

VIP Education

PHYSICAL SUPPORT POLICY

September 2026

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A policy on restrictive physical interventions should be an integral but discrete element of the wider behaviour management policy.

Most restrictive physical interventions are reactive strategies. The Restraint Reduction Network (RRN) stresses that restrictive physical interventions should be a last resort and if used, there should be a restraint reduction plan to reduce their use. Such plans can draw on the principle of having a gradient of support, and these gradients of support are a consideration when reviewing the risks associated with the use of physical interventions.

Current Government guidance updates:

Although this has eased in regards to social distancing VIP will continue to promote the reduction of restrictive physical interventions. The rationale for providing support with remain the same.

In this new academic year VIP has continued to use and promote the below:

- *The use, location and availability of PPE.*
- *Re-enforcement of the proactive approach.*
- *Formal Staged response to behaviours.*

Introduction

At VIP there are children with behavioural difficulties and mental health issues who present behaviour that may necessitate the use of restrictive physical interventions to prevent injury, damage to property, or the breakdown of discipline. Section 550A of the Education Act 1996 clarifies the position about use of restrictive physical interventions by teachers and others authorised by the Head Teacher to control or restrain pupils. Teachers and other authorised school staff are reminded that use of physical force must be reasonable and comply with the local authority guidelines and documentation referenced in this policy alongside:

- DfEE Circular 10/98, "Section 550A of the education Act 1996; the use of force to control and restrain pupils"

- DfES letter dated 24 April 2001 to Chief Education Officers in England, "positive handling strategies for pupils with severe behavioural difficulties"
- Joint DfES/DH guidance issued July 2002, "The use of restrictive physical interventions for staff working with children and adults who display extreme behaviour in association with learning disability and/or autistic spectrum disorder"

<https://www.gov.uk/government/publications/positive-environments-where-children-can-flourish/positive-environments-where-children-can-flourish>

<https://www.gov.uk/government/publications/behaviour-and-discipline-in-schools>

All staff who have acknowledged that their health and fitness are compatible with Positive Physical Support principles and have attended the relevant Positive Physical Support Training and annual refreshers are authorised to use restrictive physical interventions in VIP.

The italicised sections of this document are taken from Staffordshire's "Guidance on Restrictive Physical Intervention for Schools, Children and Young Peoples Services" and as such reflect VIP's position in adopting county approved best practice

1. Application

The policy and these guidelines reflect national standards which form part of "Positive and Proactive Care: Reducing the need for restrictive interventions," Department of Health 2014 & Department for Education "Use of reasonable force– Advice for headteachers, staff and governing bodies" July 2013. VIP adheres to the restraint reduction network training standards which has replaced the BILD code of practice. <https://restraintreductionnetwork.org>

Within 'School settings' the policy and this guidance does not limit or remove School staff powers to restrain pupils as outlined in Section 93 of the Education and Inspection Act 2006 but 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.

Positive Behaviour Management

The expectation is that as far as possible VIP will be restraint free. Poorly or incorrectly used, restrictive physical interventions are a source of risk to the young person and members of staff. The correct use of restrictive physical interventions must always be an act of last resort and not normal practice and be based on the best needs of the individual. VIP takes all reasonable actions to reduce the potential need to use restrictive physical interventions as far as practicable.

All staff should adopt a positive approach to improving behaviour in order to reward effort and application, and to build self-esteem. The school should work in partnership with those who know the child to help those concerned:

- find out why this child behaves as he does
- understand the factors that influence the child's behaviour
- identify early warning signs that indicate foreseeable behaviours are developing

This approach will help to ensure that early and preventative intervention is the norm. It should reduce the incidence of extreme behaviours and make sure that the use of physical force is rare.

Individual behaviour plans to help manage pupil behaviour are a formalisation of the above. Such plans are developed in conjunction with our behavioural policy, with an input from significant adults in a child's life i.e. key worker, tutor, 'significant adult' and a member of the SLT.

