

Restrictive Physical Intervention (Restraint) Policy



Oxlow Bridge School



Approved by:
Reviewed and evaluated:
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1. Policy Statement

Oxlow Bridge School is committed to providing a safe, respectful, nurturing and therapeutic environment in which all pupils can thrive. Our pupils have profound and multiple learning disabilities and often present with complex physical, sensory, communication and medical needs. As a result, situations requiring restrictive physical intervention are extremely rare.

The school adopts the Therapeutic Thinking approach and is committed to understanding the meaning behind behaviour, meeting unmet needs, promoting co-regulation and supporting positive relationships. Restrictive physical intervention is not used as a behaviour management strategy and will only ever be considered as a last resort where there is an immediate risk of serious harm that cannot be managed safely through any other means.

This policy should be read alongside the school's:

- Behaviour Policy
- Therapeutic Thinking Framework
- Intimate Care Policy
- Touch Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Medical Needs Policy
- Risk Assessment Procedures

2. Purpose

The purpose of this policy is to:

- Safeguard pupils, staff and visitors.
- Ensure a clear and consistent approach to restrictive physical intervention.
- Promote positive, proactive and therapeutic approaches to behaviour support.
- Ensure any use of restrictive intervention is lawful, proportionate, necessary and ethical.
- Reduce the likelihood of restrictive interventions through effective planning and support.
- Ensure accountability, recording, monitoring and review of any incidents.

3. Principles

At Oxlow Bridge School we believe:

- All behaviour communicates a need.
- Pupils have a right to be treated with dignity, respect and compassion.

- Proactive support is more effective than reactive intervention.
- Restrictive interventions should always be avoided wherever possible.
- Physical intervention carries risks for pupils with complex medical and physical needs and therefore requires particularly careful consideration.
- Any intervention must be the least restrictive option available.
- The welfare, safety and dignity of the pupil must remain paramount.

4. Definitions

Restrictive Physical Intervention (RPI)

Restrictive Physical Intervention is defined as:

“Any action involving physical contact where a member of staff intentionally restricts a pupil's movement against their will in order to prevent injury or serious harm.”

This may include holding, blocking or guiding a pupil where movement is being restricted.

Not Considered Restraint

The following do not normally constitute restraint when carried out appropriately:

- Physical assistance for mobility.
- Supporting a pupil's posture.
- Moving and handling procedures.
- Physiotherapy programmes.
- Medical interventions.
- Personal and intimate care.
- Guiding or escorting a pupil who is willingly participating.
- Comforting or reassuring touch.
- Touch required as part of communication, sensory regulation or educational activities.

These practices are addressed through the school's Touch Policy, Intimate Care Policy and individual care plans.

5. Legal Framework

This policy is informed by:

- Education and Inspections Act 2006.
- Children Act 1989 and 2004.
- Equality Act 2010.
- Human Rights Act 1998.
- Keeping Children Safe in Education.

- Department for Education Guidance: *Use of Reasonable Force in Schools*.
- Positive and Proactive Care Guidance (Department of Health).
- Therapeutic Thinking principles and guidance.

6. Prevention and Early Intervention

Given the needs of our pupils, prevention is the primary strategy.

The school seeks to minimise distress and behaviours that may challenge by:

- Developing positive relationships.
- Understanding each pupil's communication methods.
- Identifying unmet sensory, physical, emotional or medical needs.
- Maintaining consistent routines.
- Providing appropriate sensory regulation opportunities.
- Making reasonable environmental adjustments.
- Following individual Behaviour Support Plans.
- Using de-escalation and co-regulation approaches.
- Working closely with families and multidisciplinary professionals.

Staff should always consider whether a behaviour may be linked to:

- Pain or discomfort.
- Illness or changing medical conditions.
- Communication frustration.
- Sensory overload or deprivation.
- Anxiety or distress.
- Changes in routine or environment.

7. Circumstances in Which Restrictive Physical Intervention May Be Used

Restrictive physical intervention may only be used when:

- There is an immediate risk of serious injury to the pupil.
- There is an immediate risk of serious injury to another person.
- There is an immediate risk of significant damage that may lead to serious harm.

Staff must be satisfied that:

- The risk is immediate.
- Other strategies have been attempted or are clearly inappropriate in the circumstances.
- The intervention is proportionate to the level of risk.
- The least restrictive option is used.
- The intervention is discontinued as soon as it is safe to do so.

