Restrictive Physical Intervention Policy 2025-26 (Version 3)

The RPI Policy in respect of Oxhey First School has been discussed and adopted by the Local Advisory Board in Dec 2025.	
Chair of Board:	*Mrs. W. Parrott*
Responsible Officer:	*Head od School – Mrs. K. Proffitt*
Agreed and ratified by the Local Advisory Board on: Dec 2025	
To be reviewed:	*December 2026*

Success Indicators

The following indicators will demonstrate an appropriate level of compliance with this document and its procedures:

a) Practices and procedures are based on the expectation that as far as possible settings and services will be restraint free.

b) Workplaces that have to manage challenging situations have clearly implemented lower level/suitable controls to reduce the frequency and level of restrictive interventions required to manage risk behaviours.

c) Restrictive physical interventions are used within a context that promotes prevention and alternative ways of responding to challenging behaviour, and are a last resort and not routine.

d) Service Users/Pupils have individual risk assessments and restrictive intervention protocol /plans documenting when and how restrictive interventions will be used and these are produced following reference to the Targeted Strategy Plans/Personal Learning Plans developed by multidisciplinary assessments.

e) Restrictive interventions are accurately recorded and risk assessments reviewed to allow continuous improvement in management of risk behaviours.

f) Staff working with service users/pupils that require restrictive physical interventions have received appropriate training.

1. Application

This management arrangement applies to all Children First Learning Partnership employed staff who may use restrictive physical interventions in the provision of services to adults, children and service users with learning disabilities. Those commissioning services where individuals may have needs that may result in the use of restrictive physical interventions should ensure that those commissioned are able to demonstrate their ability to meet the above success indicators.

This document should be read in conjunction with either G15 Restrictive Physical Intervention and Adult Service Users or G16 Restrictive Physical Intervention with Young People and the Management of Violence and Aggression Policy HR118. This document does not consider the issue of deprivation of liberty but focuses on the principles that should be applied to the use of restrictive physical intervention.

Schools and other settings may use this management arrangement and associated guidance as their own policy on the use of restrictive physical interventions or they may produce their own using this policy to identify the minimum standards of acceptable practice. Reference should therefore be made to this document in the appropriate part of the Schools Behaviour Policy outlining how staff have been made aware of the content.

2. Overview

Some staff engage in the delivery of services working with service users and pupils who display complex behaviours that can be challenging to the service 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. This document in no way limits or removes an employee's right to use reasonable force to protect themselves or others from the threat of harm.

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 council 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 service user/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.

Staff working with adults who display challenging behaviours must have consideration for the provisions of the Mental Capacity Act 2005. This document does not consider the issues of deprivation of liberty of service users in detail but focuses on the principles that should be applied to the use of restrictive physical intervention. Staff involved in the use of restrictive physical intervention with adult service users must be aware that its inappropriate or disproportionate use may constitute a deprivation of liberty of the individual. Appropriate and proportionate use of restraint with an individual who lacks capacity falls short of deprivation of liberty. Further information sources regarding deprivation of liberty can be obtained from the Deprivation of Liberties Team by e mailing deprivationofliberty@staffordshire.gov.uk

This document reflects national standards which form part of the "Positive and Proactive Care: Reducing the need for restrictive interventions," Department of Health 2014 & Department for Education "The use of reasonable force – Advice for Headteachers, staff and governing bodies" July 2013.

3. Aims and Objectives

It is the aim of this management standard to make restrictive physical intervention as safe as practicable, relevant and practical for staff, service users and pupils.
Implementation of the document and associated guidance will help services to address important outcomes for service user/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 service user/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 service users/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 service user/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.

4. Application

4.1 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 service users/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 service users/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.

4.1.2 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 service user/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 service user/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.