All IBPs are reviewed regularly and are intended as a working document to run alongside behavioural risk assessments and are designed to:

- meet the pupil's needs encourage the pupil to make positive choices and develop self-control support the pupil in difficult situations.
- safely manage crises if and when they occur.

Parents and carers are encouraged to make contributions to IBPs whenever appropriate.

Reduction in the need to use Restrictive Physical Interventions is achieved by analysing the interactions between each young person/pupil and their environment which identifies potential triggers that need to be avoided at critical periods. This involves:

- *Helping young people to avoid possible situations known to provoke challenging behaviour;*
- *Having education programmes which are responsive to individual needs;*
- *Creating opportunities for pupils to engage in meaningful activities which include opportunities for choice and a sense of achievement;*
- *Developing staff expertise in working with individuals that present challenges.*
- *Understanding that behaviour is often a method of communication*

3. Guidance on the use of Restrictive Physical Intervention

Types of incidents when Restrictive Physical Interventions may be appropriate.

Situations in which restrictive physical intervention may be appropriate or necessary fall into three broad categories:

- *Planned Interventions*
- *Unplanned/Emergency Interventions*
- *As part of a Therapeutic or Education Strategy*

Examples of situations where a restrictive physical intervention may be appropriate are:-

- *To prevent a young person/pupil from running towards a busy road;*
- *To prevent a young person/pupil from self-injuring or injuring another person;*
- *To prevent a young person/pupil from causing serious damage to property.*

Staff may also use reasonable force where a pupil is affecting the maintenance of good order and discipline. Examples of which include:

- *Removing a disruptive pupil from the classroom when they have been instructed to leave but have refused.*
- *Preventing a pupil behaving in a way that disrupts a school event or a school trip.*
- *Preventing a pupil leaving a classroom or VIP where allowing this would risk their safety or lead to behaviour that disrupts the behaviour of others;*

The decision to use reasonable force is a matter for professional judgement however staff should be aware that research clearly shows that injuries to staff and pupils are more likely when the intervention is not planned. Before physically intervening staff should, wherever practicable, attempt to resolve the situation by using other methods.

There are occasions when physical contact, other than reasonable force, with a child is proper and necessary. Examples are:

- *holding the hand of the child at the front/back of the line when going to assembly or when walking together on an outing*
- *when comforting a distressed individual*
- *when congratulating or praising the young person*
- *to demonstrate how to use equipment or a skill e.g. a musical instrument*
- *to demonstrate exercises or techniques during PE lessons or sports coaching*
- *to give first aid*

Restrictive physical intervention for the protection of property must only be for extreme circumstances. There must be an assessment on whether or not it is worth the risk of injury, to protect the property.

In extreme circumstances, such as an immediate and realistic threat of arson or where life is at risk (e.g. pupil has weapon); the police are obliged to attend if you make the urgency clear to them.

Restrictive physical intervention may be used as a preventative measure in order to prevent physical injury, for example if a young person attempts to obtain a weapon which would later make physical intervention problematic and dangerous to staff.

Planned Interventions

Pre-arranged strategies and methods to deal with situations should be planned where a risk assessment has identified the likelihood of the need for physical intervention. For many situations, an early intervention will be more effective, and be able to be implemented at a lower level and with less risk, than a later intervention.

Planned restrictive physical interventions should be:

- *Agreed in advance by relevant professionals working in consultation with the service user, their family/carers and an independent advocate if appropriate, in the case of children, those with parental responsibility.*
- *Be in the best interests of the individual.*
- *Monitored during implementation by an identified member of staff who has relevant training and experience.*
- *Recorded in writing so that the method of restrictive physical intervention and the circumstances when its use has been agreed are clearly understood.*
- *Included as part of a pupil behaviour plan/records.*
- *Routinely monitored and reviewed.*
- *One component of a broader approach to meeting the individual's needs.*
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An individual behaviour support plan is most likely to be effective if it includes:

