

USE OF PHYSICAL INTERVENTION (REASONABLE FORCE) POLICY

Policy type	Recommended
Review period	Annual
Last reviewed on	Spring 2026
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Approval level	Executive Board

Approved by (Name, date, signature)



Executive Board, 28 January 2026
Executive Board Chair, David Kreyling
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USE OF PHYSICAL INTERVENTION POLICY

Mission

We believe in investing in people. As professionals in the teaching and training professions, we strive to provide a better future for the children, young people and home settings we work with. Success for us means unleashing the potential of each individual so they can grow, develop and reach the potential of which they are capable. Our values are grounded in our determination to be the change we want to see in the world, through passion, commitment and integrity. We strive to plant a seed of kindness and compassion in a generation that will produce resilience and hope and enable them to aspire and achieve productive and fulfilled lives. Our success is measured in the lives we changed.

At the Omnia Foundation, we create a secure and safe environment that encourages communication, self-belief, mutual respect and success. We provide a rich and balanced curriculum that develops every child, allowing them to achieve their true potential.

Aims of the policy

- to provide guidance for the foundation community concerning safe processes and procedures regarding the use of physical intervention
- to ensure that all members of the foundation community are fully aware of the foundation's approach to the use of physical intervention
- to ensure that all staff are aware of the rights of the individual, especially those protected by law in the Equalities Act 2010, which lists disability as a protected characteristic (see Appendix A)
- to ensure that all staff are aware of how to record an incident where physical intervention has been required (see Appendix B)
- to ensure that all staff are properly trained to use appropriate physical intervention strategies
- to ensure that the foundation's approach to physical intervention can be properly monitored and evaluated by senior leaders and Executive Board members to maintain consistency and improve practice where appropriate

The Use of Physical Intervention Policy has been drawn up following guidance from the government contained in Reducing the Need for Restraint and Restrictive Intervention

The Foreword from the Reducing the Need for Restraint and Restrictive Intervention guidance reflects accurately the foundation approach:

"Every child and young person has a right to be treated with respect and dignity, and deserves to have their needs recognised and be given the right support. Some children and young people with learning disabilities, autistic spectrum conditions or mental health difficulties may react to distressing or confusing situations by displaying behaviours which may be harmful to themselves and others and are at heightened risk of restrictive intervention to minimise the impact of their behaviour, on them and on other people."

Children and young people, their families and carers have said that restraint and restrictive intervention are traumatising. These children and young people also recognise that there may be times when these approaches may need to be used for their protection and to keep them, and others, safe. We know that use of restraint and restrictive intervention can have long-term consequences on the health and wellbeing of children and young people, and that it can have a negative impact on staff who carry out such intervention. Using positive behaviour support and other alternatives which can de-escalate challenging behaviour, and tackle the reasons for it at source, should be the preferred approach.

There will, however, be times when the only realistic response to a situation will be restraint or restrictive intervention. In a school, if a young child is about to run into a busy road, for example, or a pupil is attacking a member of staff or another pupil and refuses to stop when asked, then reasonable force to stop this may be necessary. ... But wherever possible, it should be avoided; and proactive, preventative, non-restrictive approaches adopted in respect of the behaviour that challenges.

Restrictive intervention should only be used when absolutely necessary, in accordance with the law and clear ethical values and principles which respect the rights and dignity of children and young people, and in proportion to the risks involved. It can never be a long term solution..."

At the foundation, we make sure we are aware of our duties of care and follow the law. The law states that it is permissible to use reasonable force to prevent students committing an offence, injuring themselves or others, or damaging property, and to maintain a positive and purposeful atmosphere in the learning environment.

The use of physical intervention techniques is only one aspect of co-regulation and is usually the last resort when it is deemed absolutely necessary. It may resolve a short-term situation, but the long-term aim must be to help the child or young person to be able to self-regulate during times of stress.

The foundation follows this Essex Guidance 'Understanding and Supporting Behaviour - Safe Practice for Schools and Educational Settings (Including the use of restrictive / non-restrictive physical intervention)' which can be found here [Understanding and Supporting Behaviour - Safe Practice for Schools and Educational Settings](#)

Within this guidance, it is regarded as best practice to record every incident where the use of restraint has been deemed absolutely necessary and to follow the other recommendations set out in this document.

There is no requirement for an independent establishment to report to any local authorities. The Omnia Foundation has its own systems for recording such incidents, including injuries that may arise.

If such actions are necessary, the actions that we take aim to use the minimum amount of force necessary for the minimum amount of time necessary. Where physical intervention is needed, this is recorded and reported immediately to the Head of Foundation via the CPOMS app.

