



BERLESDUNA
ACADEMY TRUST

Restrictive Physical Intervention (RPI) Policy

This Policy was updated, to take effect from and ratified by the Board of Trustees on:	March 2026
This Policy will be reviewed:	March 2028

This policy applies across all Berlesduna Academy Trust schools.

1. Policy Context and Statement of Intent

Berlesduna Trust is committed to ensuring that every pupil across the Trust is supported within a safe, nurturing, and inclusive educational environment. In alignment with Essex County Council guidance and Therapeutic Thinking principles, the Trust prioritises emotional wellbeing, preventative strategies, and consistent behaviour approaches across all academies.

Restrictive Physical Intervention (RPI) is used only as a last resort in situations where immediate harm, significant property damage, or severe disruption is likely. The Trust promotes a consistent, trauma-informed approach across all settings and ensures staff are trained, confident, and protected when applying lawful, proportionate interventions.

2. Legal, Statutory and Local Framework

This policy reflects DfE statutory guidance requiring recording and reporting of RPI incidents. It aligns with Essex County Council's Therapeutic Thinking model, Trauma Perceptive Practice (TPP), and approved RPI training pathways. This policy is to be read in conjunction with 'Restrictive interventions, including use of reasonable force, in schools Guidance for schools in England'

Berlesduna Trust requires all schools to comply with these shared standards.

3. Definition of Restrictive Physical Intervention

Within Berlesduna Trust, RPI is defined as the use of reasonable, necessary, and proportionate physical force to prevent a pupil from causing harm to themselves or others, causing serious property damage, or severely disrupting learning.

Essex guidance emphasises that RPI is never a punishment and must not involve pain, breathing restriction, or harmful methods. All staff applying RPI must be authorised and trained.

4. When RPI May Be Appropriate

RPI decisions across the Trust must be grounded in dynamic risk assessment. It may be used only when imminent risk of harm exists and preventative and de-escalation strategies have been exhausted or are not feasible.

All interventions must employ the minimum amount of force for the shortest possible duration. Staff must always consider the pupil's needs, including SEND, medical, SEMH, or trauma history.

Emergencies—such as preventing a child running into the road—allow any staff member to intervene using minimal necessary force.

5. Prevention and De-escalation

The Trust emphasises strong relational practice and early intervention, aligned with Essex SEMH frameworks.

Prevention strategies across all academies may include restorative approaches, emotion coaching, personalised regulation plans, supportive environments, and consistent routines.

Staff must use de-escalation such as active listening, non-verbal calming cues, movement breaks, sensory regulation, or safe withdrawal spaces before considering RPI.

6. Acceptable Forms of Intervention

Trust-wide acceptable RPI methods include guided holds, safe directional support, blocking access, and controlled movement—only as taught in accredited training programmes (e.g. Essex Steps).

Prohibited methods include prone restraint, pressure on joints, holds that cause pain, or any practice restricting breathing or putting the pupil at significant risk.

7. Authorised Staff

Each school must maintain a list of authorised staff, approved by the Headteacher and logged centrally with the Trust. Only staff with up-to-date accredited RPI training may use RPI unless in a genuine emergency.

The Trust requires regular refresher training to maintain competency and ensure consistency across schools.

In a genuine emergency, any staff member may act to prevent immediate harm using minimum force. Regular refreshers are mandatory.

8. Individual Risk Management Plans (IRMPs)

IRMPs must be created for pupils identified as being at heightened risk of requiring RPI. Using Essex model formats, these must include triggers, early warning signs, individualised de-escalation methods, communication preferences, safe handling strategies, and review timelines.

IRMPs must involve parents/carers and, where appropriate, the pupil, and be reviewed at least termly.

9. Recording and Reporting

All schools must use a standardised Trust-wide RPI form. Records must detail the rationale for intervention, incident duration, involved staff, attempted de-escalation, injuries, and follow-up.

Incidents must be shared with parents promptly and reviewed by school leadership. Each school must submit anonymised RPI data to the CEO termly for analysis and oversight.

10. Post-Incident Support

Each school must provide structured debrief opportunities for pupils and staff after incidents.