- *A description of the individual's positive qualities*
- *Objective details of the challenging behaviours presented by the individual and the risks that these behaviours present*
- *Consideration of the function that the challenging behaviour serves for the individual (what need(s) are being met by the behaviour?). It is important to understand that behaviours have a purpose by communicating something about the individual's needs.*
- *What behaviour(s) could be taught/ encouraged that meet the same needs in a more acceptable way (i.e. 'replacement behaviours')*
- *What skills need to be taught/ encouraged to support these replacement behaviours*
- *What can be changed/ provided in the environment to make the individual feel included and successful and to avoid 'triggers'.*
- *How replacement behaviours can be encouraged*
- *What should be done to de-escalate potentially difficult situations*
- *An incident support plan to follow if the individual's behaviour requires significant intervention. If it is decided that it may be necessary to use restrictive physical intervention, this should be detailed.*

Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy. Single person restraints pose significant risks to both parties. If a single person restraint need is established (e.g. due to the small size of the individual), suitable training on the techniques to be used must have been provided and the process and rationale clearly documented.

Unplanned and Emergency Interventions

Emergency use of restrictive physical interventions may be required when a pupil behaves in unforeseen ways. Research evidence clearly shows that injuries to staff and service users/pupils are more likely when the intervention is not planned.

An effective risk assessment procedure, together with well-planned preventative strategies (individual behaviour planning), will help to keep emergency use of restrictive physical interventions to an absolute minimum. Staff should be aware that in an emergency situation the use of reasonable and proportional force is permissible if it is the only way to prevent injury or serious damage to property.

Whenever practicable, before physically intervening a staff member should attempt to resolve the situation by other means. A calm and

measured approach to a situation is needed and staff members should never give the impression that they have lost their temper, or are acting out of anger or frustration. The staff member should continue attempting to communicate with the pupil throughout the incident, and should make it clear that the physical intervention will stop if it ceases to be necessary and vulnerability risk factors are to be considered for each individual pupil prior to a physical intervention taking place.

In unplanned/emergency interventions it is good practice for staff to use a dynamic risk assessment approach, which is a quick on the spot assessment prior to acting (where possible). This will allow staff to:

Step Back	Don't rush into an intervention, is it really necessary, do you have suitable justification.
Assess Threat	Assess the person, the objects, the environment and the situational factors.
Find Help	Can you reduce the risks by getting help from other trained colleagues or by using the physical environment, space, natural barriers etc.
Evaluate Options	Proactive/Primary – proactive actions to remove the triggers Active/Secondary – interpersonal skills, non verbal body language e.g. open palms, directing, defusing, calming, switching staff etc. Reactive/Tertiary – avoid assaults - disengagement
Respond	Apply the principles of the least adverse method in responding. Continue to re -evaluate the situation and your response. Continually monitor for changes in level of risk.

Even in an emergency, the force used must be reasonable; that is, it should be proportionate to the risk posed by the situation. The staff member or members concerned should be confident of the potential adverse outcomes associated with the intervention (e.g. injury or distress) will be less severe than the adverse consequences which would occur without the use of a restrictive physical intervention.

A staff member should not intervene in an unplanned situation without help:

- *If dealing with a physically large individual or more than one service pupil;*
- *Where an intervention technique cannot be applied safely by one person; or*
- *If the staff member believes he or she may be put at risk of serious injury.*

In these circumstances the staff member should, as appropriate, remove other people who might be at risk, summon assistance from colleagues, or where necessary phone the police. Until assistance arrives the staff member should continue to try to prevent the incident from escalating whilst remaining mindful of their own safety. It may be appropriate for staff to withdraw from the situation.

Once an unplanned or emergency restrictive physical intervention has taken place it must be reported and investigated. With this information it is essential that a risk assessment surrounding future use and primary and secondary prevention strategies are completed. This should assist in the reduction and use of further unplanned/emergency restrictive physical interventions.

3.4 Restrictive Physical Intervention as part of a Therapeutic or Educational Strategy.

VIP does not advocate the use of physical interventions as part of a therapeutic or educational strategy.

