

RAVENSCOTE JUNIOR SCHOOL

TOUCH AND PHYSICAL INTERVENTION POLICY

2026 - 2027



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| Signed | Amy Wells Headteacher | Signed | Emily Gibson Chair of Governors |



RAVENSCLOTE JUNIOR SCHOOL TOUCH AND PHYSICAL INTERVENTION

Introduction

At Ravenscote Junior School, we are committed to maintaining the safety and wellbeing of all children and staff. We believe that children must feel secure in their environment, understanding clear expectations for behaviour alongside the assurance that the adults present are equipped to manage situations safely and confidently. It is our responsibility to foster a nurturing atmosphere where respect and kindness thrive. For a very small minority of children, the use of Restrictive Physical Intervention (RPI) may be needed, and, on such occasions, acceptable forms of intervention will be used. Such interventions, although exceptional, may be required to prevent harm to the child, other children or staff members.

The majority of children behave well and engage positively with their peers and staff, adhering to established behaviour rules within the school; Ready, Respectful and Safe. We have responsibility to operate an effective Positive Behaviour policy that encompasses preventative strategies for tackling inappropriate behaviour in relation to the whole school, each class, and individual children.

All the school staff need to feel able to manage inappropriate risk and behaviour, and they need to have an understanding of what challenging behaviours might be communicated and how. We aim to approach any necessary intervention with the utmost care, employing only those methods that are deemed acceptable and in alignment with our guiding principles. The use of RPI will be considered as a last resort, following the exhaustion of all other strategies to de-escalate potential crisis. Staff need to know what the options open to them are, and they need to be free of undue worries about the risks of legal action against them if they use appropriate physical intervention. Ravenscote has an effective culture of safety.

Our policy is designed to provide clarity and reassurance to all stakeholders regarding our approach to physical intervention, firmly underscoring our unwavering commitment to safeguarding the welfare of every pupil within our care.

General policy aims

At Ravenscote Junior School, we recognise that the use of restrictive interventions, including reasonable force and seclusion, is lawful and necessary to keep people safe. However, it is only ever considered as a last resort once all other prevention and de-escalation strategies have been exhausted to ensure pupil safety, well-being and the maintenance of good order and discipline. Our policy on restraint should therefore be read in conjunction with our Positive Behaviour policy and Child Protection and Safeguarding policy.



Specific aims of the Touch and Physical Restraint policy

- To protect every person in the school community from harm.
- To protect all children against any form of physical intervention that is unnecessary, inappropriate, excessive or harmful.
- Minimise the need to use restrictive interventions, through early support, prevention and de-escalation strategies.
- Help school staff feel confident in knowing how to use restrictive interventions safely, appropriately and lawfully, when they are necessary.
- Clearly set out the steps for recording and reporting incidents of reasonable force, seclusion and restraint.
- Protect the safety, wellbeing and dignity of all pupils and staff, and help create a positive and safe place for everyone at school.

1. Legislation and Guidance

This policy is based on the Department for Education (DfE) guidance on restrictive interventions, including the use of reasonable force, in schools. It also meets the requirements of:

- › Section 93 of the Education and Inspections Act 2006
- › Section 93A of the Education and Inspections Act 2006, inserted by the Apprenticeships, Skills, Children and Learning Act 2009
- › Section 550ZA and section 550ZB of the Education Act 1996
- › Equality Act 2010
- › Health and Safety at Work etc. Act 1974 and associated regulations
- › Human Rights Act 1998
- › Keeping Children Safe in Education
- › The Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025
- › Department for Education guidance on searching, screening and confiscation
- › Paragraph 16A of the schedule to The Education (Independent School Standards) Regulations 2014 (inserted by The Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025)

2. Definition of 'restrictive physical intervention'



2.1. The Law allows for teachers and other persons authorised by the Headteacher to use Restrictive Physical Intervention to prevent a child from doing or continuing to do any of the following: -

- Committing a criminal offence
- Injuring themselves or others
- Causing damage to property
- Engaging in any behaviour that is prejudicial to maintain the good order and discipline at the school
- Causing disorder among children, in or out of lessons

2.2. 'Restrictive Physical Intervention' involves the use of force to control a person's behaviour, using bodily contact, mechanical devices or changes to the person's environment. This includes both physical restraint and removal to a seclusion or calm room. It refers to any instance in which a teacher or other adult authorised by the Headteacher has to, in specific circumstances, use 'reasonable force' to control or restrain children. There is no legal definition of 'reasonable force'. However, there are two relevant considerations:

