

Restrictive Physical Intervention Policy

1. Purpose and scope

The Head of Setting has the responsibility to maintain the safety and wellbeing of the children and young people (CYP) and staff. This policy focuses on how we may use physical intervention with CYP, the processes we have in place to ensure we are recording and reporting all instances of restrictive physical intervention (RPI) and how we are working to reduce its use in our educational settings.

This policy has been written considering the need to comply with the requirements of the Manual Handling Operations Regulations, 1992 (revised 1998 edition), and the Health and Safety at Work Act, 1974. It takes full account of the Equality Act 2010, the Children and Families Act 2014, the Health and Social Care Act 2008 (applicable to residential settings), the European Convention for the Protection of Human Rights and Fundamental Freedoms and the EU Charter of Fundamental Rights. It also complies with and supplements the relevant provisions of the Education Act 1996, Education and Inspections Act 2006 and the Government's directives to reduce school exclusions (schools only).

This policy must be read in conjunction with the following policies:

- Child Protection and Safeguarding Policy and Procedures
- Adult at Risk Safeguarding and Protection Policy and Procedures
- Anti-bullying Policy
- Behaviour Policy
- Exclusions Policy
- Debriefing policy
- Health & Safety Policy
- Staff Code of Conduct
- Whistleblowing Policy
- Deprivation of Liberty policy (Colleges only)
- Mental Capacity policy

2. The context

The Ambitious Approach to education, applied in our education settings, requires all policy and practice to afford our CYP with dignity, compassion and respect. Our Ambitious Approach is centred around improving the quality of life of autistic children and young people while they are in our settings and ensuring this quality of life continues into adulthood. It is based upon a person's indisputable rights to be:

- Treated with dignity and compassion
- Valued
- Listened to
- Supported to have the best quality of life possible
- Empowered to make choices and decide on how they want to live their life.

RPI, both planned and unplanned, can undermine dignity, respect and compassion and this policy has been written to significantly minimise its use and minimise the potential negative impacts.

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Any RPI interventions used must be carried out according to the principles and guidance as set out in their training on the use of RPI. Only staff who have undergone CALM or MAYBO accredited training in physical intervention can use it. Where agency staff are employed, they are not permitted to physically intervene. The one exception to this rule is that staff can intervene and use reasonable force to prevent CYP from hurting themselves or others.

Any intervention aimed to deliberately punish a learner/pupil, or which is primarily intended to cause pain, injury or humiliation is unlawful and will be considered an act of gross misconduct. Examples of this include hitting, pushing, slapping, kicking, poking or prodding a child or young person. Staff who engage in any such act would render themselves liable for dismissal and being referred to the Disclosure and Barring Service (DBS).

3. Our principles

- Our education and residential settings utilise Positive Behaviour Support (PBS), providing the right support at the right time. We teach, and promote the application of, new skills that help prevent and minimise behaviours of distress and improve children and young people’s quality of life.
- For some of our children and young people, we will also pay regard to function-based interventions, motivation and reinforcement.
- We understand that behaviours of distress have a communicative intent.
- Where RPI is required, it will only be used as a last resort, where a child or young person is putting themselves or others at risk and all other non-restrictive approaches have proved to be unsuccessful. It must be reasonable, proportionate and necessary and must never be used as a punitive measure.
- At all times our staff will be committed to using ‘the least to most’ approach to physical intervention.
- Not all behaviours of distress require RPI. Staff must try proactive strategies in the first instance.
- Where staff use or observe a RPI that causes them concern, it is their duty to report this by following the processes set out in our safeguarding policies.
- We have a duty of care to ensure learners and staff are kept safe.

4. Terminology / Definitions

The term ‘positive handling’ is often used to describe physical intervention/restraint. We have chosen to use the term ‘physical intervention’ because, based on personal testimony, people who have been restrained rarely experience such interventions as ‘positive handling’. In calling it ‘physical intervention’ we aim to avoid the potential for language softening perceptions and, instead, seek to keep staff focussed on the key issues that need to be held in mind.

In this policy we define ‘behaviours of distress’ as

‘behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or delay access to and use of ordinary community facilities’

We use the term ‘behaviours of distress’ to refer to the distress that may underpin the behaviour and/or the distress caused.

5. The importance of the environment

The importance of the environment can serve to nurture and enrich, and facilitate development, but can also disrupt and thwart, leading to less optimal development,

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disharmony, defiance, developmental regression or alienation. All of which can lead to behaviours of distress. Meeting pupil's/ learner's needs removes the need to employ physical intervention. The Ambitious Approach involves attending to physical and psychological needs by

- *Employing impactful, high quality teaching.* Our teachers:
 - engage in high quality instruction.
 - create a classroom climate that has high expectations whilst recognising and promoting students' self-worth
 - have enhanced pedagogical knowledge relating to autism.
- *Meeting physical needs.* Our staff monitor:
 - hunger
 - tiredness
 - feeling unsafe
 - over stimulation
 - under stimulation.
- *Meeting psychological needs.* Our staff promote:
 - **Autonomy:** Creating as many opportunities as possible for CYP to exercise the need for autonomy and limiting, as far as possible, practices that undermine autonomy. They also build CYP capacity and tolerance to manage situations where autonomy is limited.
 - **Competence:** Organising the environment and tasks so CYP can be effective in their interactions with the environment.
 - **Relatedness:** Developing and maintaining strong and supportive emotional bonds between staff and CYP.

6. Reducing the use of RPI

All interventions should be in accordance with individual PBS plans that are put in place for an appropriate period. The desired outcome of the PBS approach is that over time pupils'/learners' skills and quality of life will increase and inversely the instances of behaviours of distress will decrease. Physical interventions will be systematically faded out as determined by data, trans-disciplinary review and monitoring.