The incident will be communicated to home settings initially by phone and then be followed up in writing via email.

Foundation Statement on the use of Physical Interventions

Physical intervention should be in the student's best interests and should be conscious of the need to differentiate the attachment to staff from the attachment to key adults such as parents and siblings. Regardless of age, physical intervention should not provide intimacy within a transient relationship. There are occasions when staff will have cause to have physical contact with students for a variety of reasons, for example:

- To comfort a student in distress
- To guide students
- For curricular reasons (for example in PE, Drama etc.)
- In an emergency to avert danger to the student or students

In all situations where physical contact between staff and students takes place, staff must consider the following:

- The student's age and level of understanding
- the student's individual characteristics and history, as outlined in their Risk Reduction Plan
- The location where the contact takes place (it should not take place in private without others present).

It is extremely important that staff, students and home settings have read and understood all the relevant policy to appreciate the reasons why we may choose to use physical intervention or restrictive physical intervention with students and the appropriate ways in which we do so.

Training

All foundation staff are trained in Therapeutic Thinking, primarily to support with de-escalation techniques. All staff members receive six hours of Relational Practice (de-escalation and guided holds) and three hours of Principles of Restraint, Reduction and Elimination (restraint and restrictive intervention) training. Following this, official refresher training is carried out every twelve months to ensure every staff member holds a valid certificate. Records of this are held by Omnia Services at Lower Barn Farm, London Road, Rayleigh, SS6 9ET, Rayleigh.

Regular staff training is provided by the Head of Therapeutic Provision/Senior Emotional Wellbeing Coordinator and monitored by the Head of Foundation to ensure that the ethos and techniques of Therapeutic Thinking are maintained to a high level. Training provided covers the use of de-escalation techniques and restraint and restrictive intervention. Records of staff participation in such training are held by the Student Support Officer at the Foundation.

The Head of Foundation facilitates rigorous monitoring of the processes and procedures around physical intervention. In view of the importance of the Head of Foundation remaining objective in such a situation, they will be the last resort as a "change of face" in a situation where physical intervention is deemed necessary.

Intended Outcomes of the Use of Physical Intervention

To provide a safe environment for the whole community

- Where we care enough about our students to support them when they feel out of control, causing harm to themselves, others or significant damage to property
- Where challenging, aggressive and violent behaviour is prevented wherever possible
- Where staff members are clear about when physical intervention is appropriate and are empowered to use it within a clear framework

Responsibilities

The Omnia Foundation is committed to providing Therapeutic Thinking training to all staff and endeavouring to reduce any situation where staff members encounter violence in the course of their work. All members of the foundation are expected to treat people with dignity, courtesy and respect.

The foundation also recommends that where possible there are two members of staff either to be involved in a physical intervention, or to be able to witness any physical intervention that takes place.

Working Realities

All stakeholders must be aware of the working realities and likely consequences when individuals are involved in an incident involving the use of force. Members of staff are required to have an in-depth and working knowledge of all risk reduction plans for students in their hub, critical incident protocols and manage their roles and responsibilities when such situations arise. This means that hub and foundation staff may have to carry out a dynamic risk assessment in a critical situation and make quick, informed decisions based on their knowledge of the student, their RRP and the unfolding events.

Systems

In order to minimise risk to staff and students, manage challenging behaviour and help students learn, the following systems are in place:

- 1) During the induction process, a Predict & Prevent Plan will be completed which may be uplevelled to a risk reduction plan if and when a student reacts in a way that may or has caused risk to themselves, others or property. This should happen as soon after the event as possible. Students requiring a Risk Assessment may also become identified through incident reporting. Whenever there is a change to a student's reactions the risk assessment or RRP should be amended (see Appendix C) and dated to reflect the updates. During this evaluation, an appropriate hold for each individual student may be outlined in their RRP.

