Respect *Resilience* *Responsibility*

Physical Intervention Policy

Date: September 2026

Review Date: September 2027

Policy Aims

The aims of the Physical Intervention (PI) policy are:

- To ensure that staff know how to act when intervening in a potentially dangerous situation
- To maintain a safe environment for all members of the school community where staff and student welfare is protected.
- To promote the school values of Respect, Resilience and Responsibility (in line with the core British Values)

Definitions

Physical intervention is any method of physically intervening to resolve a difficult or dangerous situation and is not necessarily physical restraint. **Restrictive physical intervention** (also known as **physical restraint**) is defined as when a member of staff uses force with the intention of restricting a young person's movement against their will.

LA guidelines on Physical Restraint state "Restraint occurs when a member of staff uses physical force intentionally to restrict a child's movement, against his or her will. It should rarely be used". The use of force can only be regarded as reasonable if the circumstances of the particular incident warrant it. Any force used should always be the minimum needed to achieve the desired result

Considerations

We at Woodlands Community College believe that physical restraint should be avoided wherever possible.

Before physically restraining a child, we will have tried many other de-escalating strategies and will consider carefully whether physical intervention is necessary or appropriate.

We will always try to use other strategies rather than force as we believe that there are usually other more appropriate strategies that can be employed.

We will always consider the possible consequences of intervening physically, including the risk of increasing disruption or provoking an attack as restraint may increase the risk of injury to both staff and pupils. Physical force should never be used as a substitute for good behaviour management. When applying disciplinary measures such as restrain or isolation in response to incidents involving children with SEN and disabilities, we would consider the risks carefully considering the additional vulnerability of the child/group.

We are aware the use of restraint is likely to impact on the well-being of the child, therefore guidance from use of reasonable force in schools is referred to and external agencies are contacted for support. Pastoral support would be sought for children and family and meetings will be held with SLT.

Who can use restraint?

Everyone has the right to use reasonable force to prevent an attack against themselves or others, as long as the use of restraint is **necessary, reasonable and proportionate**. All members of staff can use physical intervention under other circumstances but should not use restraint unless they are trained in the techniques. Currently we do not have any members of staff trained so would therefore not expect any member of staff to use physical intervention under other circumstances.

These arrangements always apply when the school has responsibility for pupils and extend to times when pupils are at after-school clubs and are off site on educational trips.

The policy does not apply to situations after children have been dismissed at the end of the school day and left the school site.

A member of staff should not intervene if they believe they may be at risk of injury. In these circumstances the member of staff should remove other pupils who might be at risk and summon assistance from a colleague or colleagues. Until assistance arrives the member of staff should continue to attempt to defuse the situation orally (if at all possible) and try to prevent the incident from escalating.

Types of incidents

There is a wide variety of situations in which reasonable force might be appropriate, or necessary, to control or restrain a pupil.

They will fall into three broad categories:

- Where action is necessary in self-defence or because there is an imminent risk of injury
- Where there is a developing risk of injury

Examples of situations that fall within one of the first two categories are:

- A pupil attacks a member of staff, or another pupil
- Pupils are fighting
- A pupil is causing, or at risk of causing, injury or damage by accident, or by misuse of dangerous materials or objects

Physical Intervention/Restraint – Reasonable force

Acceptable physical intervention or restraint can take several forms, namely:

Intervention:

- Physically interposing between pupils
- Blocking a pupil's path (only if they are at risk or putting another pupil at risk, otherwise we will allow the pupil to walk away)

Restraint:

- Leading a pupil by hand/ arm
- Shepherding a pupil away by placing a hand in the centre of the back
- In extreme circumstances using more restrictive holds

Unreasonable force

Staff should not act in a way that might reasonably be expected to cause injury, namely:

- Holding a pupil around the neck, or by the collar, or in any other way that might restrict the pupil's ability to breathe
- Slapping, punching or kicking a pupil
- Twisting or forcing limbs against a joint
- Tripping a pupil

- Holding or pulling a pupil by the hair
- Holding a pupil face down on the ground
- Any hold that may restrict breathing
- Using moves learnt through self-defence classes such as judo and taekwondo

Staff should always avoid touching or holding a pupil in a way that might be considered indecent.

Practical Strategies

Before intervening physically, staff should, wherever practicable, tell the pupil who is misbehaving to stop and make it clear what will happen if they do not.

Communication must continue with the pupil throughout the incident, and it should be made clear to the pupil that contact or restraint will stop as soon as it ceases to be necessary.

A calm and measured approach to the situation is always needed. Members of staff should never give the impression that they have lost their temper or are acting out of anger, or frustration.

Members of staff will not punish the pupil by physical injury or cause humiliation.

Practical Responses

DO:

- Remain controlled
- Talk clearly and give clear instructions
- Keep talking (calm requests for desired behaviour)
- Tell the child we care enough about them not to let them continue what they were doing.
- If a child needs to be removed from a classroom, move with the child towards the classroom entrance, or if outside towards the main office area
- Request help and tell the pupil you are requesting help
- In order to help keep calm remove any audience where possible
- Remove other people if they are in danger
- Remove potential weapons
- Assume that the child is going to calm down

DON'T:

- Use confrontational body language
- Engage in prolonged or exaggerated eye contact
- Use confrontational language, e.g. "stop being childish"
- Use physical intervention unless other non-physical methods of calming have been tried.

After an incident of restraint

The Head Teacher must be notified as soon as possible about any incident in which physical force is used to control or restrain a pupil.

All incidents (unless trivial) should be recorded on the Physical Restraint Incident Form via the Business Manager. This will be stored on a central spreadsheet. Incidents will be reviewed by the Head Teacher and Deputy Head Teacher to ensure that restraint is **necessary, reasonable and proportionate.** Incidents will be reviewed to minimise the possibility of restraint being needed in the future.

It is our policy to inform parents of any incidents on the same day, by telephone. Parents will be encouraged to discuss ongoing concerns with the Head Teacher.

The pupil will be reinstated in the classroom as soon as it is prudent to do so. Police will be informed at the Head Teacher's discretion.

Consistent with the principles of the Children's Act 1989, pupils who have been restrained are entitled to record their views, after they have calmed down.

Appropriate staff will be on hand to support the pupil and help counsel pupils who have been involved through witnessing an incident of restraint.

Southampton City Council will provide support and counselling for staff who wish to receive independent support.

Any injuries sustained by staff should be recorded separately in accordance with Health and Safety procedures.

Children who may necessitate restraint

Where it is known that a pupil may need to be restrained, a plan will be prepared to minimise the risk of such an occurrence and to manage it effectively should the situation arise.

Restraint of a pupil should be viewed in relation to ongoing plans to improve the pupil's behaviour.

Parents, pupil, Pastoral Team, SENCO, Deputy Head Teacher and the Head Teacher will be involved with this process, including sharing of the risk assessment as well as fully briefing all staff.