- The use of force can be regarded as reasonable only if the circumstances of an incident warrant it
- The degree of force must be in proportion to the circumstances of the incident and the seriousness of the behaviour or consequences it is intended to prevent

Examples of the use of reasonable force could include:

- A staff member guiding a child to safety
- Staff breaking up a fight between children
- A staff member restraining a child to prevent injury to the child, or others

Examples of restrictive interventions could include:

- Supervised seclusion of a child in an area away from others, where the child is prevented from leaving for their own safety and/or the safety of others
- Passive physical contact, such as a staff member blocking a child's path if they're running towards danger (like a busy road), or staff standing between children to prevent a fight

Examples of restraint could include:

- A staff member holding a child's arms to their sides when the child is attempting to harm themselves or others

2.3. The definition of physical force also includes the use of mechanical devices (e.g. splints on the child prescribed by medical colleagues to prevent self-injury), forcible seclusion or use of locked doors. It is important for staff to note that, although no physical contact may be made in the latter situations, this is still regarded as a Restrictive Physical Intervention.



3. When the use of restrictive physical interventions may be appropriate at Ravenscote Junior School

- 3.1. Restrictive Physical Interventions will be used when all other strategies have failed, and therefore only as a last resort. However, there are other situations when physical management may be necessary, for example in a situation of clear danger or extreme urgency. Certain children may become distressed, agitated, and dysregulated, and need calming with a brief Restrictive Physical Intervention that is un-resisted after a few seconds.
- 3.2. The safety and well-being of all staff and children is an important consideration. Under certain conditions this duty must be an over-riding factor.

4. Who may use restrictive physical intervention at Ravenscote Junior School

- 4.1. Teaching staff and support staff, employed at the school, are authorised by the Headteacher to have control of children, and must be aware of this policy and its implications. All school staff have legal authority to use reasonable force under Section 93 of the Education and Inspections Act 2006.
- 4.2. We take the view that staff should not be expected to put themselves in danger, and that removing children and themselves is the right thing to do. We value staff efforts to rectify what can be very difficult situations and in which they exercise their duty of care for the children.
- 4.3. Names of authorised staff:
- Headteacher
 - Deputy Headteacher
 - Assistant Headteacher Inclusion
 - Teaching staff
 - Learning Support Assistants
 - Caretaker, Office staff and School Business Manager
 - Catering Staff
- 4.4. In addition, the Headteacher may give temporary authorisation to others e.g. parent helpers on a trip, centrally employed support staff.

5. Acceptable forms of touch and intervention at Ravenscote Junior School

- 5.1. There are occasions when staff will have cause to have physical contact with children for a variety of reasons, for example:
- Communication (for example young children and those with SEND may need staff to provide physical prompts or help etc.)



- First Aid
- Congratulating a child
- To comfort a child in distress (so long as this is appropriate to their age)
- To gently direct a child
- For curricular reasons (for example in PE, Drama etc)
- For life skills (for example changing for PE, toileting, using cutlery etc.)
- In an emergency to avert danger to the child or children
- In rare circumstances, when Restrictive Physical Intervention is warranted

5.2 In an emergency incident, staff may take into account the use of reasonable force and their responsibilities under duty of care.

5.3 In assessing whether physical contact is appropriate in any given situation, staff should use their professional judgement, and have regard to:

- Our school's child protection and safeguarding policy
- The specific circumstances, such as whether there are other adults present
- Factors including, but not limited to:
 - The pupil's age
 - Any known vulnerabilities, including whether the pupil has special educational needs and/or disabilities (SEND)
- Whether any alternative strategies that don't involve physical contact can be used

5.4 If a child requires physical support on a regular basis, this information will be documented on CPOMS, a Risk Assessment Tool & Proactive Intervention Plan and a toileting plan if appropriate.

5.5 Physical contact is never made as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact will not be made with the participant's neck, breasts, abdomen, genital area, other sensitive body parts, or to put pressure on joints. It will not become a habit between a member of staff and a particular child.

6. Support for children

6.1 If a child is identified for whom it is felt that Restrictive Physical Intervention is likely, then a Risk Assessment Tool & Proactive Intervention Plan will be completed. This assessment will help the child and staff to avoid difficult situations through understanding the factors that influence the behaviour and identifying the early warning signs that indicate foreseeable behaviours that may be developing.