- 2) The two members of staff present when a situation escalates will use the designated WhatsApp chat or through non-verbal signals as a means of real time management. Requests for help and support will be made through the chat in order to minimise personnel at the scene which may exacerbate the situation. Staff who are in a position to swap in for a change of face should notify the chat with the words, "help available," so that managing staff are aware of who can support. Staff should wait until help is requested before intervening and managing staff must be aware of where in the assault cycle the student is at all times. Peripheral staff must also maintain awareness of their physical proximity (zonal marking) to the incident.
- 3) After a serious incident has occurred students and staff must be offered an opportunity for debrief. It should be remembered that the minimum amount of time for anyone to calm down after an adrenaline rush is deemed to be at least 45 minutes but for some students it could be longer. This must be considered when planning the time of the debriefing. We recognise that staff and students may feel reluctant to engage in a debrief immediately after the incident has occurred. However, from a therapeutic and professional perspective, it is essential that all parties involved participate in discussion following a critical incident as valuable lessons can be learned.
- 4) Serious incidents are recorded on CPOMS: where a physical intervention has taken place, or it is recognised through a RRP that this is necessary as part of the student's plan, it must be reported on CPOMS
- 5) All documentation should be completed as soon as possible after the event has taken place before the member of staff goes home. On the rare occasion that this is not possible the incident must be relayed to a member of SLT to report on CPOMS on the staff member's behalf. A review of the student's RRP must take place as part of the documentation process.
- 6) Following a critical incident, visual systems must be made available for those students who require this support to aid understanding and communicate effectively. These visuals may include chat cartoons or ABC charts.
- 7) If a member of staff or student is injured as a result of any incident a Health and Safety Incident Form needs to be completed and submitted to Central Services (Appendix D)
- 8) All documentation relating to the Use of Physical Intervention Policy and related incidents will be kept for 35 years

Appendix A – Protected Characteristics Under the Equalities Act 2010

The protected characteristics

The following characteristics are protected characteristics—

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

Disability

(1) A person (P) has a disability if—

(a) P has a physical or mental impairment, and

(b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

(2) A reference to a disabled person is a reference to a person who has a disability.

(3) In relation to the protected characteristic of disability—

(a) a reference to a person who has a particular protected characteristic is a reference to a person who has a particular disability;

(b) a reference to persons who share a protected characteristic is a reference to persons who have the same disability.

(4) This Act (except Part 12 and section 190) applies in relation to a person who has had a disability as it applies in relation to a person who has the disability; accordingly (except in that Part and that section)—

(a) a reference (however expressed) to a person who has a disability includes a reference to a person who has had the disability, and

(b) a reference (however expressed) to a person who does not have a disability includes a reference to a person who has not had the disability.

(5) A Minister of the Crown may issue guidance about matters to be taken into account in deciding any question for the purposes of subsection (1).

(6) Schedule 1 (disability: supplementary provision) has effect. Appendix B – Procedure for Recording the Use of Physical Intervention

Appendix B – Procedure for Recording the Use of Physical Intervention

Information should be recorded in CPOMS in the following format:

- Student Name
- Student DOB
- Reporting Member of Staff
- Location, Time and Date of Incident
- Justification for physical intervention:
 - To prevent harm to self
 - To prevent harm to other students
 - To prevent harm to adults
 - To prevent damage to property
 - To prevent loss of learning
- Details of predicted harm prevented by physical intervention with predicted levels (refer to individual plan) eg bruising, lacerations, destruction of computer
- Names of additional staff witness
- Names of additional student witness
- Medical Treatment or Injuries Y/N
- Damage to property Y/N
- Incident form complete Y/N
- Unresolved harm including details of harm to people including medical intervention/details of damage to property including costs
- Note of triggers
- Additional Factors
- How was the incident resolved?
- What were the consequences? (Protective/Educational)
- Has student reparation or debrief taken place? With whom? If yes, record date
- Has staff debrief taken place? With whom? If yes, record date
- Has the risk reduction plan been reviewed and updated? By whom? If yes, record date
- Details of police involvement
- Primary de-escalation techniques used. Please record in the order in which they were used and how each one was employed:
 - Verbal advice and support
 - Calm talking
 - Distraction
 - Reassurance
 - Humour
 - Negotiation
 - Offering choices and options
 - Offering services of other staff
 - Reminding of consequences
 - Taking non-threatening body position
 - De-escalation script
 - Clear instruction/warning
 - Withdrawal
 - Diversion
- Restraint techniques used including sequence of techniques, time, staff involved, the duration of the restraint and the duration of the incident
- Is there any physical mark or harm caused by the use of restraint? If yes, please record details
- Has the student indicated that this was caused by the use of physical intervention? If yes, please record actions
- Name of person reporting incident to Head of Foundation
- Name of person informing home settings (including how and date/time)
- Name of person verifying student wellbeing
- Name of person verifying staff wellbeing
- Name of person completing the entry with signature and date
- Name of person verifying the entry with signature and date

Appendix C - Risk Reduction Plan

Risk Assessment Calculator

Name	
DOB	
Date of Assessment	

Harm/ Behaviour	Opinion Evidenced O/E	Conscious Sub- conscious C/S	Seriousness Of Harm A 1/2/3/4	Probability Of Harm B 1/2/3/4	Severity Risk Score A x B
Harm to self					
Harm to peers					
Harm to staff					
Damage to property					
Harm from disruption					
Criminal offence					
Harm from absconding					
Other harm					