The Cove has its own Policy for Behaviour and within this, is included specific consideration of physical intervention within this area. This policy is attached as an Appendix. It is important that all who work within the Cove are fully aware of all policies including any differences.

Physical Contact

Physical contact may be necessary to demonstrate exercises or techniques during P.E. lessons, sports coaching or if a member of staff has to give first aid.

Touching may also be appropriate where a pupil is in distress and needs comforting.

Staff need to use their own professional judgement when they feel a pupil needs this kind of support and should not be inhibited from providing such contact when it is professionally appropriate to do so.

However, there are certain situations where touch is never appropriate. There are also a few children for whom touch is unlikely ever to be acceptable e.g. as a consequence of their cultural individual sensitivities or previous experience of abuse.

Staff will be advised about any children to whom this may apply.

Complaints

Should parents have ongoing concerns after an incident they should be encouraged to discuss the situation with the Head Teacher and, if necessary, use the school's complaints procedure.

Conclusion

All staff are expected to demonstrate consistently high standards of personal and professional conduct. By adhering to this physical intervention policy, staff can be assured they are playing their part in safeguarding pupils and protecting themselves. It is our expectation that all staff should sign a copy of this policy.

APPENDIX A

The Cove

Restrictive Physical Intervention Policy

"All behaviour is communication"

Date Reviewed:	July 2026
Date of Next Review:	July 2027

Headteacher

Jim Henderson Date: July 2026

Lead Practitioner: Date: July 2026

Tina Doyle

Policy Statement

At The Cove, Woodlands Community College, we are committed to providing a safe, nurturing and therapeutic environment where every pupil is treated with dignity, respect and compassion.

We recognise that many of our pupils have experienced significant trauma, adverse childhood experiences, disrupted attachments and complex social, emotional and mental health (SEMH) needs. Behaviour is understood as a form of communication, and our response is always centred on understanding the function of behaviour rather than simply reacting to it.

Our approach is founded on positive relationships, co-regulation, restorative practice and Positive Behaviour Support (PBS). We are committed to reducing the need for restrictive practices by creating an environment that promotes emotional regulation, independence and resilience.

Restrictive Physical Intervention (RPI) is regarded as an exceptional measure and will only ever be used as a last resort where all other appropriate strategies have been attempted or where immediate action is required to prevent serious harm.

Whenever restrictive intervention is necessary it will:

- be lawful
- be reasonable
- be proportionate
- be necessary
- use the minimum force for the shortest possible time
- preserve the dignity of the child
- protect the safety of everyone involved.

The Cove is committed to continually reducing the use of restrictive interventions through:

- highly skilled de-escalation
- therapeutic relationships
- individual Positive Behaviour Support Plans
- personalised risk assessments
- trauma-informed practice
- restorative approaches
- continuous staff training
- reflective practice following every incident.

Restrictive Physical Intervention must never be used:

- as a punishment
- to enforce compliance
- because of staff frustration
- to impose discipline
- where less restrictive options remain available.

Every incident involving physical intervention will be carefully recorded, reviewed and analysed to ensure that lessons are learned and future interventions are reduced wherever possible.

This policy should be read alongside:

- Behaviour Policy
- Positive Behaviour Support Policy
- Safeguarding and Child Protection Policy
- SEND Policy
- Health and Safety Policy
- Staff Code of Conduct
- Anti-Bullying Policy
- Intimate Care Policy
- Risk Assessment Policy

Vision and Values

The vision of The Cove is to provide an environment in which young people with Social, Emotional and Mental Health needs feel safe, valued and able to succeed.

We believe that every pupil deserves:

- positive relationships with trusted adults
- consistency
- respect
- opportunities to repair relationships
- high aspirations
- emotional safety
- opportunities to develop self-regulation.

We recognise that behaviour often communicates unmet need.

Rather than asking:

"What is wrong with this young person?"

We ask:

"What has happened to this young person, what are they communicating and how can we help?"

Our practice is underpinned by five key principles:

Safety

The safety of pupils, staff and visitors is always our highest priority.

Relationships

Strong, trusting relationships reduce anxiety and improve behaviour.

Dignity

Every pupil deserves to be treated respectfully regardless of their behaviour.

Least Restrictive Practice

We will always choose the least restrictive intervention capable of maintaining safety.

Learning

Every incident provides an opportunity for reflection, learning and improvement for both pupils and staff.

Purpose of the Policy

The purpose of this policy is to ensure that all restrictive physical interventions undertaken at The Cove are safe, lawful, proportionate and consistent with our therapeutic ethos.

This policy aims to:

- Protect the physical and emotional wellbeing of pupils, staff and visitors.
- Promote a culture in which positive behaviour support, emotional regulation and restorative practice are prioritised over restrictive interventions.
- Ensure restrictive physical intervention is only used when absolutely necessary and as a last resort.
- Provide staff with clear guidance on their legal powers and responsibilities.
- Ensure all interventions are proportionate, reasonable and in the best interests of the child.
- Promote consistency in decision-making across the provision.
- Reduce the frequency and duration of restrictive interventions through effective planning and early intervention.
- Ensure all incidents are accurately recorded, monitored and reviewed.
- Safeguard the rights, dignity and welfare of every pupil.
- Meet statutory requirements and current best practice guidance.

The Cove recognises that restrictive intervention is not a behaviour management strategy. Instead, it is an emergency safety response used only where there is an imminent risk of significant harm.

The primary objective of all staff is always to prevent situations from reaching the point where physical intervention becomes necessary.

Scope

This policy applies to:

- All employees of The Cove.
- Agency staff.
- Supply teachers.
- Volunteers.
- Student placements.
- Governors when undertaking school activities.
- Contractors working directly with pupils where appropriate.

The policy applies:

- During the school day.
- On educational visits.
- During off-site activities.
- During transport organised by the school.
- During extended school provision.
- At any time staff are acting in their professional capacity on behalf of The Cove.

All adults working within The Cove share responsibility for maintaining a safe learning environment and must follow this policy.

Only staff who have received accredited physical intervention training should undertake planned restrictive interventions. However, any member of staff retains the legal power to use reasonable force where immediate action is required to prevent harm.

Legal Framework

This policy has been developed in accordance with current legislation and national guidance including, but not limited to:

Education and Inspections Act 2006

Section 93 provides school staff with the legal authority to use reasonable force to prevent a pupil from:

- injuring themselves;
- injuring another person;
- committing a criminal offence;
- causing serious damage to property;
- seriously disrupting the good order and discipline of the school.

Education Act 1996

Schools have a statutory duty to safeguard and promote the welfare of all pupils whilst ensuring they receive suitable education in a safe environment.

Children Act 1989

The welfare of the child is paramount in every decision made by the school.

