is prevented from leaving, whether through physical barriers, the actions of others, or because the pupil reasonably believes that they are not free to leave.

Seclusion must never be used:

- as a punishment;
- because of insufficient staffing;
- as a response to non-compliance;
- for the convenience of staff; or
- as a substitute for appropriate behavioural support.

Any use of seclusion must be reasonable, proportionate and for the shortest time necessary to reduce the immediate risk of harm. Continuous monitoring of the pupil must be maintained throughout the period of seclusion, and the pupil's welfare and physical condition must be regularly checked.

Following any use of seclusion:

- the incident must be formally recorded;
- parents/carers must be informed in accordance with Section 4.6;
- the pupil must be offered an opportunity to participate in a post-incident discussion appropriate to their age and understanding; and
- relevant risk assessments and support plans must be reviewed

3.2 Medication

Medication must never be used as a sole method of gaining control over a person who displays violent or aggressive behaviour, but as part of a holistic care plan. Medication must be administered upon medical advice in accordance with the School Administering Medication Policy and Supporting Pupils with Medical Needs Policy and not used as a routine method of managing distress behaviours.

3.3 Devices for Restricting Movement

Devices that are required for a therapeutic purpose for a disabled child, such as buggies, wheelchairs and standing frames (including supporting harness) may also restrict movement. Such devices should never be provided solely for the purpose of preventing distress behaviours.

Some devices are designed specifically to prevent distress behaviours and their use must be considered as a form of restrictive physical intervention. For example, arm splints or protective garments might be used to prevent self-injurious behaviours. Such devices should be a last resort and used only when other preventative strategies have not proven successful. They should only be introduced after a multidisciplinary assessment that includes consultation with family, carers and in the case of children, those with parental responsibility. If employed, they should be selected carefully to impose the least restriction on movement required to prevent harm whilst attempts should continue to be made to achieve the desired outcomes with the least possible restrictive interventions.

Where the use of self-harm prevention devices are indicated, staff must be fully trained in their use and be recorded using the Restrictive Physical Intervention Protocol and Risk Assessment -HSF 57.

3.4 Weapons

A weapon can be described as any implement that has the potential to cause harm when not used for the purpose it was designed and intended to be used. Staff must always attempt to observe if the pupil maybe holding anything which may have the potential to cause harm prior to using a restrictive physical intervention.

Staff are not expected to disarm individuals with a weapon using restrictive physical interventions since the risks of injury to those involved are too great. The priority must be to contact the police and attempt to move other people in the immediate environment to a safer place.

If a pupil uses a weapon in an attempt to harm themselves or others, the council recognises that staff have the legal right to use reasonable force to protect themselves and others.

3.4.1 Searching Pupils and Use of Reasonable Force

The Trust recognises that, in addition to the powers described in this policy, headteachers and authorised members of staff have statutory powers to search pupils and their possessions where there are reasonable grounds to suspect that a pupil may be in possession of a prohibited item or other item for which a search is permitted by law.

Where a lawful search is being undertaken, a member of staff may use reasonable force where necessary to conduct a search for prohibited items, provided that the force used is lawful, necessary, reasonable and proportionate in the circumstances.

Reasonable force must only be used for the purpose of carrying out a lawful search for prohibited items and must never be used as a punishment. Staff must use the minimum force necessary for the shortest possible time and must have regard to the welfare, age, understanding, communication needs and any known special educational needs or disabilities of the pupil.

Searches and any use of force associated with searching must be conducted in accordance with the Trust's Searching, Screening and Confiscation Policy and current Department for Education guidance.

Any significant incident involving the use of force during a search must be recorded in accordance with section 4.6 of this policy and reported to parents/carers as appropriate.

3.5 Documenting Restrictive Physical Intervention Strategies

If it is agreed that a child will require some form of restrictive physical intervention, there must be an up-to-date copy of a written protocol included in the individual's risk assessment, plan/records. (See Standard Document HSF57 Physical Intervention Protocol and Risk Assessment form upon which risks can be identified and intervention strategies can be documented.)