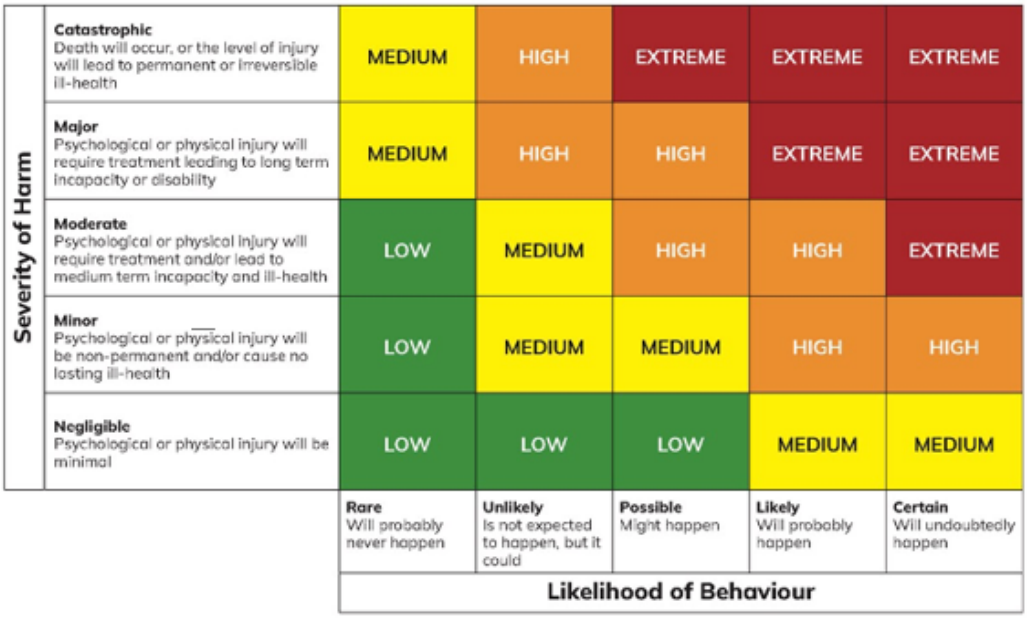
4.1.3 Risk Assessment

Whenever it is foreseeable that a service user/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	Likelihood of Behaviour: 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

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 ™

When the need for restrictive physical intervention is agreed, it is important that appropriate steps are taken to minimise the risks to staff and service users/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.

4.2 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 Council's Medication Management Arrangements HR109, and not used as a routine method of managing distress behaviours.

4.3 Devices for Restricting Movement

Devices that are required for a therapeutic purpose for a disabled adult or 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 HSF 57.

4.4 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 service user/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 service user/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.

4.5 Documenting Restrictive Physical Intervention Strategies

If it is agreed that a child or adult 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 plan/records. (See Standard Document HSF57 Physical Intervention Protocol form upon which 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 or independent advocates in the case of adults;
- 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 service user/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.

4.6 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 the CFLP Restrictive Physical Intervention Record of Incident form HSF56. The written record of the use of a restrictive physical intervention must indicate:-

- The names of the staff and service users/pupils and any other parties involved;
- The reason for using the restrictive physical intervention employed;
- The type and duration of the restrictive physical intervention;
- Whether the service user/pupil or anyone else experienced injury or distress and, if they did, what action was taken.

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. Further details of activities that should be undertaken following incidents of Restrictive Physical Intervention are provided in Restrictive Physical Intervention and Adult Service Users G15 and Restrictive Physical Intervention Schools and Children G16.

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 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.

4.7 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 service user/pupil.

Training in the use of restrictive physical interventions must be recorded and refreshed in accordance with the training provider's accreditation scheme which is often annually. 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 service users/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.

4.8 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 service users/pupils when implementing any physical interventions.

4.9 Monitoring and Review.

The Care Quality Commission (CQC) and OFSTED will monitor the implementation of these procedures as part of their roles in order to protect the interests of the service uses/pupils who are exposed to the use of restrictive physical interventions. These regulating bodies may require settings to record and report information relating to the use of restrictive physical interventions in a specific format.

Local services and establishments/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

Senior managers/Local Advisory Board Members must review and evaluate the restrictive physical interventions taking place in the service for which they have responsibility quarterly. Where necessary, they must make recommendations for staff to implement regarding the use of restrictive physical intervention.

5. 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.

6. Health Safety and Wellbeing Supporting Information

- Restrictive Physical Intervention and Adult Service Users G15
- Restrictive Physical Intervention Schools and Children G16

7. Forms

CFLP Restrictive Physical Intervention Record of Incident form HSF56
CFLP Restrictive Physical Intervention Protocol HSF57

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