8. Prohibited Practices

The following are not permitted under any circumstances:

- Punitive or disciplinary restraint.
- Restricting a pupil solely for non-compliance.
- Deliberately causing pain.
- Restricting breathing or airway.
- Holding a pupil on the floor unless there is an immediate, life-threatening risk and no safer alternative.
- Any intervention that compromises a pupil's medical needs.
- Humiliation, intimidation or degradation.
- Any intervention not consistent with approved training and risk assessment.

Given the complex medical profiles of many pupils, interventions which could affect breathing, circulation, posture or medical devices are strictly prohibited.

9. Medical Considerations

Many pupils at Oxlow Bridge School have:

- Complex health conditions.
- Reduced mobility.
- Epilepsy.
- Respiratory conditions.
- Gastrostomy feeding tubes.
- Orthopaedic needs.
- Postural management plans.

Where a pupil presents a foreseeable risk requiring restrictive intervention, an individual risk assessment and behaviour support plan will be written and must identify:

- Medical considerations.
- Potential risks associated with physical intervention.
- Agreed responses.
- Staff training requirements.

Wherever possible, advice will be sought from health professionals.

10. Staff Training

Staff will receive appropriate training in:

- Therapeutic Thinking approaches.
- Positive behaviour support.
- De-escalation and co-regulation strategies.

- Understanding communication and behaviour in PMLD.
- Safeguarding responsibilities.
- Approved restrictive intervention techniques where identified as necessary.

Only trained staff should use restrictive interventions unless an emergency situation makes immediate action necessary to prevent harm.

11. Recording and Reporting

Any use of restrictive physical intervention must be recorded as soon as possible and before the end of the working day.

Records should include:

- Date, time and location.
- Pupil involved.
- Staff involved.
- Antecedents and triggers.
- Description of the incident.
- Strategies used before intervention.
- Type and duration of intervention.
- Outcome.
- Any injuries or concerns.
- Follow-up actions.

Parents/carers will be informed of incidents involving restrictive physical intervention as soon as reasonably practicable.

The Headteacher or designated senior leader will review all incidents.

12. Post-Incident Support and Reflection

Following any incident staff should:

- Check the wellbeing of the pupil.
- Consider whether medical attention is required.
- Offer reassurance and support.
- Reflect on possible triggers and unmet needs.
- Review existing support plans if required.

Following any incident involving Restrictive Physical Intervention (RPI), a structured debrief will be offered to all staff directly involved as soon as practicable and ideally within 24 hours of the incident.

The purpose of the debrief is to:

- Ensure the physical and emotional wellbeing of staff members.
- Provide an opportunity to reflect on the incident in a supportive, non-judgemental manner.
- Consider the views and experiences of those involved.
- Review antecedents, triggers and contributing factors.
- Evaluate the effectiveness of preventative and de-escalation strategies used.
- Identify any lessons learned and opportunities to reduce the likelihood of future incidents.
- Consider whether amendments are required to the pupil's Behaviour Support Plan, Risk Assessment, Communication Plan or Care Plan.
- Identify any additional support, supervision or training needs.

In keeping with the school's Therapeutic Thinking approach, the debrief process is intended to support reflection, learning and professional development rather than apportion blame. Debriefs should encourage staff to consider both the pupil's needs and the impact of the incident on everyone involved, ensuring that future support remains proactive, compassionate and centred on maintaining positive relationships.

Where appropriate, outcomes from the debrief will be recorded and shared with relevant leaders to inform ongoing assessment, planning and support for both pupils and staff.

The school's emphasis is on learning from incidents rather than assigning blame.

Where patterns emerge, the school will review:

- Behaviour support plans.
- Risk assessments.
- Environmental factors.
- Communication strategies.
- Medical and therapeutic advice.

13. Monitoring and Governance

The Headteacher will monitor all incidents involving restrictive physical intervention to ensure:

- Practice is lawful and proportionate.
- Patterns and trends are identified.
- Staff receive appropriate support and training.

Anonymised data may be reported to governors as part of safeguarding and wellbeing monitoring.

14. Equality and Dignity

The school recognises that pupils with PMLD may be particularly vulnerable. All interventions must uphold:

- Human rights.
- Equality of opportunity.
- Respect for dignity.
- Individual choice wherever possible.
- The voice and preferences of the pupil as communicated through their recognised communication methods.

15. Policy Review

This policy will be reviewed annually, or sooner if there are changes in legislation, local authority guidance, Therapeutic Thinking guidance or school practice.