6.2 The plan will include:

- Involving parents/carers and children to ensure they are clear about what specific action the school may take, when and why



- A risk assessment to ensure staff and others act reasonably, consider the risks, and learn from what happens
- A record needs to be kept in school of risk reduction options that have been examined and discounted, as well as those used
- Managing the child, strategies to de-escalate a conflict, and stating at which point a Restrictive Physical Intervention is to be used
- Identifying key staff who know exactly what is expected. It is best that these staff are well known to the child
- Ensuring a system to summon additional support
- Identifying training needs
- The school will take medical advice about the safest way to hold a child with specific medical needs

7. Roles and Responsibilities

7.1 The School Governors are responsible for:

- Reviewing and approving this policy
 - Ensuring that a procedure is in place for recording and reporting each:
 - Significant incident involving force
 - Seclusion incident
 - Restraint incident
 - Taking all reasonable steps to ensure that the procedures for recording and reporting the use of force, seclusion and restraint are followed
 - Regularly reviewing and interrogating data on the use of restrictive interventions in our school
 - Supporting and challenging school leaders to identify where changes may be needed to practice. For example:
 - If approaches have been used for some time but haven't been effective
 - If there is any disproportionate use of restrictive interventions, including in relation to children who share protected characteristics or have SEND or other types of vulnerabilities

7.2 The Headteacher will work with the Senior Leadership Team to:

- Have overall implementation and oversight of this policy
- Make sure that appropriate and high-quality training on preventative strategies and the safe and lawful use of restrictive interventions is provided for staff who need it, based on our school's individual context and needs
- Ensure adequate staffing levels to support positive behaviour management
- Monitor incidents involving restrictive interventions, including regular review of incidents to refine and improve processes
- Ensure compliance with recording and reporting requirements
- Authorise staff to search a child or their belongings if they have good reason to think the child has a prohibited or banned item



- Follow the procedures set out in our complaints policy to deal with any complaint about the use of restrictive interventions
- Follow the statutory safeguarding guidance Keeping Children Safe in Education if an allegation regarding inappropriate use of force and/or other restrictive intervention is made against a member of staff

7.3 All Staff will:

- Make sure they have read and understood the principles of this policy and any other linked policies
- Use de-escalation techniques and positive behaviour management strategies to try to minimise and prevent the need for restrictive interventions
- Accurately record every seclusion incident, restraint incident and significant incident involving force that they are involved in
- Report these incidents to the designated safeguarding lead (DSL)
- Record any injuries that occur as part of an incident involving restrictive intervention, and follow our health and safety policy to ensure these are reported to the Health and Safety Executive where necessary
- Take part in training on de-escalation and preventative strategies and the safe and lawful use of restrictive interventions, if relevant to their role (this may include additional training appropriate to their responsibilities)
- Engage in follow-up conversation(s) to debrief and reflect on incidents involving restrictive intervention that they were involved in, to help us understand what happened and why

7.4 The Designated Safeguarding Team (DSL/ DDSL) will:

- Report every seclusion incident, restraint incident and significant incident involving force to each parent/carer of the child involved
- Make sure records are kept securely and in accordance with safeguarding and data protection procedures
- Contact the local authority in cases where informing a child's parent/carer of the use of reasonable force, seclusion or restraint on their child would put that child at risk of significant harm.

7.5 The Inclusion Assistant Headteacher will:

- Working with children, parents/carers and relevant school staff to develop and review behaviour support plans and risk assessments for any pupils with SEND where it's been identified that there is an increased likelihood of the need to use restrictive interventions
- Ensure staff are aware of individual children needs and associated behaviour support strategies
- Work with staff who know children well, to identify and manage risk (such as trigger points when challenging behaviour is more likely to occur)



- Work with children, parents/carers, staff and other relevant professionals to develop prevention and de-escalation strategies
- Advise on reasonable adjustments for any children with disabilities when considering prevention and de-escalation strategies
- Participate in the review of restrictive intervention incidents involving any child with SEND
- Provide advice and support on the application of this policy for children with SEND
- Contribute to staff training on SEND and behaviour management, including the use of restrictive interventions

8 Using reasonable force to search pupils

8.1 The headteacher and any member of staff authorised by the headteacher have a statutory power to search a child or their belongings if they have reasonable grounds to suspect that the child may have a prohibited item (as listed in the DfE's searching, screening and confiscation guidance) or an item banned under our school rules.