All interventions must consider:

- the child's best interests;
- safeguarding responsibilities;
- proportionality;
- dignity;
- emotional wellbeing.

Children Act 2004

Places a duty on schools to work together with partner agencies to safeguard and promote children's welfare.

Human Rights Act 1998

The Cove recognises every pupil's rights under the European Convention on Human Rights.

Restrictive intervention must always respect:

Article 2

The Right to Life

Article 3

Freedom from torture or degrading treatment.

Article 5

Right to liberty.

Article 8

Respect for private and family life.

Any restriction of these rights must be lawful, proportionate and absolutely necessary.

Equality Act 2010

Many pupils attending The Cove have disabilities recognised under the Equality Act.

Reasonable adjustments will always be made to reduce the likelihood of restrictive intervention becoming necessary.

Staff will consider:

- communication needs;
- sensory differences;
- learning needs;
- trauma history;
- neurodiversity;
- medical conditions.

Health and Safety at Work Act 1974

The school has a duty to provide a safe working environment for employees and pupils.

Staff also have responsibilities to:

- work safely;
- follow training;
- report concerns;
- minimise foreseeable risks.

Keeping Children Safe in Education (Current Version)

The Cove recognises that safeguarding underpins every aspect of our practice.

Restrictive intervention should never compromise safeguarding responsibilities and should always be followed by appropriate review and support.

United Nations Convention on the Rights of the Child

The school recognises the rights of children to:

- dignity;

- education;
- participation;
- protection from harm;
- being listened to.

Pupils will always have opportunities to express their views following any incident.

Department for Education Guidance

This policy reflects current Department for Education guidance relating to:

- Behaviour in Schools.
- Use of Reasonable Force.
- Suspension and Permanent Exclusion.
- Keeping Children Safe in Education.
- SEND Code of Practice.

Positive and Proactive Care Guidance

The Cove adopts the principles of:

- least restrictive practice;
- positive behaviour support;
- person-centred planning;
- reduction of restrictive interventions.

Definitions

To ensure consistency, the following definitions apply throughout this policy.

Restrictive Physical Intervention (RPI)

Any direct physical contact by one or more members of staff intended to prevent, restrict or manage a pupil's movement in order to reduce an immediate risk of harm.

Reasonable Force

The minimum force necessary to achieve a legitimate aim.

Reasonable force is:

- proportionate;
- necessary;
- lawful;
- appropriate to the circumstances.

Reasonable force is not determined by the size or strength of the adult but by whether the action taken was objectively reasonable.

Physical Intervention

Physical contact used to:

- guide;
- escort;
- separate;
- protect;
- prevent injury.

Physical intervention does not automatically mean restraint.

Restrictive Intervention

Any action which restricts a person's movement, liberty or freedom of choice.

This may include:

- physical restraint;
- environmental restrictions;
- mechanical restrictions (not used at The Cove);
- seclusion (not used at The Cove).

Positive Handling

The use of approved, trained physical techniques that prioritise safety, dignity and de-escalation while using the least restrictive option available.

De-escalation

Actions intended to reduce emotional arousal before behaviour reaches crisis point.

Examples include:

- active listening;
- calm verbal communication;
- offering choices;
- reducing demands;
- sensory regulation;
- distraction;
- humour where appropriate;
- changing the environment;
- allowing time and space;
- co-regulation with trusted adults.

Planned Intervention

A physical intervention identified within an individual pupil's:

- Positive Behaviour Support Plan;
- Risk Assessment;
- Behaviour Support Plan.

Emergency Intervention

An unplanned intervention used to respond to an immediate and unforeseen risk of serious harm.

Dynamic Risk Assessment

The continuous process of assessing changing risks during an incident to determine the safest course of action.

Staff are expected to continually evaluate:

- whether intervention remains necessary;
- whether force can be reduced;
- whether intervention can safely end.

Least Restrictive Practice

At every stage, staff will choose the intervention that places the fewest restrictions on the pupil's rights while effectively maintaining safety.

Restrictive intervention must always be:

- the last resort;
- for the shortest possible time;
- immediately discontinued once risk reduces.

Roles and Responsibilities

Creating a safe, supportive and therapeutic learning environment is the responsibility of every member of the school community. All staff have a duty to work proactively to minimise the need for restrictive physical intervention through effective relationships, positive behaviour support and early intervention.

Governing Body

The Governing Body has strategic responsibility for ensuring that:

- The school complies with all relevant legislation and statutory guidance.
- This policy is reviewed annually or sooner if required by changes in legislation or local practice.
- Appropriate resources are allocated to staff training and professional development.
- There are robust systems for monitoring the use of restrictive physical interventions.
- Patterns and trends are reviewed to ensure restrictive practices continue to reduce over time.
- Equality duties are fulfilled, ensuring no group of pupils is disproportionately affected.
- Appropriate safeguarding arrangements are in place.

Governors will receive anonymised reports regarding:

- Number of restrictive interventions
- Frequency by pupil (where appropriate)
- Duration of interventions

- Injuries sustained
- Staff training compliance
- Lessons learned
- Actions taken to reduce future incidents

Headteacher

The Headteacher is responsible for ensuring:

- This policy is implemented consistently.
- The school's ethos remains therapeutic and trauma-informed.
- Positive Behaviour Support is embedded across the provision.
- Staff receive accredited training in de-escalation and physical intervention.
- Individual Risk Assessments and Positive Behaviour Support Plans are regularly reviewed.
- Every incident is appropriately recorded and evaluated.
- Parents and carers are informed promptly following significant incidents.
- Staff wellbeing is considered following incidents.
- Safeguarding procedures are followed where appropriate.
- Patterns of restrictive intervention are analysed to identify improvements.

The Headteacher retains overall accountability for the safe use of restrictive physical intervention within The Cove.

Senior Leadership Team

Senior Leaders will:

- Model trauma-informed practice.
- Promote least restrictive approaches.
- Support staff during incidents where required.
- Monitor CPOMS records and incident reports.
- Lead post-incident reviews.
- Ensure actions identified following reviews are implemented.
- Monitor trends across the school.
- Ensure individual pupils receive appropriate support following incidents.

Designated Safeguarding Lead (DSL)

The DSL will:

- Consider safeguarding implications following every restrictive intervention.
- Identify any concerns regarding excessive use of force.
- Ensure appropriate referrals are made where necessary.
- Monitor vulnerable pupils who experience repeated interventions.
- Liaise with external agencies where appropriate.
- Ensure incidents involving looked after children are communicated to relevant professionals.

Class Teachers

Teachers are responsible for:

- Building positive relationships with pupils.

- Delivering high-quality teaching that reduces anxiety.
- Recognising early signs of dysregulation.
- Implementing Positive Behaviour Support Plans.
- Following individual Risk Assessments.
- Using agreed de-escalation strategies.
- Recording incidents accurately.
- Participating in reflective practice following incidents.

