Restrictive Physical Intervention (RPI) Policy

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Contents

1. Introduction

At Vermont School, our primary aim is to create a safe, nurturing, and inclusive environment where all pupils can thrive. We are a Social, Emotional and Mental Health (SEMH) setting and our practice is firmly rooted in the Thrive Approach and trauma-informed principles. We recognise that behaviour is a form of communication, and our focus is always on understanding and meeting the underlying needs of each child.

We are committed to supporting pupils through positive relationships, emotional regulation strategies, and proactive interventions. Physical intervention is never used as a behaviour management tool; instead, it is considered a last resort, used only when all other strategies to de-escalate have been exhausted and where not intervening would result in significant risk of harm to the pupil, to others, or to property.

This policy sets out how restrictive physical intervention (RPI) may be used safely, legally, and proportionately in exceptional circumstances. It also explains the processes we follow to ensure that:

- Staff are trained and supported to make safe and appropriate decisions.
- Any use of RPI is recorded, monitored, and reviewed to safeguard children's rights and wellbeing.
- Parents and carers are engaged transparently in this process.

Our approach seeks to protect the dignity of the child, minimise distress, and ensure that the use of restrictive intervention is consistent with our wider ethos of respect, care, and relational practice.

2. Principles and Legal Framework

The use of restrictive physical intervention (RPI) is guided by the following principles:

- To ensure that Vermont School provides a safe and secure environment where all pupils are supported to achieve both academically and socially;

- To ensure that staff remain safe and feel confident in their ability to effectively support the diverse needs of every pupil, both in their learning and in their behaviour;
- To ensure a consistent and transparent approach, with clear guidelines for when it is appropriate and necessary to use reasonable force or restrictive physical intervention;
- To ensure a shared understanding among staff, pupils, parents/carers, governors, and the Local Authority of the procedures and processes related to the use of physical intervention.

These principles are embedded within our commitment to the Thrive Approach and trauma-informed practice, ensuring that interventions are always supportive, respectful, and used only as a last resort to maintain safety.

Legal Framework

This policy is written with reference to and in compliance with:

- **Education and Inspections Act 2006, Section 93** – which gives all school staff the legal power to use reasonable force where necessary.
- **DfE Guidance: Use of Reasonable Force (2013)** – which sets out schools' duties regarding the use of physical intervention.
- **Education Act 2002, Section 175** – which requires schools to safeguard and promote the welfare of children.
- **Keeping Children Safe in Education (KCSIE, 2024)** – which sets the statutory safeguarding framework for schools.
- **Equality Act 2010** – which protects pupils from discrimination and ensures that interventions are applied fairly and without bias.
- **Human Rights Act 1998** and the **UN Convention on the Rights of the Child** – which safeguard children's rights to safety, dignity, and protection.

Restrictive Physical Intervention is therefore not a standalone practice but part of our wider statutory responsibilities around safeguarding, behaviour, and inclusion.

3. Alternative Strategies and De-escalation

Our priority is to prevent situations from escalating to the point where restrictive physical intervention (RPI) might be considered. Staff focus on creating a predictable, supportive environment where pupils feel safe and understood, and where regulation and co-regulation strategies are prioritised.

We believe that most incidents can be prevented or managed without physical intervention through the use of proactive and supportive strategies, including:

Proactive Strategies

- Building strong, trusting relationships between staff and pupils.
- Providing a predictable and structured environment with clear routines.

- Adapted tasks to meet individual needs.
- Identifying and reducing known triggers through Regulation Support Plans (RSP).
- Teaching emotional literacy, self-regulation, and problem-solving skills.
- Regular use of Thrive assessments and action plans to target underlying needs.
- Reviewing Regulation Support Plans (RSP) termly in "Structured Conversations" between class teachers and parents/carers, ensuring strategies remain relevant and effective. Plans are amended where necessary to reflect the pupil's current needs.
- Maintaining ongoing communication with parents/carers through home–school communication books and regular phone calls, so that strategies are consistent between home and school.