If a service/establishment/school chooses to develop their own documentation process it must as a minimum include the following:-

- A description of the behaviour sequence and settings which may require intervention response;
- The results of an assessment to determine any counter reasons for the use of intervention strategies (e.g. medical conditions etc.);
- A risk assessment that balances the risk of using a restrictive physical intervention against the risks of not intervening;
- A record of the views of those with parental responsibility in the case of children and family members;
- A system of recording behaviours and the use of restrictive physical interventions;
- Previous methods which have been tried without success;
- A description of the specific restrictive physical intervention strategies/techniques which are agreed and the dates on which they will be reviewed;
- The ways in which this approach will be reviewed, the frequency of review meetings and members of the review team.

Communication

Information relating to intervention strategies should be discussed with the pupil and their families/parents/carers prior to the implementation. All parties should be in agreement with the intervention strategy. If this is not possible, differences of opinion must be documented and recorded in the individuals care plan/records.

3.6 Action to be taken following an incident of Restrictive Physical Intervention.
Recording, Reporting and Monitoring

The use of restrictive physical interventions, whether planned, unplanned or emergency interventions, must always be recorded using Arbor and using the CFLP RPI Incident Report Checklist for School Staff to support and ensure all required detail is captured.

Significant incidents involving the use of reasonable force, restraint, seclusion or other restrictive interventions must be recorded as soon as reasonably practicable following the incident and, wherever possible, before the end of the working day. Records must be factual, objective and sufficiently detailed to enable review, monitoring and learning.

The use of restrictive physical interventions, whether planned, unplanned, or emergency interventions must always be recorded using Arbor using the CFLP RPI Incident Report Checklist for School Staff to support and ensure all required detail is captured.

The written record should also include:

- the events leading up to the incident;
- de-escalation and preventative strategies utilised before intervention;
- the location of the incident;
- the duration of any restrictive intervention;
- details of any seclusion used;
- whether medical assistance was required;
- any identified injuries or signs of distress;
- the pupil's views where these can reasonably be obtained;
- whether parents/carers were informed and the method of communication used; and
- any follow-up actions identified following review of the incident.

Records shall be retained in accordance with the Trust's document retention procedures and may be reviewed as part of safeguarding, governance or regulatory processes.

If the incident is also an act of violence or aggression then HSF9 Violence and Aggression Report Form must also be completed, this form or HSF40 Accident Investigation Report Form must be completed to record any injuries that result from the use of a restrictive physical intervention.

Debriefing

Following an incident of Restrictive Physical Intervention all those involved should be debriefed and staff should be informed of how they may contact the confidential ThinkWell service. The debriefing should include a neutral party, be a reflective process that explores what happened before, during and after the incident. The intention should be to undertake an analysis and evaluation to inform how similar incidents may be avoided or better managed in the future. The CFLP Post-incident Staff Debriefing Prompt must be followed to support this meeting and subsequent actions.

Where appropriate and taking account of age, understanding and communication needs, pupils should be provided with an opportunity to discuss the incident following resolution. This should place prior to the staff debriefing to ensure the voice of the pupil is valued and informs future practice and decision making. The purpose of this discussion is to restore relationships, identify triggers, develop future

preventative strategies and reduce the likelihood of recurrence. Outcomes of such discussions should inform future planning and risk assessment and be noted within the actions of Arbor records,

3.6.1 Reporting to Parents and Carers

Parents/carers must be informed of any significant incident involving the use of reasonable force, restraint or seclusion as soon as reasonably practicable and, wherever possible, on the same day as the incident.

Information provided will be shared on the CFLP RPI Record for Parents HSF56 and will include:

- the reason intervention was required;
- the nature of the intervention used;
- whether any injury occurred;
- any action taken following the incident; and
- arrangements for further discussion where appropriate.

Where there are safeguarding concerns and informing a parent/carer may place a child or another individual at risk of serious harm, advice should be sought from safeguarding leaders and external agencies as appropriate before communication takes place.

A record of communication with parents/carers shall be maintained as part of the incident documentation in the form of the CFLP RPI Record for Parents HSF56.

3.7 Information, Instruction and Training for staff

It is the responsibility of the Executive Head/Headteachers to identify the information, instruction and training required to ensure staff can safely employ restrictive physical intervention strategies and techniques where they may need to implement these strategies on a planned basis or potentially in an emergency situation. Training provided to staff should be to the level they are identified as requiring. Training staff in skills they will never use is not necessary and the skills are soon lost. Staff involved in use of planned interventions must have suitable training, for their own safety and that of the pupil.