Teachers should seek assistance before behaviour reaches crisis wherever possible.

Teaching Assistants and Support Staff

Support staff play a vital role in maintaining emotional regulation throughout the school day.

They will:

- Develop trusting relationships.
- Recognise pupils' individual triggers.
- Use agreed regulation strategies.
- Support co-regulation.
- Follow Behaviour Support Plans.
- Work collaboratively with teachers during incidents.
- Record observations accurately.
- Participate in debriefs.

All Staff

Every adult working at The Cove has a responsibility to:

- Treat pupils with dignity and respect.
- Maintain professional curiosity.
- Use calm and respectful communication.
- Follow this policy.
- Prioritise prevention.
- Use restrictive intervention only as a last resort.
- Report concerns immediately.
- Attend mandatory training.
- Reflect upon practice.

Staff should never intervene physically unless:

- They have assessed the risks.
- Intervention is necessary.
- The level of force is proportionate.
- There is no safer alternative available.

Parents and Carers

Parents and carers are important partners in supporting positive behaviour.

They are encouraged to:

- Share information regarding known triggers.
- Attend review meetings.

- Contribute to Behaviour Support Plans.
- Inform school of changes affecting their child.
- Support agreed behaviour strategies at home where appropriate.

Following significant restrictive interventions parents will be informed on the same day.

Positive Behaviour Support (PBS)

At The Cove we believe behaviour is a form of communication.

Our practice is based upon Positive Behaviour Support (PBS), which aims to improve quality of life by understanding why behaviour occurs and teaching more effective alternatives.

Rather than asking:

"How do we stop this behaviour?"

We ask:

"What need is this behaviour communicating and how can we meet that need safely?"

Restrictive intervention should never replace effective Positive Behaviour Support.

Our PBS Principles

Every member of staff will seek to:

- Build trusting relationships.
- Promote emotional safety.
- Reduce anxiety.
- Identify unmet needs.
- Teach emotional regulation.
- Develop independence.
- Celebrate success.
- Repair relationships after conflict.

Individual Positive Behaviour Support Plans

Pupils will have personalised PBS Plans which identify:

- Strengths and interests
- Protective factors
- Triggers
- Early warning signs
- Escalation behaviours
- Preferred communication styles
- Effective regulation strategies
- Staff responses
- Known ineffective approaches
- Recovery strategies
- Post-incident support

These plans are developed collaboratively with:

- Pupils
- Parents/carers
- School staff
- Educational Psychologists
- CAMHS
- Social Workers
- Other professionals where appropriate

Plans will be reviewed regularly and after any significant incident.

Functional Understanding of Behaviour

Staff will seek to understand the purpose of behaviour before responding.

Behaviour may communicate:

- Anxiety
- Fear
- Shame
- Frustration
- Confusion
- Trauma responses
- Sensory overload
- Communication difficulties
- Avoidance
- Loss of control
- Need for connection

Understanding the function of behaviour enables staff to provide appropriate support rather than relying on reactive responses.

Promoting Emotional Regulation

Staff actively teach pupils to recognise and regulate their emotions through strategies such as:

- Zones of Regulation
- Emotion Coaching
- Restorative conversations
- Breathing exercises
- Mindfulness activities
- Movement breaks
- Sensory regulation
- Safe spaces
- Visual supports
- Timers and routines
- Access to trusted adults

These approaches help reduce anxiety and minimise the likelihood of crisis.

Prevention and Early Intervention

The most effective restrictive intervention is the one that never becomes necessary.

At The Cove, preventing escalation is central to our practice.

All staff are expected to recognise and respond to early indicators of distress before behaviour reaches crisis point.

Knowing Our Pupils

Effective prevention begins with understanding each pupil as an individual.

Staff will ensure they are familiar with:

- EHCP outcomes
- Behaviour Support Plans
- Positive Behaviour Support Plans
- Individual Risk Assessments
- Medical needs
- Sensory profiles
- Trauma history (where appropriate)
- Family circumstances
- Communication preferences

Common Triggers

Although every pupil is different, common triggers may include:

- Perceived criticism
- Conflict with peers
- Unexpected change
- Academic challenge
- Sensory overload
- Waiting
- Loss of control
- Being told "No"
- Social anxiety
- Separation from trusted adults
- Feelings of failure
- Unstructured times

Staff should proactively reduce these triggers wherever possible.

Early Signs of Dysregulation

Recognising early signs allows intervention before behaviour escalates.

Indicators may include:

- Withdrawal
- Restlessness
- Raised voice
- Tearfulness
- Refusal
- Pacing

- Clenched fists
- Changes in breathing
- Swearing
- Verbal challenges
- Avoidance
- Increased movement
- Seeking isolation

Early Intervention Strategies

Where early signs are identified, staff should consider:

- Calm verbal reassurance.
- Offering choice.
- Reducing demands.
- Changing the environment.
- Providing processing time.
- Access to a trusted adult.
- Sensory regulation.
- Offering food or drink if appropriate.
- Planned movement breaks.
- Use of humour where appropriate.
- Time in a regulation space.

Intervention should always aim to reduce anxiety rather than increase compliance.

De-escalation Strategies

The Importance of De-escalation

At The Cove, de-escalation is regarded as the most effective method of preventing crisis situations.

The purpose of de-escalation is to reduce emotional arousal, preserve relationships and enable pupils to regain self-regulation without the need for restrictive intervention.

Every member of staff is expected to develop strong therapeutic relationships with pupils so that early intervention can occur before behaviours escalate.

Restrictive Physical Intervention should only be considered once all appropriate de-escalation strategies have been attempted, unless there is an immediate risk of serious harm that requires urgent action.

Principles of Effective De-escalation

Staff should:

- Remain calm and emotionally regulated.
- Speak using a quiet, respectful tone.
- Reduce demands where appropriate.
- Give pupils time to process information.
- Avoid confrontation or power struggles.
- Listen actively.
- Validate emotions without reinforcing unsafe behaviour.
- Offer choices wherever possible.
- Maintain appropriate personal space.

- Reduce the audience by moving other pupils away.
- Encourage self-regulation rather than compliance.
- Preserve the dignity of the pupil at all times.

Therapeutic Communication

Staff should use language that supports emotional regulation.

Examples include:

Instead of:

"Calm down."

Use:

"I can see you're finding this difficult. I'm here to help."

Instead of:

"Stop shouting."

Use:

"Let's lower our voices so we can work this out together."

Instead of:

"You need to do as you're told."

Use:

"Let's think about the safest way to solve this."

Communication should always be:

- respectful;
- non-threatening;
- clear;
- concise;
- supportive.

