

Restrictive Physical Intervention Policy

1. Purpose

The purpose of this policy is to outline AaA(ST)'s approach to minimising the use restrictive and physical interventions within our education settings. It sets out the principles and procedures that guide staff in responding to situations where intervention may be necessary to prevent harm, while prioritising the dignity, rights, and wellbeing of pupils/learners.

This policy applies to all staff and volunteers working directly with pupils/learners.

2. The Statutory guidance

The following statutory guidance shall be followed by AaA and AaAST:

- Manual Handling Operations Regulations, 1992 (revised 1998 edition)
- The Health and Safety at Work Act, 1974
- 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
- Protection from Sexual Harassment Duty 2025
- Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025
- Restrictive interventions, including use of reasonable force, in schools Guidance for schools in England, 2026

3. Policy statement

AaA(ST) is committed to creating safe, supportive, and inclusive learning environments where restrictive and physical interventions are used only as a last resort, when necessary to prevent imminent harm. We aim to minimise the use of such interventions through proactive strategies, positive relationships, and personalised support. All restrictive and physical interventions must be legally compliant, ethically sound, and in the best interests of the pupil/ learner, with a clear focus on reducing reliance over time and promoting autonomy and emotional regulation.

4. Key principles

The following key principles should be followed to support the policy statement above:

4.1 Upholding Dignity and Rights - All pupils/learners must be treated with dignity, compassion, and respect. We achieve this by ensuring:

- Staff are trained to recognise the emotional impact of restrictive physical intervention (RPI) and to avoid its use unless absolutely necessary.
- Language used in documentation and communication avoids euphemisms such as “positive handling”, maintaining clarity and accountability.
- Pupils and learners are supported to advocate for themselves and feel empowered to express their needs and preferences.

4.2 Least Restrictive Practice - RPI is used only as a last resort when there is an immediate risk to self, others, or property. We ensure this by:

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- Staff following a 'least to most' approach when responding to pupil/learner escalation, in line with, and reflected, in planning
- Exhausting all other strategies before RPI is considered.
- Ensuring RPI is reasonable, proportionate, necessary, and never used punitively.

4.3 Environmental Responsiveness - The physical and psychological environment must support wellbeing and reduce distress. Staff do this by:

- Monitoring physical needs such as hunger, tiredness, and sensory stimulation.
- Supporting emotional needs through strong, attuned relationships.
- Creating classrooms that are predictable, safe, and responsive to individual needs.

4.4 Individualised Planning - Planning is put in place for pupils/learners who present with significant risk, as evidenced through data.

- Positive Behaviour Support (PBS) Plans are written by trained and supervised PBS professionals. They consist of primarily proactive strategies that ensure an individual's needs are met, their quality of life improves, and stress is reduced, making behaviours of concern less likely to occur, and thus the requirement of RPI less likely also.
- Risk assessments specify which restrictive and physical interventions may be used, when all preventative and de-escalation strategies have failed, and under what conditions.
- All pupils/learners are risk assessed on entry. Where risk is identified, a risk assessment document and PBS plan is implemented and reviewed every six months. Reviews occur sooner if plans are ineffective or following an incident of significance.
- When a pupil/learner without an existing risk assessment or PBS plan begins to exhibit behaviours of concern, a risk assessment must be undertaken without delay. PBS plans are co-produced with the staff team, allied professionals, and parents/carers, whose insights are valued as essential to shaping effective and personalised support.
- Plans primarily consist of preventative and proactive interventions.

4.5 Safe and Ethical Practice - Only trained staff may use RPI, and any harmful or punitive use is strictly prohibited. We ensure this by:

- Permitting only staff trained in CALM or MAYBO to use RPI.
- Prohibiting agency staff from using physical interventions.
- Treating any act intended to punish or cause harm as gross misconduct, with mandatory reporting to safeguarding leads and the Disclosure and Barring Service (DBS).

4.6 Monitoring and Reduction - RPI use is monitored and reduced over time through data-informed practice. This includes:

- Termly data reports submitted to the Governing Body of each setting, Education Committee, Safeguarding Board, and Trustees.
- A designated senior leader regularly reviewing incident trends and initiating action planning as needed.

4.7 Transparent Recording - All RPI incidents are accurately recorded and reviewed. This is achieved by:

- Training staff in accurate reporting during induction.
- Logging planned interventions accurately and before the end of the setting day.
- Reviewing use of unplanned RPI (those not included in a risk assessment).

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Recording any intervention lasting over 15 minutes or resulting in injury to the individual being intervened with as unplanned.

4.8 Supportive Debriefing - Debriefing supports emotional recovery and learning for both staff and pupils/ learners. It includes:

- Offering 'hot debriefs' to all staff following distressing incidents involving pupil/learner escalation.
- Requiring all involved staff to attend 'cold debriefs' to share reflections and learning aimed at preventing recurrence.
- Supporting pupils/learners through trusted relationships and the use of effective, appropriate communication supports.