Restorative conversations, wellbeing check-ins, and adjustments to IRMPs must follow every incident to reduce recurrence.

The Trust emphasises emotional repair and safeguarding as central to post-incident work.

11. Complaints and Allegations

Any concerns or allegations regarding RPI are addressed following the Trust's safeguarding, complaints, and whistleblowing policies.

Serious concerns must be escalated immediately to the CEO and, if appropriate, the Local Authority Designated Officer (LADO).

Transparency and documentation are required across all schools.

12. Training

The Trust follows the Therapeutic Thinking model (formerly Essex Steps).

Training includes: Step On (non-RPI) for prevention and de-escalation, and Step Up (RPI) for safe physical intervention. Essex County Council also endorses PRICE as an RRN-certified RPI training provider.

Only trained and authorised staff may use RPI except in emergencies.

All schools must maintain training logs and ensure staff attend refresher training at Trust-specified intervals.

13. Monitoring and Review

The Trust Board and CEO will review aggregated RPI data termly.

A full policy review will occur annually or earlier if required by new guidance.

The Trust uses RPI data to identify training needs, adapt behaviour support models, reduce restrictive interventions, and strengthen trauma-informed practice across schools.

Appendix A – Statutory record of an incident of the use of force, seclusion and non-force related restraint

CYP name:		DoB:	Year group:
Member(s) of staff involved:			
Date of incident:			
Start time of incident:			
End time of incident:			
Location of incident:			
Name(s) of additional staff witness(es):		Name(s) of additional CYP witness(es):	

Stressors leading up to the incident:

Co-regulation prior to the decision to use of restrictive intervention:			
Verbal advice and support		Swapping of staff	
Calm talking and Reassurance		Distraction/diversion	
Personalised co-regulation script		Offering choices and options	
Humour		Offering safe space	
Other (specify)			

Reason for the restrictive intervention:	To prevent or stop a pupil from causing injury to themselves or others	
	To prevent or stop a pupil from committing a criminal offence	
	To prevent or stop a pupil from damaging property	

	To prevent or stop a pupil from causing disorder among pupils at the school, whether during a teaching session or otherwise	
Detail of the incident:		
<i>(brief account of the incident, including what led up to it, identified or potential triggers / stressors if known, any preventative or de-escalation strategies used, and (where relevant) what type of reasonable force was applied, the degree of force, and details of any physical injuries sustained)</i>		

Detail of intervention:			
Time started	Technique	Duration	Staff name
Any physical mark or harm caused by the use of the intervention to the CYP:	Yes/No	Details	
Any immediate response to harm caused to the CYP:			
Signed off by staff involved:			
Staff name	Staff signature	Date	

Action following the incident:			
	Name	Date / time	Detail
Incident reported to senior staff by:			
Verbal communication to parents / carer by:			
Written communication to parents / carer by:			
CYP wellbeing and medical check by:			
Staff wellbeing check by:			
Restorative conversation with CYP by:			
Medical / First Aid / record of injury completed by:			
Review of incident to identify learning by:			
CYP's personalised plan updated by:			
Incident recorded on system for data analysis purposes:			

SLT monitoring and quality assurance:		
	Yes / No	Detail:
Staff wellbeing checks undertaken:		
Witness accounts obtained and verified:		
The intervention was acceptable (<i>and in accordance with statutory guidance</i>):		
Any learning identified:		
Report to LADO (if required):		

Any safeguarding or other response required:		
SLT member name:	SLT member signature:	
Date:		

Appendix B - template letter to inform parents of an incident

Dear (parent/carer)

Further to our earlier telephone conversation, I am writing to confirm our discussion about the incident today. As discussed, it was deemed necessary to use a restrictive intervention [ensure this reflects the incident] with [CYP name]. You will be aware that such an intervention is used in our setting only as a last resort, where other interventions and de-escalation techniques have not been sufficient. As already shared with you, it was felt by staff involved that it was a necessary, proportionate and appropriate response at the time in order to keep your child and everyone else safe.