De-escalation Strategies

Staff may use strategies such as:

Environmental Adjustments

- Reduce noise.
- Remove unnecessary spectators.
- Change rooms if appropriate.
- Reduce sensory demands.
- Provide access to a quiet space.

Emotional Regulation

- Emotion coaching.
- Active listening.
- Validation of feelings.
- Breathing techniques.
- Grounding exercises.
- Mindfulness.
- Access to sensory equipment.

Practical Support

- Offer choices.
- Break tasks into smaller steps.
- Delay conversations until regulation returns.
- Offer food or drink if appropriate.
- Allow movement breaks.

Relationship-Based Support

- Access to a trusted adult.
- Co-regulation.
- Restorative conversations.
- Humour where appropriate.
- Positive distraction.

Space and Time

Many pupils benefit from having time to regulate independently.

Where safe to do so, staff should:

- reduce verbal interaction;
- remain available;
- continue dynamic risk assessment;
- monitor from an appropriate distance;
- avoid unnecessary intrusion.

Providing space must never compromise supervision or safeguarding.

Dynamic Risk Assessment

Throughout every incident staff should continually ask themselves:

- Is anyone currently at risk?
- Has the level of risk increased or reduced?
- Can I safely reduce my intervention?
- Is there another option available?

- Does this pupil require additional support?
- Have I requested assistance?

Risk assessment is continuous and should guide every decision.

Risk Assessment

Individual Risk Assessments

Some pupils attending The Cove may present behaviours that increase the likelihood of serious incidents.

Where appropriate, an individual Risk Assessment will be completed.

This should identify:

- known risks;
- previous incidents;
- triggers;
- protective factors;
- successful de-escalation strategies;
- agreed responses;
- approved intervention strategies;
- medical considerations;
- post-incident support.

Risk Assessments will be developed collaboratively with:

- parents/carers;
- school staff;
- Educational Psychologists;
- CAMHS;
- Social Workers;
- other professionals where appropriate.

Review of Risk Assessments

Risk Assessments will be reviewed:

- annually;
- following any serious incident;
- following changes in behaviour;
- after changes to medication;
- following significant safeguarding concerns;
- whenever requested by professionals.

Dynamic Risk Assessment

Staff should continually assess:

- location;
- number of pupils present;
- availability of support;
- environmental hazards;

- exits;
- emotional presentation;
- potential weapons;
- risks to staff;
- risks to the pupil;
- risks to others.

Interventions should change as risks change.

When Restrictive Physical Intervention May Be Used

Restrictive Physical Intervention may only be used where it is necessary, reasonable and proportionate to prevent an immediate risk of serious harm.

Examples include:

Preventing Injury

Where a pupil is attempting to:

- assault another pupil;
- assault a member of staff;
- self-harm;
- throw dangerous objects;
- use an object as a weapon.

Preventing Serious Damage to Property

Where significant property damage is likely to place people at risk.

Examples include:

- smashing windows;
- breaking glass;
- damaging fire safety equipment;
- damaging electrical systems;
- throwing furniture;
- destroying equipment likely to cause injury.

Minor property damage alone would not normally justify restrictive intervention.

Preventing Serious Disorder

Where behaviour places others at immediate risk, including:

- violent fights;
- dangerous crowd behaviour;
- sustained aggression;
- attempts to gain access to restricted areas.

Preventing Absconding

Restrictive intervention may be appropriate where a pupil attempts to leave school and:

- there is an immediate risk to life;
- the pupil lacks awareness of danger;
- they are likely to enter traffic;
- they are at immediate risk from others.

The decision should always consider the age, understanding and individual vulnerabilities of the pupil.

Protecting the Pupil

Occasionally intervention may be necessary to prevent a pupil from causing serious harm to themselves.

Examples include:

- head banging;
- running into roads;
- climbing onto unsafe structures;
- attempts to access dangerous objects.

When Restrictive Physical Intervention Must NOT Be Used

Restrictive intervention must never be used:

- as punishment;
- to enforce compliance;
- because a pupil refuses instructions;
- because a pupil swears;
- because a pupil is verbally abusive alone;
- to humiliate or embarrass;
- for staff convenience;
- because staff feel frustrated;
- because a pupil refuses schoolwork;
- because a pupil walks away where there is no immediate danger.

The use of force solely to improve behaviour or secure compliance is not acceptable.

Approved Physical Intervention Techniques

At The Cove, only approved techniques taught through the school's accredited physical intervention training programme which is PRICE may be used.

The school is committed to using the **least restrictive intervention** necessary to maintain safety.

Interventions should:

- minimise pain;
- minimise distress;
- preserve dignity;
- maintain communication;
- allow continuous monitoring of the pupil's wellbeing.

Low-Level Physical Contact

The following are **not normally considered restrictive interventions** when used appropriately:

- guiding a pupil by the arm;
- offering a supportive hand;
- separating pupils during play;
- assisting a distressed pupil who requests help.

These actions should always respect the wishes and dignity of the pupil wherever possible.

Escorting

An escort may be used where necessary to support a pupil to move safely from one location to another.

Escorting should:

- use minimal physical contact;
- be supportive rather than controlling;
- cease immediately once no longer required.

Restrictive Holds

Restrictive holds should only be used:

- by trained staff;
- where absolutely necessary;
- for the shortest possible time;
- where all other strategies have failed or are unsafe.

Staff must continually assess whether the hold remains necessary.

Once risk reduces, the hold must be released immediately.

Prohibited Practices

The following practices are **strictly prohibited** at The Cove:

- prone restraint (face down);
- any hold that restricts breathing;
- pressure on the neck, chest or abdomen;
- pain compliance techniques;
- twisting joints;
- pulling hair;
- striking a pupil;
- using restraint as punishment;
- deliberate infliction of pain;
- mechanical restraints.

Any use of prohibited practices may be treated as a safeguarding concern and could result in disciplinary action.

Medical Considerations

The Cove recognises that some pupils may have medical conditions or additional needs that increase the risks associated with restrictive physical intervention. These must always be considered before, during and after any intervention.

Individual Medical Needs

Prior to any intervention, staff should consider whether the pupil has:

- Asthma
- Epilepsy
- Diabetes
- Cardiac conditions
- Respiratory conditions
- Hypermobility or musculoskeletal disorders
- Recent fractures or surgery
- Pregnancy
- Obesity where this may increase risk
- Sensory impairments
- Neurological conditions
- Any other condition identified within their EHCP, Health Care Plan or medical records

Relevant medical information should be clearly identified within the pupil's:

- Individual Risk Assessment
- Positive Behaviour Support Plan
- Healthcare Plan (where applicable)
- EHCP

During an Intervention

Throughout any restrictive intervention, staff must continually monitor the pupil for signs of physical or emotional distress.