4.9 Consent in Plans Involving Physical Intervention - Whilst we are committed to seeking and respecting consent wherever possible, there are circumstances, particularly where safety and safeguarding are at risk, where RPI may be included in risk assessments without parent, legal guardian or learner consent:

- Parents/carers are actively involved in developing PBS plans and receive copies of risk assessments and finalised plans. Their insights are valued in shaping proactive strategies. If physical intervention is deemed necessary to prevent harm, it will be included in the risk assessment regardless of parental consent, based on our duty of care and safeguarding responsibilities to the individual and the wider learner and staff community. Families are informed of the rationale and safeguards and encouraged to discuss concerns. Pupils/learners are actively engaged in PBS planning and have plans explained at a developmentally and age-appropriate level. If physical intervention is assessed as necessary, it is included in plans regardless of assent or consent. This decision is guided by necessity, proportionality, and best interests, with documentation of the decision and ongoing support for families or legal guardians.

4.10 Reporting use of RPI to parents/ carers - Settings report significant use of force¹ to the parents/ carers of pupils and learners in writing as soon as practicable after the incident. The expectation is that this is done no later than the same day. Where a learner is over the age of 20 and has capacity, they should be consulted about notifying their parents/ carers.

The report should include:

- the time, date, location and approximate duration of the intervention
- a brief account of why the intervention was assessed as necessary in that instance
- a brief account of what type of intervention was used
- details of any physical injuries sustained.

This reporting requirement applies even when the use of restrictive interventions has been agreed with parents as part of a pupil/learner's risk assessment and PBS plan.

¹ The DfE (April 2026) defines a "significant incident" as: "Any incident where the use of force goes beyond appropriate physical contact between pupils and staff. This includes when physical force is used to implement a non-physical restrictive intervention."

(Source: DfE Statutory Guidance on the Use of Reasonable Force and Restrictive Interventions, April 2026)

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4.11 Competence through Training - Staff must be autism-confident and trained in RPI, safeguarding, and reporting. In addition to ongoing in-role development of competencies in excellent autism education:

- Induction includes autism training, CALM/MAYBO training, and safeguarding training.
- Regular refreshers and workshops are provided.
- Staff are trained to use Behaviour Watch, Databridge or CPOMS for accurate reporting.

4.12 Seclusion - Seclusion refers to a non-disciplinary intervention where a pupil/learner is confined to a space away from others and prevented from leaving, including through the use of locked doors or exists that cannot be independently accessed. Our approach to seclusion is guided by the following principles:

- **Safety Only:** Seclusion is only used as a safety measure to protect others from harm when a pupil/learner is experiencing high levels of emotional or behavioural dysregulation that has become unmanageable using the existing techniques staff are trained in. It will never be used as punishment or a disciplinary response.
- **Environment:** The space used for seclusion will be safe, not feel threatening or intimidating, and allow for continuous supervision and two-way communication.
- **Duration:** Seclusion will end as soon as the immediate risk of harm has reduced. Pupils/learners will be supported to leave the space calmly.
- **Supervision:** A trained staff member will supervise the pupil/learner at all times during seclusion.
- **Recording and Reporting:** All incidents involving seclusion will be recorded in line with recording and reporting of RPI, as described above.
- **Review:** Seclusion incidents trigger a review of the pupil/ learner’s PBS plan and risk assessment, with the Head of the setting’s involvement, to prevent recurrence.

4.13 Non-Physical Restraint - Non-physical restraint refers to any restrictive intervention that limits a pupil/ learner’s movement without direct physical contact, such as blocking exits or positioning furniture to prevent leaving a space.

Our approach to non-physical restraint is guided by the following principles:

- **Safety Only:** Non-physical restraint will only be used when necessary to prevent imminent harm to self or others. It will never be used as punishment or a disciplinary measure.
- **Proportionality:** Non-physical restraint will be reasonable, proportionate, and for the shortest time possible.
- **Recording and Reporting:** All incidents involving non-physical restraint will be recorded in line with recording and reporting of RPI, as described above.
- **Review:** Non-physical restraint incidents trigger a review of the pupil/learner’s PBS plan and risk assessment to prevent recurrence.

5. Roles and Responsibilities:

5.1 Staff

- Use RPI only when trained and only as a last resort, in line with policy guidance.
- Implement PBS plans and follow escalation protocols as specified.
- Accurately record all incidents involving RPI on CPOMS, Behaviour Watch or Databridge.
- Participate in debriefs and reflective practice following incidents.
- Engage in ongoing training and maintain competence in autism practice, safeguarding, and RPI.

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Review and reflect on their RPI use during supervision and line management meetings.