In line with our policy and procedures, I am sharing the detail of the incident with you:

Time, date, location and approximate duration of the intervention:	
Why the intervention was assessed as necessary:	
What type of force was applied, and the degree of force:	
Any physical injuries sustained [delete if not applicable]	

It is important that we continue to work together, going forward. I would like to invite you to a meeting to write / review a risk assessment and support plan for [CYP name] and we can discuss the matter in more detail then.

Yours sincerely

Appendix C – Trust-wide Individual Risk Management Plan (IRMP)

Pupil Name	Fill here
School	Fill here
Known Triggers	Fill here
Early Warning Signs	Fill here
Preferred De-escalation Strategies	Fill here
Communication Preferences	Fill here
Environmental Adjustments	Fill here
Agreed Safe Handling Strategies	Fill here
Review Frequency	Fill here
Parent/Carer Agreement	Fill here

Appendix D – Trust-wide Authorisation & Training Log

Staff Name	School	RPI Training/Refresher Date
Fill here	Fill here	Fill here
Fill here	Fill here	Fill here
Fill here	Fill here	Fill here
Fill here	Fill here	Fill here
Fill here	Fill here	Fill here

Appendix E – guide to support reporting to Smartlog

Level 1 When there was no need for first aid or medical attention, or when there is no long-term anxiety or stress as a result of the incident for a member of staff.	Level 2 When there was a need for first aid or medical attention, or if the staff member experiences long term anxiety or stress as a result. When there was a need for non-restrictive physical intervention.	Level 3 When it was deemed necessary to use restrictive intervention to co-regulate to prevent a CYP injuring themselves or others, committing a criminal offence, damaging property or causing disorder	Level 4 When it was deemed necessary to use restrictive intervention to co-regulate to prevent a CYP injuring themselves or others, committing a criminal offence, damaging property or causing disorder
Behaviours likely to be responsive to the ordinarily available support and interventions set out within the setting behaviour policy. They will be also be monitored and reviewed through personalised 'One Planning' when appropriate. <u>Examples:</u> <ul style="list-style-type: none"> • Eating or mouthing non-edible items, such as stones, dirt, pen lids, bedding, metal, faeces • Smearing of faeces 	Behaviours with duration, frequency, intensity or persistence which are beyond the typical range for the setting. Such behaviours are less likely to be responsive to the ordinarily available support and interventions identified within the setting behaviour policy. <u>Examples:</u> <ul style="list-style-type: none"> • compromise the CYP's own and / or other CYP's learning • disrupt the day-to-day functioning of the setting, 	Behaviours which compromised the safety and wellbeing of the CYP or others: <u>Examples:</u> <ul style="list-style-type: none"> • causing harm towards adults or other CYP (including pushing, punching, kicking, biting, scratching, spitting, head-butting) • causing damage to the learning environment, including to property 	Behaviours which caused harm or injury to the CYP or others: <u>Examples:</u> <ul style="list-style-type: none"> • a one-off serious incident involving behaviour not previously observed in the CYP • causing harm towards adults or other CYP (including pushing, punching, kicking, biting, scratching, spitting, head-butting)

<ul style="list-style-type: none"> • Rocking, repetitive speech and repetitive actions or manipulation of objects • Absconding • removing of clothing items • Self-injury/harming, including head banging, scratching, hitting, kicking, biting and poking • Language-based personal abuse or sexual comments • Racist, sexist, or homophobic behaviour or comments 	<p>making it a less safe and routine environment.</p> <ul style="list-style-type: none"> • Language-based persistent personal abuse or persistent sexual comments • Persistent racist, sexist, or homophobic behaviour or comments 	<ul style="list-style-type: none"> • striking another adult / CYP with an object 	<ul style="list-style-type: none"> • causing damage to the learning environment, including to property • striking another adult / CYP with an object
Expected Reporting and Recording			
<p>Systematic reporting and recording at the setting/setting level in accordance with policy.</p>	<p>Systematic reporting and recording at the setting level in accordance with policy.</p>	<p>Systematic reporting and recording at the setting level in accordance with policy.</p> <p>These incidents must be reported on SmartLog and RIDDOR where appropriate.</p>	<p>Systematic reporting and recording at the setting level in accordance with policy.</p> <p>These incidents must be reported on SmartLog and RIDDOR where appropriate.</p>

