



**YARLET SCHOOL**  
*Where excellence begins and confidence grows*

## **Physical Restraint Policy** (Including Boarding and EYFS)

### **Success Indicators**

The following indicators will demonstrate the level of compliance with this policy and its procedures:

- a) 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 challenging behaviours.
- b) Restrictive physical interventions are used as a last resort and are not routine;
- c) When necessary, pupils have individual risk assessments and restrictive intervention protocol documenting when and how restrictive interventions will be used;
- d) Restrictive interventions are accurately recorded and risk assessments reviewed to allow continuous improvement in management of challenging behaviours.
- e) Staff working with pupils who require planned restrictive physical interventions have received appropriate training.

### **1. Application**

This policy applies to all Yarlet staff in supervisory roles with pupils. Reference is made to this policy in the appropriate parts of the Behaviour and Discipline and Safeguarding Children Policies. Adults working alongside children at Yarlet School should be aware that the school does not have a 'no contact' policy as we believe that this would leave adults unable to fully support and protect our pupils. We leave the decision on whether or not to use reasonable force to control or restrain a child to the professional judgement of the adult/s concerned after considering the guidance within this policy and the guidance provided in our Safeguarding Children Policy in relation to 'Protecting yourself against allegations of abuse'.

### **2. Introduction**

Some pupils may display complex behaviours that can be challenging to the school and to the safety of the individual, other pupils, members of the public, and the staff supporting them.

This policy identifies approaches to be taken by managers and employees when situations of challenging and harmful behaviour escalate to levels that give rise to the need to use

---

In membership of IAPS

Yarlet School, Yarlet, Nr. Stafford, Staffordshire, ST18 9SU

Tel: 01785 286568

Email: [info@yarletschool.org](mailto:info@yarletschool.org)



[www.yarletschool.org](http://www.yarletschool.org)



[facebook.com/yarletschool](https://facebook.com/yarletschool)



[@yarletschool](https://twitter.com/yarletschool)



restrictive physical interventions. This policy in no way limits or removes an employees right to use reasonable force to protect themselves or others from the threat of harm.

Staff involved in restrictive physical intervention incidents will be supported by the school as long as the guidelines and procedures in this policy have been followed. Where there is evidence that staff involved have blatantly disregarded their responsibilities under the policy formal disciplinary action may be taken. However, the school 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, and where these actions were taken in good faith, they will be supported.

This policy does not authorise the use of corporal punishment which is forbidden.

This policy reflects national standards which form part of the Guidance for Restrictive Physical Interventions, Department of Health 2002 & Department for Education “The use of force to control or restrain pupils: Guidance for schools in England 2010.” This policy should be read in conjunction with the guidance contained within this policy.

### 3. Aims and Objectives

It is the aim of this policy to make restrictive physical intervention as safe as possible, relevant and practical for staff and pupils. Implementation of this policy will help the school to address important outcomes for pupils’ choices, rights, independence and inclusion.

It is the objective of this policy:

- that all methods of restrictive interventions are used as infrequently as possible;
- 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
- when restrictive physical interventions are likely because of a child’s needs, they are risk assessed, so that the impact of the restrictive physical intervention will be minimised. 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.

### 4. Definitions

The definition of **restrictive physical intervention** adopted 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 restrictive physical intervention

Restrictive 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, nonverbal prompts and directions;
- Touch or prompting;
- Guiding; and
- 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.

**Reasonable Force** 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.

## 5. Arrangements for Applying the Policy

### 5.1 Operational Requirement and Context

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. When risks are predictable, 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 care or behaviour plan. 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 staff and pupil relationships and are also a possible threat to the school via legal action. The



correct use of restrictive physical interventions must always remain an act of last resort, be proportional and should not be normal practice.

### **5.1.2 Strategies for the use of Restrictive Physical Intervention**

Restrictive physical intervention must be an act of last resort. Adopting good working practices involving primary and secondary control strategies as well as tertiary controls is important. Proactive measures to avoid the incidents of restrictive physical intervention must always be attempted first. Details of control strategies are provided in the guidance associated with this policy. For each pupil who presents challenges there needs to be individualised strategies for responding to incidents of violence and aggression/self injurious behaviour etc. Where appropriate, the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for a particular pupil. This must be documented in a care plan/on the individual's records. Appropriate training of staff in primary and secondary control strategies will have a major impact in the reduction of the need to use of tertiary controls such as restrictive physical interventions.

### **5.1.3 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 on an Individual Risk Assessment Form.

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 how likely an incident needing restrictive physical intervention is to occur;
- identify the degree of potential harm/damage resulting from not intervening;
- document the agreed management strategies and the risk levels;
- if risks of intervening remain high risk, seek specialist advice and support;
- agree a 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.



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.

## **5.2 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. No medication which is aimed at regulating behaviour will be administered at Yarlet School without the authorisation of medical professionals and parents.

## **5.3 Children with Special Educational Needs (SEN)**

When using reasonable force in response to risks presented by incidents involving children with SEN or disabilities or with medical conditions, you should consider the risks carefully and remember the additional vulnerability of these groups. You should also consider your duties under the Equality Act 2010 in relation to making reasonable adjustments and being non-discriminatory. Where challenging behaviour has been identified, the SENDCo will provide guidance on proactive behaviour support, for instance through drawing up individual behaviour plans for more vulnerable children and agreeing them with parents and carers.

## **5.4 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.

The school's documentation process 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;
- 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.