De-escalation Techniques

When a pupil becomes dysregulated or distressed, staff will use a range of trauma-informed de-escalation approaches, such as:

- Using calm, reassuring verbal and non-verbal communication.
- Offering choices to increase a sense of control.
- Providing physical space or a quiet, low-stimulation environment.
- Redirecting the pupil to regulation activities (e.g., sensory tools, movement breaks, calming strategies).
- Using distraction, humour, or interests to defuse tension.
- Employing co-regulation strategies (e.g., breathing exercises, grounding techniques).

Collaborative Problem-Solving

- After the incident, staff work with the pupil in a supportive, restorative manner to explore what happened, reflect on feelings, and agree on strategies for the future. This may be the same day, the next day or when the child is ready.
- Parents/carers are involved in discussions where appropriate, to ensure consistency between home and school.

By embedding these strategies, the need for physical intervention is minimised, and pupils are supported to develop the skills they need to manage their own emotions and behaviour in the long term.

4. Securicare

Alongside other special schools in Southampton, Vermont School has adopted SecuriCare's accredited training programme to ensure staff are confident and competent in supporting pupils safely. All staff receive annual training in de-escalation strategies and positive handling techniques, with regular refreshers and updates as required.

Time is also dedicated within staff meetings and class team discussions to review the effectiveness of de-escalation approaches and handling strategies identified in pupils'

RSPs. This reflective practice ensures consistency across the school and enables staff to adapt approaches in response to pupils' evolving needs.

We work in close partnership with the Local Authority, Educational Psychology Service, and Social Care, ensuring that students' needs are thoroughly assessed and that professional advice is carefully considered and implemented where appropriate.

5. Guiding Principles for RPIs

Any physical intervention will be reasonable, proportionate, and necessary, undertaken solely in the best interests of both the pupil and staff. Interventions will always aim to maintain the dignity of the pupil, minimise distress, and be as brief as possible. Staff are expected to use the least restrictive approach required to manage the situation safely and will continually assess whether the intervention remains necessary.

Physical intervention is never used as a form of punishment, nor as a routine behaviour management strategy. All interventions are recorded, reviewed, and monitored to ensure compliance with statutory guidance, safeguarding obligations, and the school's trauma-informed and SEMH ethos.

6. Use of RPI

It is intended to maintain safety and protect pupils and staff in exceptional circumstances.

Principles of Physical Restraint

Physical restraint must:

- Never be entered into lightly; it is a last-resort measure.
- Use the minimum force necessary to manage the situation safely.
- Support de-escalation and assist the pupil in regulating.
- Be applied only until the immediate threat has passed.
- Be administered calmly and rationally, never in response to anger or frustration.
- Be a professional judgement, taking into account the pupil's age, abilities, and specific needs.
- Be in the pupil's best interests, not for staff convenience.
- Not inflict pain, be used as a threat, or as a form of punishment.
- Not replace a regulation support plan.
- Always follow a clear rationale that other strategies have been attempted and found insufficient.

Circumstances Where Physical Restraint May Be Justified

Physical restraint may be considered in situations including, but not limited to:

- Risk of injury to the pupil or others.
- Risk of significant damage to property that could cause injury.
- Preventing the commission of a criminal offence.

Conditions for Consideration

Physical restraint should only be considered if:

- Calming and de-escalation strategies have failed.
- The intervention is in the paramount interests of the pupil.
- Failing to intervene is likely to result in more dangerous consequences than intervening.

Safe Practice and Monitoring

When applying holds, staff must ensure:

- Airway is unobstructed.
- Breathing is not restricted.
- Circulation is maintained, avoiding pressure on arterial pressure points.
- Good body alignment is maintained.
- Joints are not under pressure.
- A minimum of two staff must be present and a maximum of three staff (maximum two holders and one observer). This is best practice, and may not always be possible.

During and after a restraint, pupils must be closely monitored for signs of distress. Restraint must cease immediately if any of the following are observed:

- Difficulties in breathing.
- Sudden change in skin colour.
- Vomiting.