This includes observing:

- Breathing
- Skin colour
- Speech
- Responsiveness
- Consciousness
- Signs of pain
- Vomiting
- Seizure activity
- Panic or acute distress

The intervention must stop immediately if:

- The pupil experiences breathing difficulties.
- The pupil becomes unconscious or unresponsive.
- The pupil complains of severe pain.
- Staff believe continuing the intervention presents greater risk than ending it.

Emergency medical assistance should be sought without delay where appropriate.

Following the Intervention

Following any restrictive intervention:

- The pupil should be offered a welfare check.
- First aid should be provided where required.
- Any injuries must be recorded.
- Parents/carers should be informed of any injury.
- Medical advice should be sought if there are concerns about the pupil's wellbeing.
- Staff involved should also be offered first aid if required.

Recording and Reporting

Every incident involving restrictive physical intervention must be accurately recorded as soon as reasonably practicable and, wherever possible, before the end of the working day.

Accurate recording supports:

- safeguarding;
- accountability;
- reflective practice;
- legal compliance;
- quality assurance;
- reduction of future incidents.

Incident Recording

A Restrictive Physical Intervention Record must include:

- Date
- Time
- Location
- Pupil(s) involved
- Staff involved
- Witnesses
- Antecedents (what happened before)
- Known triggers
- De-escalation strategies attempted
- Reason intervention became necessary
- Description of the intervention
- Duration of intervention
- Injuries sustained
- Medical treatment provided
- Post-incident actions
- Parent/carer notification
- Staff signature
- Senior Leader review

Incidents should be recorded using the school's agreed recording system which is CPOMS and the school's Restrictive Physical Intervention Record Form.

Body Maps

Where any injury is observed or reported:

- A Body Map should be completed.
- The location and nature of injuries should be recorded accurately.
- Photographs may be taken in accordance with safeguarding procedures where appropriate.
- Parents/carers should be informed.

Parent Notification

Parents/carers will normally be informed on the same day where restrictive physical intervention has been used and will also be followed up in writing.

Communication should include:

- The reason for the intervention.
- Confirmation that the pupil is safe.
- Any injuries sustained.
- Actions taken following the incident.
- Planned next steps.

Where a parent cannot be contacted, reasonable attempts should be documented.

Recording on CPOMS

All incidents should be recorded on CPOMS with relevant categories, including:

- Physical Intervention
- Behaviour
- Safeguarding (where applicable)
- Injury
- Parent Contact
- Medical

The Headteacher or delegated senior leader will review all records.

Post-Incident Support and Debrief

Restrictive intervention can be distressing for everyone involved. A structured debrief helps repair relationships, reduce future incidents and support emotional recovery.

Pupil Debrief

Once the pupil is calm and emotionally ready, a restorative conversation should take place.

This conversation should:

- be non-judgemental;
- explore the pupil's perspective;
- identify triggers;
- discuss feelings;
- recognise successful regulation;
- identify alternative strategies for the future;
- repair relationships where appropriate.

The conversation should never occur whilst the pupil remains dysregulated.

Staff Debrief

Following significant incidents, staff should have the opportunity to reflect on:

- What happened?
- What worked well?
- What could have been done differently?
- Were warning signs identified?
- Were de-escalation strategies effective?
- Are amendments required to support plans?

The purpose is learning, not blame.

Review of Plans

Following serious or repeated incidents, the following should be reviewed:

- Positive Behaviour Support Plan
- Individual Risk Assessment
- EHCP provision
- Safety Plan
- Therapeutic interventions
- External agency involvement

Where appropriate, a multi-agency meeting may be convened.

Parents and Carers

The Cove values strong partnerships with parents and carers.

Following restrictive intervention, parents/carers should:

- Receive a factual explanation of the incident.
- Be informed of any injuries.
- Have opportunities to ask questions.
- Be involved in reviewing support strategies.
- Be invited to meetings where repeated incidents occur.

Communication should always remain professional, respectful and solution-focused.

Safeguarding

The use of restrictive physical intervention does not remove safeguarding responsibilities. In some cases, the use of force may itself raise safeguarding concerns.

The Designated Safeguarding Lead (DSL) will review incidents where:

- Injuries have occurred.
- There are allegations against staff.
- There is repeated use of restrictive intervention.
- A prohibited practice is alleged.
- The intervention may not have been proportionate.
- A vulnerable pupil is involved.

Where appropriate, referrals will be made to:

- Children's Social Care
- Local Authority Designated Officer (LADO)

- Police
- Health professionals

Any allegation of inappropriate physical intervention will be managed in accordance with the school's Child Protection and Safeguarding Policy.

Monitoring and Quality Assurance

The Headteacher will monitor the use of restrictive physical intervention to ensure it remains:

- lawful;
- necessary;
- proportionate;
- consistent with this policy.

Monitoring will include:

- Number of incidents.
- Frequency by pupil.
- Frequency by staff.
- Duration of interventions.
- Injuries.
- Time of day.
- Location.
- Triggers.
- Equality monitoring.
- Effectiveness of de-escalation.
- Trends over time.

This information will be used to:

- identify training needs;
- review behaviour support plans;
- reduce restrictive practice;
- improve provision.

Equality Monitoring

The school will monitor whether restrictive interventions disproportionately affect pupils based on:

- Disability
- Sex
- Ethnicity
- Age
- SEND needs
- Looked After status
- Other protected characteristics

Where patterns emerge, leaders will investigate and take appropriate action.

Governor Monitoring

The Governing Body will receive anonymised reports at least termly, including:

- Number of restrictive interventions.
- Trends and patterns.
- Staff training compliance.
- Any serious incidents.
- Lessons learned.
- Actions to reduce future use.

Governors will challenge leaders to ensure restrictive intervention remains an exceptional measure and that preventative approaches continue to be strengthened.

Staff Training

Training Commitment

The Cove is committed to ensuring that all staff have the knowledge, confidence and skills to manage behaviour safely, positively and therapeutically.

Our aim is to reduce the need for restrictive physical intervention through high-quality training in:

- Positive Behaviour Support
- Trauma-Informed Practice
- Attachment-Aware Practice
- De-escalation
- Restorative Practice
- Safeguarding
- Emotional Regulation
- Risk Assessment

Restrictive physical intervention should never replace skilled behaviour support.

Physical Intervention Training

Staff identified by the Headteacher will complete accredited training in the school's approved physical intervention system (currently **PRICE**).

Training will include:

- Legal responsibilities
- Human rights
- Dynamic risk assessment
- De-escalation
- Safe escorting
- Approved restrictive interventions
- Monitoring during intervention
- Medical risks
- Recording procedures
- Post-incident debrief

Only staff who have successfully completed approved training should undertake planned restrictive interventions.

Refresher Training

Training will be refreshed:

- Annually (or in accordance with the accredited provider's recommendations)
- Following significant incidents
- Following changes in legislation
- Where monitoring identifies additional support needs

Training records will be maintained by the school.