Training programmes must include:

- positive behaviour support approaches;
- prevention and de-escalation strategies;
- trauma-informed practice;
- lawful use of reasonable force;
- safe management of restrictive interventions;
- seclusion procedures where relevant;
- recording and reporting requirements; and
- post-incident support and review processes.
- lawful powers relating to searching, screening and confiscation, including the use of reasonable force when undertaking a lawful search.

Staff competency should be reviewed regularly and refresher training completed in accordance with the requirements of the accredited training provider

It is the responsibility of those purchasing training to ensure that the training provider is competent, has suitable accreditation and that staff undertaking the training will be assessed as to their competency. Training provided must cover the use of Primary/Proactive and Secondary/Reactive control strategies (see 5.1.2) as well as the physical techniques and should be suitable for the environment and pupils it will be employed upon. It is not suitable to provide staff with physical intervention techniques without putting its use into appropriate context.

Any training regarding Restrictive Physical Intervention and associated practices should be carried out by accredited organisations, for example accredited under the BILD National Physical Intervention Accreditation Scheme. CFLP staff are trained by Crisis Prevention Institute, which is certified by Bild ACT. This ensures that training is facilitated by suitably qualified, professional trainers with an appropriate background and experience of the services delivered.

Commissioners of such training must ensure that the physical techniques that staff will be taught have been medically risk assessed and assessed to ensure that they are not adverse or painful in their application.

3.8 Dress Code

Heads/Exec Head must ensure that staff who may be involved in the application of restrictive physical interventions must implement local arrangements that require the staff involved in restrictive physical interventions to:-

- wear suitable clothing that allows freedom of movement;
- wear sensible low heel footwear;
- tie long hair up
- not wear any jewellery and/or piercings that could cause injury; and
- ensure that finger nails are kept short to prevent scratching injuries to pupils when implementing any physical interventions.

3.9 Monitoring and Review.

Our schools will monitor the use of restrictive physical interventions, look for trends, and work to devise strategies that can minimise the use of interventions, or make them safer for all involved. This information must be documented and a summary provided to the relevant senior staff/local advisory board members

Local Advisory Board Members must review and evaluate the restrictive physical interventions taking place in their roles for which they have responsibility quarterly. Where necessary, they must make recommendations for staff to implement regarding the use of restrictive physical intervention. The Children First Learning Partnership Board of Directors will review this policy on an annual basis and will via the Inclusion Link meetings monitor the frequency and schools response to all RPI incidents.

4. Specialist Advice

If Heads/Exec Heads require specialist advice and support regarding implementation of safe restrictive physical intervention practices they can contact Mrs E Holt, certified trainer in CPI's Safety Intervention Training Strategic Health and Safety Service who will provide contact details of the MAT's training providers with whom specialist advice is available.
In Special School settings assistance is available from the Instructor team for PROACT-SCIPr-UK® in Staffordshire via the Educational Psychology Service. Within other educational settings advice is also available from the Educational Psychologist designated for the setting or the District Senior Educational Psychologist.

Advice regarding Deprivation of Liberties issues and the impact of the Mental Capacity Act should be obtained from the Deprivation of Liberties Team.

5. Health Safety and Wellbeing Supporting Information

- Restrictive Physical Intervention Schools and Children G16

6. Forms

CFLP Restrictive Physical Intervention Protocol and Risk Assessment HSF57
CFLP Post-incident Staff Debriefing Prompt
CFLP RPI Incident Report Checklist for School Staff
CFLP RPI Record for Parents HSF56

Version Control and History

Version	Date	Amendment	By
V2	19.10.2024	Date of review- Dec 2023 and ratification changed to Dec 2024 (Front cover)	E Goodyear
V2	19.10.2024	Document the agreed management strategies and the risk levels using the Decision Making Matrix (CPI) Page 5	E Goodyear
V2	19.10.2024	Added Decision Making Matrix Image CPI Safer Intervention TM Page 5	E Goodyear
V3	15.10.2025	Amended dates on front cover. Aligned language with CPI programme. In section 4.7 - added CFLP staff are trained by Crisis Prevention Institute, which is certified by Bild ACT.	E Holt