## **5.5 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. The written record of the use of a restrictive physical intervention must indicate:-

- The names of the staff and 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 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 this must be recorded and investigated. Any injuries that result from the use of a restrictive physical intervention must also be recorded. Depending on investigation outcomes, the Behaviour and Discipline Policy may be applied.

## **5.6 Information, Instruction and Training for staff**

It is the responsibility of the Headmaster 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 may never use is not necessary and the skills are soon lost. However, staff involved in use of planned interventions must have suitable training, for their own safety and that of the pupil.

Training in any use of restrictive physical interventions must be recorded and refreshed annually.

Any training regarding Restrictive Physical Intervention and associated practices should be carried out by accredited organisations. This will ensure 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.

### **5.7 Monitoring and Review.**

Yarlet 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.

## **6. Key Accountabilities**

### **6.1 The Headmaster will:**

- implement the practices detailed within this policy;
- ensure that the use of planned restrictive physical intervention is risk assessed and management strategies clearly documented on the pupils individual care plan/records;
- inform employees how to report and record the use of restrictive physical interventions, and ensure that these reports are reviewed and monitored regularly;
- assess training requirements for employees and where training needs are identified ensure that suitable training is provided and refreshed at appropriate intervals;
- seek specialist advice when necessary to ensure that use of restrictive physical intervention is used as a last resort and employees use primary and secondary controls to manage behaviour, so reducing the need for the use of restrictive physical interventions;
- ensure that employees involved in the use of restrictive physical interventions receive suitable debriefing and support following an incident;
- communicate at the planning stages, during the development of management strategies and during the reviewing process with the person/people with parental responsibility of the pupil;
- report on the use of restrictive physical intervention with pupils to the person/people with parental responsibility;

### **6.2 Employees**

- familiarise themselves with any risk assessments and management strategies for the use of restrictive physical interventions which may exist;
- report the use of any restrictive physical intervention in accordance with this policy and local service arrangements;



- where necessary, attend training provided and then use the skills gained in line with training guidelines and in accordance with risk assessments and management strategies whenever possible;
- ensure that any physical force used in the workplace is reasonable, proportionate to the risk and with suitable justification; and
- report any concerns regarding the management of pupil behaviour or the use of restrictive physical interventions to the Headmaster immediately.

## 7. Specialist Advice

If senior leaders require specialist advice and support regarding implementation of safe restrictive physical intervention practices they can contact the Strategic Health and Safety Service who will provide contact details of training providers with whom specialist advice is available.

## 8. Legislative Framework and Guidance

- a. The Health and Safety at Work Act
- b. Management of Health and Safety Regulations
- c. Education Act
- d. Human Rights Act
- e. Mental Capacity Act
- f. Deprivation of Liberty Code of Practice
- g. Guidance for Restrictive Physical Interventions, Department of Health July 2002
- h. "Use of force" Guidance 2010 Department of Education
- i. DfES Circular 14/96 Supporting pupils with medical needs in school.

## 9. Further Advice and Information

This policy document is for general guidance only. If you need any further advice on how to apply this policy please contact the Strategic Health and Safety Service.

Policy implemented: September 2021

Policy review date: September 2022

Signed:



## Restrictive Physical Intervention, Record of Incident

<b>1. Names of those involved</b>	<b>Staff:</b>	<b>Pupil:</b>  <b>Others:</b>
<b>2. Date of incident:</b>	<b>Time of incident:</b>	<b>Location of incident:</b>
<b>3. Events leading up to Restrictive Physical Intervention (including alternative strategies used):</b>		
<b>4. Account of actual incident (including details of actions, method of intervention, words used, witnesses etc.):</b>		
<b>5. Outcome or resolution of incident:</b>		
<b>6. Follow up actions (advice to family/parents/carers, support to staff and pupils involved):</b>		
<b>7. Names of witnesses and attached witness statements:</b>		
<b>8. Risk Assessment and Restrictive Physical Intervention Protocol reviewed:</b>  Yes/No  Outcomes:		
<b>9. Record of any injury or property damage:</b>		
<b>10. Has an Accident Investigation Report Form or Report of Violence and Aggression Form been completed and submitted to the Strategic Health and Safety Service:</b>		
<b>Print Name:</b>	<b>Signature</b>	<b>Job Title</b>
<b>Date:</b>		



# Restrictive Physical Intervention Protocol

Workplace \_\_\_\_\_

<b>Name</b>		<b>Date of Birth</b>
<b>Address</b>		<b>Gender</b>
<b>Provision</b>		
<b>Medical Conditions</b>		

## Assessment of Risk

<b>History</b>	
<b>Physical size and strength</b>	
<b>Categories of people exposed</b>	
<b>How could exposure take place</b>	
<b>When and how often could exposure occur</b>	
<b>Possible consequences of exposure</b>	
<b>Benefits of not intervening</b>	
<b>Consequences of not intervening</b>	
<b>Views of service pupil, parents, family etc.</b>	
<b>Other information.</b>	



## Agreed Intervention Strategy

<b>Antecedents</b>		
<b>Warning Signs</b>  1. Tension  2. Non Verbal  3. Verbal		
<b>Critical Moment</b>		
<b>Restrictive Physical Intervention Procedure</b>		
<b>By whom and how often with this protocol be reviewed.</b>	<b>Date of next review:</b>	
<b>Print Name:</b>	<b>Signed:</b>	<b>Date:</b>