Seriousness

1	Foreseeable outcome is upset or disruption
2	Foreseeable outcome is harm requiring first aid, distress or minor damage
3	Foreseeable outcome is hospitalisation, significant distress, extensive damage
4	Foreseeable outcome is loss of life or permanent disability, emotional trauma requiring counselling or critical property damage

Probability

1	There is evidence of historical risk, but the behaviour has been dormant for over 12 months and no identified triggers remain
2	The risk of harm has occurred within the last 12 months, the context has changed to make a reoccurrence unlikely
3	The risk of harm is more likely than not to occur again
4	The risk of harm is persistent and constant

Risks which score 6 or more (probability x seriousness) should have strategies listed on the next page

Risk Reduction Plan

Name	DOB	Date	Review Date
Photo	Risk reduction measures and differentiated measures (to respond to triggers)		
Pro social / positive behaviour	Risk reduction measures and differentiated measures (to respond to triggers)		
Anxiety / DIFFICULT behaviours	Strategies to respond		
Crisis / DANGEROUS behaviours	Strategies to respond		
Post incident recovery and debrief measures			

Signature of Plan Co-ordinator	Date
Signature of Plan Co-ordinator	Date
Signature of Plan Co-ordinator	Date

Appendix D - Essex County Council Health & Safety Incident Form

School and College:																																											
About the incident: <table border="1"> <tr> <td>Accident</td> <td>Work Related Ill-Health</td> <td>Near Miss</td> <td>Violence</td> </tr> <tr> <td>Date incident occurred:</td> <td colspan="2">Date:</td> <td>Time (24hr clock):</td> </tr> <tr> <td>Date incident reported:</td> <td colspan="2">Date:</td> <td>Time (24hr clock):</td> </tr> <tr> <td>Where incident happened?</td> <td colspan="3"></td> </tr> <tr> <td>How the incident happened?</td> <td colspan="3"></td> </tr> <tr> <td>What do you consider was the cause of the incident? (bite, kick, fall etc.)</td> <td colspan="3"></td> </tr> <tr> <td>Where was the injury located?</td> <td colspan="3"></td> </tr> <tr> <td>What was the nature of harm?</td> <td colspan="3"></td> </tr> <tr> <td>Was the person taken directly to hospital</td> <td colspan="3">YES / NO</td> </tr> <tr> <td>Was the incident reportable under RIDDOR</td> <td colspan="3">YES / NO</td> </tr> </table>				Accident	Work Related Ill-Health	Near Miss	Violence	Date incident occurred:	Date:		Time (24hr clock):	Date incident reported:	Date:		Time (24hr clock):	Where incident happened?				How the incident happened?				What do you consider was the cause of the incident? (bite, kick, fall etc.)				Where was the injury located?				What was the nature of harm?				Was the person taken directly to hospital	YES / NO			Was the incident reportable under RIDDOR	YES / NO		
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About the person affected by the incident: <table border="1"> <tr> <td>Name</td> <td colspan="3"></td> </tr> <tr> <td>Employed by ECC and position employee holds</td> <td>YES / NO</td> <td colspan="2">Position Held if appropriate</td> </tr> </table>				Name				Employed by ECC and position employee holds	YES / NO	Position Held if appropriate																																	
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Follow up by the manager after the incident: (to be completed by Manager) <table border="1"> <tr> <td>Additional supervision</td> <td>Modifying existing systems of work</td> <td>No further action</td> </tr> <tr> <td>Review Maintenance procedures</td> <td>Training</td> <td>Review Risk Assessment</td> </tr> </table>				Additional supervision	Modifying existing systems of work	No further action	Review Maintenance procedures	Training	Review Risk Assessment																																		
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Additional information for acts of violence:

Name of assailant					Relationship to ECC i.e. pupil	
What was the type of assault	Attack by an animal Sexual	Intimidating behaviour Threatening behaviour	Physical injury Use of a weapon	Racial Verbal abuse		
Was the incident reported to the police?	YES / NO					
Has support been given to the employee following the incident?	YES / NO					

Use of physical intervention:

Was it necessary to use physical intervention?	YES / NO
What type of technique was used?	
Does the assailant have an individual risk assessment or care plan?	YES / NO
Was the physical intervention technique used in accordance with it?	YES / NO
Had all the employees who used Restrictive Physical Intervention been trained?	YES / NO

Witness to the incident	Witness to the incident
Name & Address	Name & Address
Additional Information	
Signature of Health & Safety Manager	Date
Comments for Health & Safety Manager if necessary	