Reflective Practice

Following significant incidents, staff will engage in reflective supervision to:

- Improve practice
- Share learning
- Promote staff wellbeing
- Identify further training needs

Equality and Human Rights

The Cove is committed to ensuring that restrictive physical intervention is used fairly, consistently and without discrimination.

All staff must have due regard to the:

- Equality Act 2010
- Human Rights Act 1998
- United Nations Convention on the Rights of the Child

Restrictive intervention must never discriminate on the basis of:

- Disability
- Race
- Sex
- Religion or belief
- Gender reassignment
- Sexual orientation
- Pregnancy or maternity
- Age

Reasonable adjustments will always be considered for pupils with SEND, disabilities or medical needs.

The dignity, privacy and emotional wellbeing of every pupil will remain central throughout any intervention.

Complaints Procedure

The Cove recognises that parents, carers or pupils may have concerns regarding the use of restrictive physical intervention.

Any concerns should initially be raised with the Headteacher.

Complaints will be investigated promptly, fairly and in accordance with the school's Complaints Policy.

Investigations may include:

- Review of incident records
- Review of CCTV (where available)
- Staff statements
- Witness statements
- Pupil voice
- Parent meetings

Where safeguarding concerns are identified, these will be referred to the Designated Safeguarding Lead and, where appropriate, external agencies.

No pupil or parent will be disadvantaged for raising concerns in good faith.

Policy Review

This policy will be reviewed:

- Annually
- Following changes to legislation
- Following significant incidents
- Following updated DfE guidance
- Where monitoring identifies the need for amendment

The Governing Body is responsible for approving this policy.

Appendix A

Physical Intervention Recording Form

The Cove – Woodlands Community College

Incident Details

Date: _____

Time: _____

Student: _____

Year Group: _____

Location: _____

Staff Completing Report: _____

Incident Categories

□ PRICE HOLD

Situation

Describe what was happening immediately before the incident.

.....

.....

.....

Trigger

Primary Trigger

□ Demand (task, transition, denied request)

□ Emotional (anger, embarrassment, anxiety, frustration)

□ Sensory (noise, temperature, smell, overcrowding)

□ Social (peer conflict, rejection, attention seeking)

□ Unknown

□ Other _____

Additional Trigger Details

.....

.....

Behaviour / Action

Describe the behaviour that led to the physical intervention.

Include:

- Risk presented
- Attempts to leave
- Aggression
- Damage to property
- Threats
- Self-injury
- Risk to others

.....

.....

.....

Result

What happened as a result of the behaviour?

.....

.....

Staff Involved

Name	Role	Directly Involved
		☐
		☐
		☐
		☐

De-escalation Strategies Used Prior to Intervention

Tick all that apply.

☐ Calm verbal reassurance

☐ Active listening

☐ Offered time and space

☐ Humour

☐ Distraction

☐ Change of environment

☐ Offered sensory equipment

☐ Offered alternative activity

☐ Reminder of expectations

☐ Restorative conversation

☐ Removal of audience

□ Support from trusted adult

□ Offered regulation break

□ Other

Describe:

.....

Justification for Physical Intervention

Explain why restrictive physical intervention became necessary.

Include:

- Immediate risk
- Why less restrictive options were unsuccessful
- Why intervention was proportionate

.....

.....

Physical Intervention

Technique Used (Hold 1)

Technique:

Duration:

_____ minutes _____ seconds

Technique Used (Hold 2) (if applicable)

Technique:

Duration:

_____ minutes _____ seconds

Ground Position

Was the young person held on the ground?

☐ Yes

☐ No

Did the young person go to the ground independently?

☐ Yes

☐ No

Was the intervention moved to the ground?

☐ Yes

☐ No

Why was this technique chosen?

.....

.....

Ending the Intervention

Did the intervention need to be stopped due to concerns for the welfare of the child?

☐ Yes

☐ No

If yes, provide details.

.....

Medical Check

Was the young person medically checked?

☐ Yes

☐ No

Time:

By whom?

Student Injury

Were there any injuries to the student?

☐ No

☐ Yes

Nature of injury:

.....

Treatment given:

.....

Staff Injury

Were there any injuries to staff?

☐ No

☐ Yes

Nature of injury:

.....

Treatment given:

.....

Parent / Carer Contact

Date:

Time:

Method:

□ Telephone

□ Email

□ Face to Face

□ Other

Who informed parents?

Summary of discussion

.....

Student Debrief

Who completed the debrief?

Summary of pupil voice

.....

.....

Staff Reflection

What worked well?

.....

What could have prevented the incident?

.....

Any changes required to the Risk Assessment or PBS Plan?

.....

Follow-Up Actions

□ Risk Assessment updated

□ PBS Plan updated

□ Parents informed

□ DSL informed

□ Headteacher informed

□ Behaviour support review

□ PRICE review

□ Multi-agency meeting

□ Other

Details

.....

Confirmation

□ I confirm this is an accurate account of the incident and that all relevant documentation has been completed.