By adhering to these principles, Vermont School ensures that physical restraint is safe, proportionate, and always in the pupil's best interest, in line with statutory guidance and trauma-informed practice.

7. Who can use Restrictive Physical Intervention?

When restrictive physical intervention (RPI) is deemed appropriate, it is preferable that the intervention is carried out by a member of staff who:

- Knows the student well, and
- Has received SecuriCare training in de-escalation and positive handling techniques.

However, in emergency situations, any member of staff may use reasonable force as outlined in **Section 93 of the Education and Inspections Act (2006)**. This includes:

- Teachers employed at the school, and

- Other staff authorised by the headteacher to have control or charge of pupils, including:
    - Support staff whose role normally involves supervising pupils, such as teaching assistants and pastoral support workers.
    - Staff temporarily authorised by the headteacher to supervise pupils, including paid staff whose normal duties do not involve pupil supervision (e.g., catering or premises staff) and unpaid volunteers (e.g., parents accompanying pupils on school-organised visits).

All staff have a duty of care to maintain good order and safeguard the health and safety of pupils. However, staff are not required to put themselves at risk of serious personal injury by intervening when it is unsafe to do so.

8. Communication Home

We are committed to maintaining open and transparent communication with parents and carers. When a restrictive physical intervention (RPI) has been used:

- Parents/carers will be notified on the same day wherever possible, either by phone call or face-to-face discussion at collection.
- The school's internal RPI form is completed and stored securely on CPOMs as part of the safeguarding record (Appendix 1). This document is not shared in full with parents/carers, but the key information is communicated, including:
    - A brief description of the incident.
    - The reason for the intervention.
    - The outcome for the pupil, including any injuries or follow-up support.
    - Any changes to the pupil's Regulation Support Plan (RSP) or proactive strategies.
- Where necessary, a follow-up meeting may be arranged with parents/carers to discuss the incident in more detail, review the pupil's Regulation Support Plan, and agree additional support strategies.
- Parents/carers are encouraged to share their perspective so that strategies can remain consistent between home and school.

Appendix 1

Southampton Special Behaviour Group
Restrictive Physical Intervention Record 2025-2026

Name of Student		**Class**	
Incident Details			
Date		Time of Incident	
Location		Duration of RPI	
Antecedent- ***What happened in the build-up to the incident, was there a trigger for the behaviour?***			

Description of the behaviours displayed:

De-escalation techniques tried (Please tick or add others relating to IBP)

Change of face		Diversion	
Humour		Other Please detail below:	
Distraction			
Direction to safe space			

Reason for RPI

Overall Level of Risk (Please Tick)	**High**	**Medium**	**Low**
Risk of injury staff or other students			
Risk of self-injury			
Damage to property that could cause injury			
Student trying to abscond			

Why was the use of RPI Deemed Reasonable, Proportionate, Necessary and in the best interests of the student?

Reasonable:

Proportionate:

Necessary:

Physical Intervention Strategies used (please tick)

1 Person Double Elbow Side hold		2 Person Secure Hold (Stage 2)	
Half Shield		2 Person Secure hold Seated	
2 Person Support Hold (Stage 1)		Envelope	
2-person support hold seated		Supervised withdrawal (please complete separate sheet)	
Other intervention, please describe:			

Staff involved in Physical Intervention

Name	**Physical or Observer (P/O)**	**Name**	**Physical or Observer (P/O)**

Follow Up

Medical Check and Injuries

Medical check carried out by (initials)		Injuries to student (yes/no)	
		Injuries to staff (yes/no)	
Brief Description of Injuries to student/ staff (see separate report)			

Information Shared (please initial):

Parents and Carers by whom and how	
Anyone else informed and how	

Reducing likelihood of need to physical intervene in the future:

Date of most recent RSP		Does the RSP need to be updated as a result of the incident (yes/no)	
What proactive actions can we take to reduce the likelihood of the need to physically intervene in the future			
Do you feel you require any further support or training? If yes, please detail			

RPI reported to- (Please indicate)

Headteacher		Member of SLT		Logged on CPOMs	
Signed (Staff Member completing Form including position held in school)					