3.5. Physical Intervention Strategies

Restrictive physical intervention must be an act of last resort. Adopting good behaviour planning practices involving proactive (primary) and active (secondary) control strategies as well as reactive (tertiary) controls is important. Proactive measures to avoid the incidents of restrictive physical intervention must always be attempted first.

a. Proactive/Primary Control *refers to actions taken to prevent situations arising which may require the use of any intervention or to reduce their likely frequency.*

At an organisational level this includes establishing policies, safe systems of work, carrying out risk assessments and providing staff with training.

At an individual level this involves understanding the risks, complying with safe practice guidelines and putting training and learning into practice. Preventative action also includes reporting, recording and investigating incidents in order to learn from them. Preventative action is a continuous process.

***b. Active/Secondary Control** refers to actions taken to prevent situations escalating. It typically involves the use of interpersonal skills, communication, defusing, de-escalating and calming strategies.*

***c. Reactive/Tertiary Control** refers to action taken when situations escalate or violence occurs, or after it has occurred to prevent or reduce the potential for physical or psychological harm. Typically this may involve disengagement or other physical intervention tactics (such as applying holds) and emergency procedures. Reactive/tertiary controls will include providing post incident support and managing the situation through to recovery.*

For each individual who presents challenges there need to be individualised strategies (individual behaviour planning) 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 the individual. This must be documented in a care plan/ on the individual's records.

Appropriate individual behaviour planning and training of staff in proactive and active control strategies will have a major impact in the reduction of the need to use of reactive controls such as restrictive physical interventions.

Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy.

3.6 Risk assessment

When it is foreseeable that an individual might require a restrictive physical intervention then a risk assessment must be completed. At VIP this possibility is outlined in the student's IBP. The risk assessment process allows staff to identify and evaluate the benefits and risks associated with different intervention strategies. It also aids identification of opportunities for reducing the need for restrictive physical intervention. At the school we also consider individual pupil risk factors within their I.B.P.

When undertaking the risk assessment it should be ensured that there is involvement of relevant individuals and where suitable key professionals and the outcome of the risk assessment is communicated to all relevant staff and parents.

Among the main risks to pupils are that restrictive physical intervention will:

- Cause pain, distress or psychological trauma;*
- Cause injury;*
- Consider individual pupil medical vulnerability risk factors.*
- Be used when a less intrusive method could have achieved the desired outcome;*
- Become routine, rather than an exceptional method of management;*
 - Increase risk of abuse;*

- *Undermine dignity or otherwise humiliate or degrade those involved; and*
- *Create distrust and undermine personal relationships between staff and service users/pupils.*

The main risks to staff that result from applying restrictive physical interventions are:

- *They suffer injury;*
- *They experience distress or psychological trauma;*
- *The legal justification for using the restrictive physical intervention is challenged in court; or*
- *Disciplinary action is taken for inappropriate or unjustified use of restrictive physical interventions.*

The main risks that may be associated with not intervening include:

- *Staff may be in breach of duty of care responsibilities;*
- *The pupil may injure themselves, other pupils, staff or members of the public;*
- *Serious damage to property or valuable resources may occur; or* □
The possibility of litigation in respect of these matters.

3.7 Restriction of liberty

Seclusion is a term used to cover a range of alternative terms: time out, isolation, chill out or single separation. VIP does not advocate seclusion, or any other strategy inferred by similar terms, as a method of managing students' behaviour.

Seclusion is defined as:

'The supervised confinement and isolation of a persona, away from other users of services, in an area from which the person is prevented from leaving'
(Department of Health, Para 87 P and P 2014)

The use of seclusion contravenes Article 5 of the Human Rights Act: *The right to liberty and security.*

Guidance for special schools (DoH, DfES, 2002) classes seclusion as a restrictive physical intervention and therefore only for use in an emergency situation.

Therefore any restriction of a student's liberty at VIP will be specifically, and only for, emergency circumstances.

Staff responding to an emergency situation will need to make a dynamic risk assessment in line with VIP policies and ethos. Any emergency response must be carried out with the duty of care to all students and fellow staff clearly in mind. There is no clear official guidance on what constitutes restriction of liberty in such an emergency situation.