5.2 Learners/Pupils

- Are supported to understand their PBS plans and contribute to their development.
- Are encouraged to express preferences, needs, and concerns regarding support strategies.
- Receive emotional support and opportunities for reflection following incidents.

5.3 PBS Team

- Respond to data indicating individual need for enhanced PBS provision through half termly review of data and distribution of priority caseloads.
- Undertake specialist assessments of behaviours of concern using a biopsychosocial model of understanding.
- Develop PBS plans, where risk is identified, using evidence-based strategies known to reduce behaviours of concern and minimise the need for restrictive practices.
- Complete risk assessments for behaviours of concern and detailing appropriate mitigation measures.
- Report on restrictive practices to senior leaders in settings on a half termly basis, including individual RPI usage, analysis of cases with high or increasing RPI, and an overview of plans in place to reduce RPI.
- Contribute to, and facilitate, cold debriefs and reflective conversations to inform responsive review and adaption of planning.

5.3 Governors/Trustees

- Governors ensure procedures for recording and reporting RPI use are in place, including reporting incidents to parents.
- Governors review and interrogate RPI data termly to ensure school leaders:
 - identify and implement improvements to practices, particularly where approaches have been used for some time but have not been effective.
 - identify areas of learning and development for school staff, supporting specific departments and teachers to improve understanding and practice.
 - understand pupils'/learner's repeat patterns and triggers to interrogate the effectiveness of pupil/ learner support measures, share this information with teachers who work with those pupils/learners to better support them and, where appropriate, their parents, to establish a behaviour support plan or revise an existing plan.
 - identify any disproportionate use of restrictive interventions in relation to pupils/ learners who share protected characteristics, have SEN, or other types of vulnerability.
- Governors consider the limitations of data and what can be inferred from it. Analysis should be proportionate and avoid over-interpreting small subgroups of people.

5.4 Managers / ELT / SMT

- Ensure staff are appropriately trained and supported.
- Oversee the development, review, and implementation of PBS plans and risk assessments.
- Review incident trends and initiate action planning to reduce RPI usage at the whole school, whole class and individual staff member level.
- Ensure accurate reporting and timely communication with families and safeguarding leads.
- Ensure oversight of policy implementation and safeguarding compliance.
- Support a culture of accountability and continuous improvement.

6. Other Key Policies

This policy should be read alongside the following other policies, which can be found on the AaA(ST) website, or requested:

- Child Protection and Safeguarding Policy and Procedures

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- 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

7. Further details

Appendix 1 contains a procedural guidance specific to mitigating emotional and psychological harm.

8. Monitoring Arrangements

This policy shall be reviewed by the Director of Education and approved by the Education and Care Committee on an annual basis.

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Appendix 1: Procedural Guidance: Assessing and mitigating harm in contexts of sexualised or discriminatory behaviour

This note is provided to promote clarity, consistency, and confidence in decision-making about proportional response to psychological and emotional harm to staff. Decisions about proportionality must be applied to psychological and emotional safety in the same way as physical safety, ensuring that all forms of harm are recognised and addressed lawfully, respectfully, and protectively.

Context:

In our education and residential settings, some pupils/ learners sometimes engage in behaviours that can be distressing, humiliating, or degrading to others, these include behaviours such as sexualised comments or touch, verbal aggression, and racial or other discriminatory language. These behaviours can be complex to interpret within the context of autism and learning disability. Staff members often differ in how they experience and respond to them. Some frame the behaviour as a feature of communication difference or emotional distress, which may reduce their immediate sense of threat or offence. Others experience significant discomfort, distress, or violation, irrespective of the pupil's/ learner's intent.

It is important that those undertaking risk assessments understand that a perceived lack of intent does not remove the potential for harm. Repeated or ongoing exposure to sexually inappropriate behaviour, discriminatory language, or other forms of non-physical aggression can have a cumulative psychological and emotional impact, even on staff who appear to tolerate such incidents well at the time. Over time, this exposure can contribute to desensitisation, compassion fatigue, burnout, and diminished wellbeing. These effects may not be immediately apparent but can influence staff resilience, morale, and their ability to maintain attuned relationships with pupils/learners. Protecting staff from non-physical harm is a core component of safe and ethical practice. The absence of physical injury does not equate to the absence of risk.

Definitions:

- *Psychological or emotional harm*: fear, distress, embarrassment, humiliation, or loss of trust caused by another's behaviour.
- *Cumulative harm*: emotion fatigue, distress or desensitisation resulting from repeated exposure to harmful behaviour.