The Senior Leader responsible for the Ambitious Approach within the setting is responsible for ensuring minimal rates of physical intervention. We gather and report on data, termly, around the use of physical interventions in our settings. We report to the following:

- Governing Body
- Education Committee
- Safeguarding Board
- Board of Trustees

7. Assessing the need for physical intervention and documenting it

When joining a setting, a Risk Assessment of Behaviours of Distress is carried out. When risk assessments identify risks that might need to be mitigated using physical intervention, a PBS plan is co-produced by the staff team around the child or young person. The PBS plan specifies which interventions can be used and when, they are classified and recorded on Behaviour Watch/ Databridge as 'planned interventions'.

PBS plans primarily focus on the preventative and proactive strategies to use to avoid distress escalating into a situation that may require physical intervention. Not all plans will include the use of physical intervention as a reactive strategy and where they do, the least restrictive interventions will be selected. Physical intervention will only be used when there is:

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1. An immediate and clear risk to the pupil/ learner's, or others' safety;
2. An immediate and clear risk of serious damage to property;
3. An immediate and clear risk of a criminal offence being committed.

If a physical intervention is used that isn't included in a PBS plan, this is classified and recorded on Behaviour Watch/ Databridge as an 'unplanned intervention'. Any use of unplanned interventions results in a risk assessment being undertaken.

All risk assessments and PBS plans are updated at least every six months.

8. Recording a RPI

All restraints, both planned and unplanned, must be recorded in our cloud-based reporting system. Staff must be trained in reporting during their induction period.

- If an intervention is set out in a young person's PBS plan, it should be recorded as a **planned physical intervention** whenever it is used.
- If an intervention is not set out in a young person's PBS plan, it should be recorded as an **unplanned physical intervention** whenever it is used. In addition, if an intervention set out in a PBS plan lasts longer than 15 minutes, or results in injury to either the learner or a staff member, then it should be recorded as an **unplanned physical intervention**.

9. Debriefing

Debriefing after an incident is essential in supporting staff, pupils and learners to process any resulting distress, to learn from the experience and use it to inform best practice. Our debriefing policy provides details of the different types of debriefs provided.

Learners/pupils are also given appropriate debriefs after an incident, so they are supported to understand the situation that has just occurred. This may take place through talking about the incident with a trusted member of staff, or for some CYP, the use of social stories or other supportive communication aids.

There should be a clear delineation between debriefing for emotional purposes and debriefing for learning purposes e.g. to learn lessons from an event.

10. Monitoring and Reviewing Systems

All Incident/Accident Reports must be checked by a nominated individual, this will differ in each of the settings. The nominated lead will alert a RPI trainer/PBSS, or the senior leader with responsibility for behaviour when either a planned or unplanned restraint has been used. Both MAYBO and CALM require reports to be submitted providing data on the use of RPI. The Ambitious Approach Leads in each setting are responsible for submitting these reports. It is the responsibility of this person to (1) ensure the restraint has been recorded appropriately on Behaviour Watch or Databridge, and (2) in the case of unplanned intervention, to review the PBS plan / Risk Assessment for Behaviours of Distress and make corresponding recommendations accordingly.

Each setting must have processes in place to ensure all Risk Assessments for Behaviours of Distress and corresponding PBS plans are updated in line with policy. This tracking system must log the reasons for changes made and the impact of these changes.

The lead person for H&S/RPI in each of the settings must review all Incident/Accident reports

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weekly and complete a detailed analysis of incidents. Both reviews and analyses should be reported to the Senior Leadership Team monthly. In addition, termly Health and Safety Reports must be completed, which detail incident, accident and near miss events, and RIDDOR reports with a comparison of events against previous years' entries.

RPI logs are audited monthly by the member of the PBS Team who provides support to the learner/pupil to ensure:

- RPI is being recorded when it has been used;
- The RPI log is completed with the appropriate information;
- Interventions are used in an appropriate manner (i.e. where non-restraints have been unsuccessful in keeping the young person safe);
- The frequency of RPI is monitored and the PBS plan is amended in line with this if needed;

11. Consent

Parents, carers and guardians of children under the age of 16 and over the age of 16 where a young person doesn't have capacity to make informed decisions, have a right to be informed about any plans to use physical intervention and to know when such intervention has been used. They also have an important role to play in helping staff to provide the best support possible for their child or young person. Therefore, parents/carers/guardians are consulted in the process of developing PBS plans. They also receive copies of completed risk assessments and finalised PBS plans. Parents are invited to contact their child's key worker or teacher to share any questions and concerns. The key worker/class teacher will either address the issues raised directly or will pass them on to another member of staff who will respond.

When developing behaviour support plans that include physical interventions, consent is sought from young people over the age of 16 who have capacity to make informed decision, to ensure their autonomy is respected and they are involved in their own care. Seeking their consent helps to build trust, ensures that the interventions are in their best interests and aligns with legal and ethical standards. It also promotes a collaborative approach, to help the young person feel valued and heard in the decision-making process. If consent is not obtained, having discussed and explored the issues arising, final decisions about physical interventions to be included in support plans must be guided by their necessity and they must always be proportionate and in the young person's interests. We are always willing and able to discuss any parent/carer concerns about the use of physical interventions in our settings. Where a young person has capacity and is over 16, we will seek their consent to discuss their risk assessments and corresponding plans with their parents/carers. Where we don't obtain this, we are still able to provide general information about our approach.

12. Training

It is important that all staff are autism confident. They need to be deemed competent and confident to do their job well.

- All staff will receive autism training, safeguarding training and CALM or Maybo physical intervention training as part of their induction.
- All staff will take part in regular refreshers and workshops in the appropriate use of RPI.
- All staff will have training in recording RPIs on the settings digital recording platform.

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