

# Restrictive Physical Intervention Policy

## ISP School Battle



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## **1. Objectives**

This policy aims to:

- Promote the safe and effective management of behaviour to safeguard and protect children and young people
- Promote the development of effective relationships and interpersonal skills and the focus on de-escalation to minimise the need to use restrictive physical intervention
- Ensure that restrictive physical intervention is to be used as an absolute last resort, to prevent injury to the child, others, or significant damage to property or, in schools only to maintain good order and discipline
- Promote clarity of expectation for all adults in order to provide a consistent and safe environment for children and adults

## **2. Scope**

The focus of this policy is the effective management of extremely challenging or inappropriate behaviour and the appropriate use of restrictive physical intervention, when absolutely necessary, in these circumstances.

## **3. Definitions**

Restraint is defined as 'direct physical contact to overpower an individual.' (Hart 2008:3 Restrictive Physical Intervention in Secure Children's Homes, DCSF).

## **4. General**

Restrictive Physical Intervention is only one technique in a range of possible responses to threatening or actual violent behaviour. It must therefore only be used when other methods, not involving the use of force, are unlikely to achieve the desired outcome. Management of behaviour should always be seen in the context of the total relationship between adults and children. At our school we actively promote children taking ownership of their own behaviours with positive support from adults – refer to our Behaviour Policy, Behaviour Statement and Behaviour Curriculum.

Restrictive physical intervention must be used as little as possible, always as a last resort, the minimum force necessary used to prevent injury or serious damage and employed for the shortest duration.

The application of all forms of corporal punishment (i.e. physical punishment, including pushing, cuffing, striking etc) and any intentional application of physical force used as a punishment are prohibited and unlawful. Restrictive physical intervention must not be used to simply secure compliance with staff instructions.

Every episode of restrictive physical intervention must be fully documented.

Our school will respect our children and build good relationships in a safe and calm atmosphere, enhanced by a policy of positive reinforcement for positive behaviour. Whilst adults will on occasions have to make instant but measured decisions, time to assess situations and consult with colleagues will enhance decision-making.

Children may perceive all actions by school adults in light of their powerful position in terms of status and authority as a reinforcement of this. It is important that all uses of restrictive physical intervention are practised in an anti-discriminatory way, sensitive to and respectful of cultural expectations and attitudes towards physical contact as well as taking into account specific considerations of special need.

The issue of restrictive physical intervention raises difficult decisions for professionals and it is important that this procedure is followed. If professionals believe inappropriate restrictive physical intervention has taken place they must report this to the DSL/Head teacher and a referral made to the Local Authority Designated Officer- link to [LADO](#) contact **within 1 working day**. All incidents of alleged or suspected inappropriate restrictive physical intervention will be investigated according to safeguarding procedures.

## **5. Levels of Interactions to Manage Children's Behaviours**

### **De-escalation**

- On a basic level, de-escalation means 'to bring down'. The objective of de-escalation is to prevent aggressive and dangerous situations from occurring and so in some situations, reduce the need for restrictive interventions.
- De-escalation can take many forms, but to provide safe, effective and fast de-escalation it is important to get to know the child, what makes them sad, what makes them happy, who are the important people in their lives and much more.

### **De-escalation techniques Communication:**

#### **Voice**

- Introduce yourself
- Gentle and calm tone of voice
- Familiar words
- Use their name regularly
- Acknowledge their feelings
- Never interrupt
- Break down tasks into smaller steps
- One questions at a time
- Ensure understanding
- Avoid invalidation
- Be positive

#### **Body Language**

- Face the person
- Calm demeanour
- Eye contact
- Smile
- Go slow
- Plenty of space

There are 3 levels of interaction which can be used as an attempt to manage children's behaviour:-

- Management by simple physical presence, involving no contact
- Non Restrictive Physical Intervention - Guiding a child to support them to manage a situation. This should be seen as supportive rather than attempting to enforce control and it is therefore distinct from restrictive physical intervention. e.g. this could be taking a child by the arm to lead them away, or laying hands on shoulders to gain attention;
- Restrictive Physical Intervention, the purposeful physical intervention used to control a child or positively apply force with the intention of overpowering the child.

## **6. Preventative Strategies**

The DSL/Head Teacher, Leadership Team and all school adults should establish a positive culture aimed at creating and promoting a calm environment in order to minimise the risk of incidents that might require the use of restrictive physical intervention.

All staff should be given the opportunity to develop a range of skills to positively manage behaviour, prevent and defuse situations from escalating and resulting in restrictive physical intervention.

Useful strategies include:

- Safeguarding Risk Profiles or similar tools assist in identifying a child's specific needs, areas that have caused conflict in managing a child's behaviour and detail strategies that have been used to manage them. The plan will therefore provide our school team information about where issues of control may cause concern. This information will be most effective where children, school adults, parents and other agencies are working in partnership to devise, monitor and regularly review the profiles.
- Good quality information and communication provide our school adults with possible trigger points that may predict and prevent conflict;
- Risk assessment should be based on the individual child and wider factors affecting them, e.g. the group dynamics, previous history;
- Plans and risk assessments should example children with disabilities or take account of specific needs for speech and language difficulties;
- Preventative strategies should aim to include an understanding of the context in which conflict may arise;

- Diverting attention may avoid conflict by giving the child space, offering opportunity for the child to back down without losing face, or for school adults to negotiate, compromise and apologise where appropriate.