Staff at VIP Education are directed to follow Positive Physical Support principles which establishes that reasonable force and physical intervention should only be used when:

- A student presents a risk to themselves
- A student presents a risk to others
- A student presents a significant risk to property
- A student persistently disrupts the good order of lessons and others' learning

OFSTED guidance on *The use of force, including restraint and the restriction of liberty, in care and education settings* states that reasonable force can be used in "preventing a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others."

<https://www.gov.uk/government/publications/use-of-reasonable-force-inschools>

However, it should be noted that the same document states:

"It is an offence to lock a person in a room without a court order except in an emergency, for example where the use of a locked room is a temporary measure while seeking assistance."

There is no circumstance foreseeable where VIP would advocate a student being locked in a room. This is false imprisonment and is in breach of Human Rights and criminal law.

What does this mean for VIP staff?

- VIP does not use seclusion as a management strategy.
- VIP does not permit students to be locked in rooms.
- VIP expects all staff to offer proportionate and measured responses at all times.

Pupils at VIP may be prevented from leaving a room – but this is only done as an emergency action and if the risk presented by allowing the student to leave the room is greater than retaining them. The risks must include the danger to either self, others or property.

In such an event where staff feel actions taken through a dynamic risk assessment may potentially restrict liberty a member of senior management should be called as an emergency action. Senior managers can then make an informed decision on how best to carry out the school's duty of care to students and staff.

Any further period of retention of the student in such circumstances should be to prevent or preclude risks to personal safety (absconding, climbing) or criminal acts or damage (breaking property, assault, fire lighting, arson). In such a circumstance further action should be considered by senior managers if necessary, including police involvement

3.8 Documenting Restrictive Physical Intervention Strategies

If it is agreed that a child may require some form of restrictive physical intervention, there must be an up to date copy of a written protocol included in the individuals plan/records.

Communication

Information relating to intervention strategies should be discussed with the pupil and their parents/careers 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 plan/records.

3.9 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. Staffordshire recommend use of the Restrictive Physical Intervention Record of Incident form HSF56. VIP Education has its own recording system which is thorough and detailed. 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, the action that was taken.*

Debriefing

After the use of interventions it must be ensured that staff and pupils receive suitable and sufficient support and a review of the risk assessment to identify factors contributing to the incident must take place.

Being involved in a restrictive physical intervention may be an unsettling experience for all parties, and managers should recognise that staff and pupils may need some form of reassurance. Those involved, both staff and

pupils should be separately debriefed after the intervention, which is particularly important when the intervention was unplanned. 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.

Debriefing those involved ensures that lessons can be learned and staff and pupils have the opportunity to discuss the matter quickly. The debriefing should be undertaken without undue delay but should consider the physiological effects of such a situation and sufficient time should be allowed for all involved to reach a calmer state. Staff should be informed of the availability of confidential counselling from North Staffs Wellbeing service 0300 303 0923.

When an injury has occurred as a result of Restrictive Physical Intervention

If there is any reason to suspect that a pupil, member of staff or other person has experienced injury or distress following the use of a restrictive physical intervention, that person must receive immediate medical attention, and counselling and debriefing as required.

Complaints and concerns regarding Restrictive Physical Intervention

Managers must ensure that any complaints or concerns about validity or methods of intervention should be thoroughly investigated in accordance with local and County Council complaints procedures.

Dependent on the nature of the complaint, consideration must be given to whether other processes need to be instigated such as Safeguarding protocols.

3.10 Information, Instruction and Training

The level of information, instruction and training required by staff regarding physical interventions must be identified by a Senior Manager Training provided to staff should be suitable for the level of use they are identified as requiring. Where skills are not used they are soon lost. Staff involved in the use of planned interventions must have suitable training.

In emergency situations staff have the right to use reasonable force to protect themselves and others. It is recommended that where it is identified that staff are delivering services or working in situations where there is a high risk of being involved in unplanned and emergency restrictive physical interventions, they should receive a basic level of training.

All staff at VIP are trained in Positive Physical Support and this is refreshed at least annually.