Staff Signature: _____

Date: _____

Appendix B

Body Map

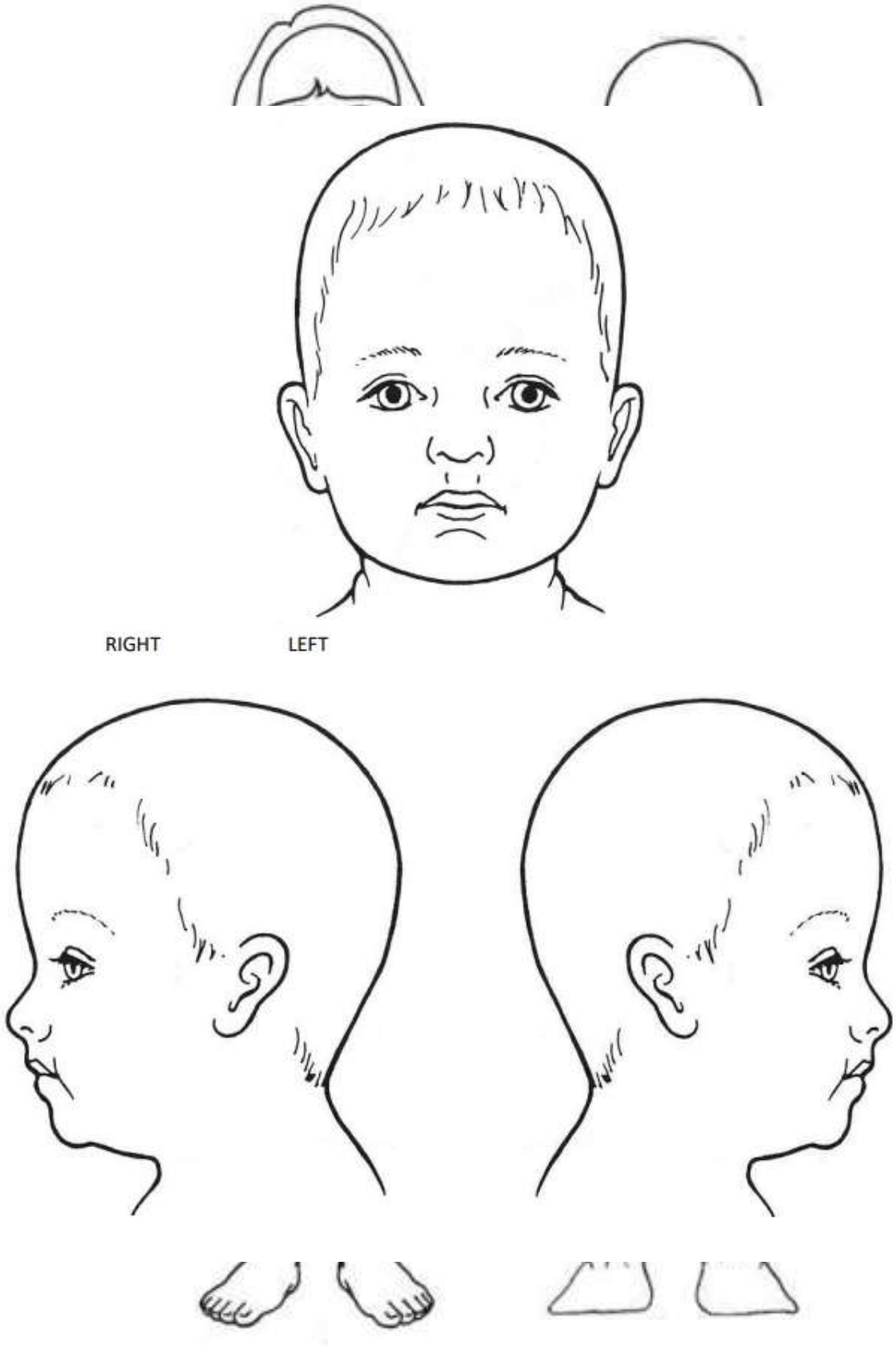
(Insert front and rear outline body diagrams for recording injuries.)

Instructions:

- Mark injuries clearly.
- Record size, colour and location.
- Record explanation given.

- Sign and date.

Child's details			
Frist name		Surname	
Date of birth		Ethnicity	
Physical/ learning difficulty /health conditions		Communication needs	
Sex & Gender identity		Date & time form completed	
Person completing the form			
Frist name		Surname	
Role		Organisation	
Phone number		Email	
Concern			
Injury to child in their own words:			
What the parent/carer said in their own words: *(if applicable)*			
Observations made/professional opinions: *(please make distinction between fact and opinion)*			



Appendix C

Post-Incident Debrief Form

Pupil Name

What happened?

How was the pupil feeling?

What helped?

What could we do differently next time?

Any changes required?

☐ PBS Plan

☐ Risk Assessment

☐ EHCP

☐ Staff Strategies

☐ Other

Completed by

Appendix D

Parent Notification Template

Dear Parent/Carer,

I am writing to inform you that today your child was involved in an incident that required staff to use a Restrictive Physical Intervention in order to maintain safety.

The intervention became necessary because:

The intervention lasted approximately:

Following the incident your child:

□ Returned to learning

□ Received emotional support

□ Received first aid

□ Was medically assessed

We have reviewed the incident with your child and will continue to work together to reduce the likelihood of future incidents.

If you would like to discuss today's incident, please contact the school.

Yours sincerely,

Headteacher

Appendix E

Staff Debrief Record

- Were warning signs recognised?

□ Yes

□ No

- Were agreed strategies followed?

□ Yes

□ No

- Was intervention proportionate?

□ Yes

□ No

- Lessons learned

- Changes required

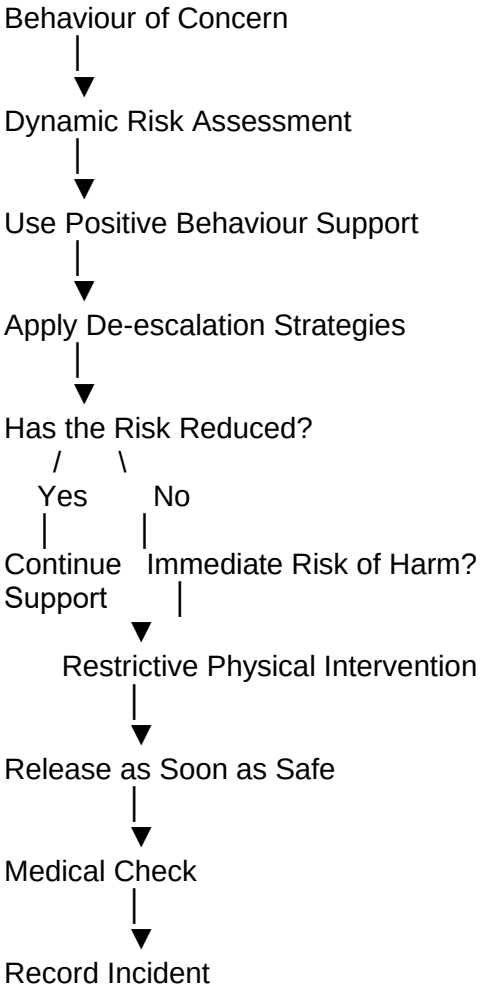
Appendix F

Restrictive Intervention Audit

Monitoring Area	Yes	No
Risk Assessment reviewed	☐	☐
PBS Plan reviewed	☐	☐
Parents informed	☐	☐
Debrief completed	☐	☐
Body map completed	☐	☐
CPOMS completed	☐	☐
Injuries recorded	☐	☐
Medical review completed	☐	☐

Appendix G

Decision-Making Flowchart





Appendix H

Quick Staff Reference Guide

Remember the "SAFE" Principle

S – Stop and Assess

- Is there an immediate risk of serious harm?
- Have I tried de-escalation?
- Can another strategy work?

A – Act Proportionately

- Use the least restrictive option.
- Keep talking calmly.
- Monitor breathing and wellbeing.

F – Finish Early

- Release as soon as the risk reduces.
- Do not continue longer than necessary.

E – Evaluate

- Record.
- Inform parents.
- Debrief.
- Review support plans.

Appendix I

Monitoring Log

Date	Pupil	Reason	Duration	Injury	Parent Contact	Review Completed

---

Policy Approval

Policy Title	Restrictive Physical Intervention Policy
School	The Cove – Woodlands Community College

Policy Title	**Restrictive Physical Intervention Policy**
Policy Owner	Headteacher
Approved by	Governing Body
Date Approved	_____
Review Date	_____
Version	1.0