## **7. Use of Restrictive Physical Intervention**

The proper use of restrictive physical intervention requires judgement, skill, and knowledge of non-harmful methods of control. Professionals should have relevant and up to date training in the techniques.

Restrictive physical intervention must only be used, when necessary, to:

- Prevent risk, injury or danger to the child;
- Prevent risk, injury or danger to others;
- Prevent serious damage to property;
- Maintain good order and discipline (schools only - used only as a last resort and in accordance with the school's policy).

The decision to use restrictive physical intervention lies with the professionals present at the time and can only be made on the assessment of risk at the time, following failed de-escalation attempts. This must include the risk to professionals from the use of, or failure to use, restrictive physical intervention.

Management of behaviour may take many forms and may vary in degree according to the presenting issues. The purpose is to take immediate control of a dangerous situation and to reduce significantly the threat the child poses to themselves or others or threat or damage to property.

If restrictive physical intervention is required, only that force necessary to prevent injury or damage must be used and must be proportionate to the risk presented.

## **8. Doctrine of Minimum Force**

If restrictive physical intervention is used without reasonable cause, it could under common law constitute unlawful restriction of liberty or under criminal law, assault.

The amount of force actually used must be proportionate to the degree of risk and the level of force being used by the child.

## **9. Permissible Restrictive Physical Intervention**

Whenever possible, adults must give a verbal warning, repeated if necessary, before undertaking restrictive physical intervention. This may bring the situation under control.

If a child needs restrictive physical intervention where possible the adults should ensure there is another adult present. Where possible other children should be removed from the situation.

Adults should advise and reassure the child that restrictive physical intervention will cease when they regain self-control or are safe, so reducing the length of time for which it is necessary.

Only approved restrictive physical intervention techniques must be used. The responsibility for approving a method of restrictive physical intervention lies with the governing body of our school. In doing this the governing body must be satisfied that the method approved is safe and appropriate to the needs of the children and the school and addresses the demands of day to day practice. In our school we use Protecting Rights in a Caring Environment (PRICE).

## **10. Following Use of Restrictive Physical Intervention**

As soon as a child is in control of their behaviour or is safe they must be released from restrictive physical intervention. The situation may not have been resolved for the child and a further period of close supervision may be necessary.

As soon as is practicable adults must ask whether the child has any injuries. This must be carried out by a qualified First Aider, or by the Head/Responsible person and recorded on the child's records. Completion of a body map is encouraged. In exceptional circumstances a medical examination may be required, although a child of sufficient age and understanding may refuse permission for this to occur. All circumstances, detail of injuries, actions and decisions must be recorded on the record of physical intervention slip on Behaviour Watch. Wherever available, a child must be offered to be seen by a First Aider as soon as possible following the use of restrictive physical intervention.

The child's parent/carer must be informed at the earliest opportunity.

Adults may need to be medically examined or seek medical advice.

If a child is assaulted or alleges that they have been they must be given the opportunity to report this to the Police and to the [LADO](#), [Local Contact Details](#)

If an adult is assaulted they also have the right to report this to the Police.

Professional judgement will need to be made as to when to return the child to the group. It must not be done to humiliate or confer status on the child.

Following an incident all parties will need to talk about/debrief the restrictive physical intervention. The purpose of this is to:

- Reflect upon and analyse the incident and understand why the restrictive physical intervention took place;
- Discuss what action could prevent this in the future;
- Consider whether the child's individual needs, including diversity, have been considered and addressed;
- Review the child's Safeguarding Risk Profile;
- Identify any further post-incident support which may be required.

The child must be given the opportunity to debrief in a manner suited to his/her individual needs. The debrief must be undertaken with the child at a time when the child is able to listen, wherever possible within 48 hours of the incident. The debrief should be done wherever possible with a member of staff not involved in the restrictive physical intervention. The purpose of this is to provide opportunity for the child to express their own views of the incident and raise any concerns. The debrief must be recorded.

If a serious incident has occurred, a person with overall responsibility may need to have a formal recorded meeting with the child to outline the unacceptable nature of the behaviour and future action that may be taken should this behaviour be repeated

The child may wish to make a complaint following an incident or discuss the incident further with a member of staff, parent/carer or independent person (Advocate). If a complaint is made we will follow our own internal complaints procedure / [Allegations Against People who Work with, Care for or Volunteer with Children](#)

In such a situation all relevant evidence must be preserved and safeguarded, for example incident reports and body maps.

## **11. Recording and Reporting**

At our school we have developed our own agreed format and documentation for recording any incident on an online database: Behaviour Watch. An incident must be clearly recorded in our agreed format within 24 hours.

## **12. Monitoring**

Monitoring of all incidents involving restrictive physical intervention is essential in order to identify where lessons can be learnt and to prevent the build up of unsafe practice.

We are proud of the way in which we work within our school community as during the following periods the amount of restrictive physical interventions were as follows:

2021-2022 – three restrictive physical interventions

2022-2023 – two restrictive physical interventions

2023-2024 – three restrictive physical interventions

2024-2025 – two restrictive physical interventions

The Head Teacher will monitor each incident, this will include meeting with the child to ascertain their views and feelings following the incident, appropriate to age and level of understanding. This will be documented and placed on the child's file