Principles

1. *All forms of harm are significant*: Harm is not limited to physical injury; psychological distress, humiliation, loss of dignity are equally serious, especially when there is a cumulative exposure, and must be assessed
2. *Restraint reduction and protection coexist*: A commitment to restraint reduction must not result in tolerance of persistent sexualised or discriminatory behaviour that causes distress. Restraint is a last resort, but action to prevent psychological harm is a duty.
3. *Intent and impact are distinct*: Lack of intent does not remove the potential for harm. Staff decisions must focus on impact and likelihood, not motive.
4. *Staff wellbeing and dignity are integral to safe practice*: Staff are entitled to workplaces free from harassment or degrading treatment. Recognising emotional harm is a component of both safeguarding and professional safety.

Responsibility for Risk Assessments:

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Risk assessments must be undertaken following behaviours involving sexualised, discriminatory, or other behaviours reasonably experienced as abusive and must be led by a practitioner with verified competence in:

- Assessing emotional and psychological harm
- Safeguarding and sexual harassment/workplace safety legislation, and
- Behavioural risk assessment and intervention planning.

This will usually be a senior leader, Designated Safeguarding Lead (DSL), or behaviour specialist.

Reporting:

To ensure consistent practice:

- All incidents involving sexualised, discriminatory, or harmful behaviour must be recorded, regardless of perceived intent.
- Managers must monitor exposure to such behaviours and identify patterns of cumulative or repeated harm to staff.

Determining ‘consequence’ of sexualised, discriminatory, or harmful behaviour using the consequence rating guidance table.

When assessing the severity of consequence in incidents involving sexualised, discriminatory, or harmful behaviour, practitioners must:

- Assess impact on staff wellbeing and functioning, not solely physical injury.
- Consider cumulative exposure: repeated ‘low-level’ incidents may escalate in harm over time.
- Distinguish intent from impact: perceived intent does not negate the risk or severity of harm.
- Apply precautionary grading: when uncertain, assign a higher consequence rating and document the rationale.

Consequence Rating Guidance Table:

Rating	Descriptor	Psychological / Emotional Harm Examples	Cumulative Consequences
Low	No lasting psychological harm.	Brief irritation, frustration, or mild emotional response that resolves quickly.	Isolated event; negligible impact on wellbeing. No pattern of recurrence.
Medium	Temporary harm or distress with full recovery expected.	Emotional distress, anxiety, or upset that briefly interferes with wellbeing or confidence; standard debriefing processes provides appropriate support.	Repeated exposure at this level could lead to fatigue or reduced resilience.
High	Enduring harm, trauma, or loss of function.	Persistent or escalating emotional distress, trauma symptoms, avoidance behaviours, or mental health	Sustained exposure likely to cause burnout or wellbeing risk.

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		deterioration requiring professional support.	
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Risk Assessment of Behaviour

When assessing risk of physical harm, a risk rating may be attributed to each identified hazard. The factors relating to severity and likelihood of harm are given a numerical value and then multiplied together to give a risk rating using the matrix in the risk assessment below. A risk assessment of the RPI used is also carried out and documented in the risk assessment.

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Risk Assessment of Behaviour

Pupil/Learner Name:	
Completed by:	
Date completed:	

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What are the behaviours	Overall risk rating (See matrix)	Who is at risk from the behaviours (Self, staff, visitor, pupils/learners, property).	Existing preventative measures	Existing/possible non-physical reactive measures	Risks which are not adequately controlled by existing measures

Risk Matrix:

Likelihood of occurrence	Consequences		
	Low (1)	Medium (2)	High (3)
Unlikely (1) Occurs termly/or less often	2	3	4
Possible (2) Occurs monthly	3	4	5
Likely (3) Occurs daily/weekly	4	5	6

Low: No physical injury or damage to property; minor disruption; no lasting psychological harm

Medium: Includes physical injury requiring basic first aid within the school/ college; minor damage to property; or brief disruption to normal routines; temporary psychological harm or distress with full recovery expected

High: Includes physical injury requiring medical attention beyond basic first aid; extensive damage to or lengthy disruption to normal school routines; enduring psychological harm, trauma, or loss of function

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Risk Assessment of Physical Intervention (i.e. risks of intervening)

Physical Intervention	Significant hazards	Existing controls and risks that are not adequately controlled.	Action needed	Date action completed and by whom
	Proximity to learner, considering the known behaviours.	All staff working with the learner, trained in physical intervention techniques within this plan, with access to in-house instructors for advice and guidance.	Ongoing training of new staff, and refresher training and support for existing staff.	Ongoing
	Staff competencies and confidence.			

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Managing Risk:

Our approach to managing risk is grounded in Positive Behaviour Support (PBS) and proactive planning. Risk assessments and PBS plans designed to reduce harmful behaviours over time and promote functional, safe methods of communication and engagement.

Where high-quality PBS provision is in place, but risk remains significant and the setting is unable to meet the pupil's/ learner's needs safely, an emergency review will be convened. In line with our Behaviour Policy, parents and carers will have been consulted and kept informed, over time, about the risk assessment and PBS planning in place for their child/ young person, alongside its effectiveness.

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