8.2 Authorised staff can use reasonable force to search for prohibited items (as listed in the DfE's searching, screening and confiscation guidance), such as knives, weapons, stolen items or illegal drugs. They cannot use reasonable force to search for items that are banned under our school rules only, such as mobile phones, money and toys. The decision to use reasonable force to carry out a search should be made carefully, on a case-by-case basis and taking into consideration the level of risk to children and staff.

9 Prevention and de-escalation strategies

Restrictive intervention is used only when necessary. We aim to minimise its use as much as possible, using both whole-school and individual approaches.

Our whole-school approach includes:

- Consideration of how our school and classroom environment can support all children to achieve and thrive
- Sharing best practice for whole-class positive behaviour management and for managing communal spaces such as corridors and playgrounds
- Training staff in effective communication strategies, such as using appropriate tone of voice and empathy to aid de-escalation
- Development of working staff-child relationships and trust
- Recording and analysing data on the use of restrictive interventions to inform improvement planning
- Staff holding unconditional positive regard for all children
- Regulating children before we educate them
- All staff remain curious, not furious
- Use of dual coding, visual timetables in all classrooms to reduce anxiety
- Use of babble guards in all classrooms to regulate classroom sound



The individual approaches we use include:

- Working closely with parents/carers to support individual pupils
- The development of positive behaviour support plans
- Developing strategies to help children calm down before their behaviour escalates, including Zone of Regulation
- Making 'reasonable adjustments' where a child has a disability, to help them participate in school life as fully as possible

10 De-escalation when a situation arises

When a staff member is faced with a situation where a restrictive intervention may need to be used, they should consider using de-escalation techniques first, wherever possible. Techniques that could be used in these situations include:

- Having open body language and being aware of a child's personal space
- Taking a child away from an 'audience', speaking to them on their own rather than in front of a group of other children or staff (praise in public, remind in private)
- Using empathy, asking the child to help you understand their feelings
- Distraction techniques
- Offering a calm space for the child to go to so they can self-regulate (lavender room)

11 Necessity and proportionality

The decision on whether to use restrictive interventions is down to the professional judgment of the staff member and will always depend on the individual circumstances of each situation.

Staff should always consider whether there are other ways to manage the situation, such as the de-escalation techniques outlined in section 8 of this policy and/or seeking assistance from a colleague. However, there may be times when staff have no other choice but to use restrictive interventions, to reduce the risk of harm to the child and/or others.

When assessing whether a restrictive intervention is required, staff should always consider:

Is it necessary?

- Are there other more effective, less restrictive ways to manage the situation?
- Is a restrictive intervention likely to successfully reduce the risks, or could its use escalate the situation further or cause more harm than the behaviour itself?

Is it proportionate?

- Staff should use the **least** amount of force or the **least** restrictive intervention for the **least** amount of time required to reduce the risks
- If the intervention itself is escalating the situation, staff should reconsider their approach and attempt an alternative strategy



- Staff should consider the individual circumstances of the child, such as their age, size and any medical conditions, SEND or other vulnerabilities

12. Unacceptable Uses of Force

The following are never acceptable:

- Using force as a punishment
- Using force to inflict pain or discomfort
- Restricting a child's airway, breathing or circulation (including by placing pressure on the neck, chest or abdomen)
- Holding a child face down on the ground
- Holding a child in a way that causes hyperflexion or hyperextension of joints
- Applying pressure to joints
- Twisting or forcing limbs back against a joint
- Bending fingers or pulling hair
- Holding or pulling a child by the neck or any other sensitive body part
- Using mechanical restraints (unless prescribed by medical professionals for specific medical purposes)

If force is being used and the child is unintentionally held on the ground, staff will release or reposition them as quickly as possible.

All staff must ensure that any use of force is reasonable, necessary and proportionate to the circumstances.

13. Recording and Reporting

13.1 We have a legal duty to record and report each significant incident in which a member of staff uses any of the following on a child:

- Reasonable force
- Seclusion
- Restraint (with or without direct physical contact)

A 'significant incident' involving force is one where force was used for more than a brief moment, or where there is any concern about the use of force, or where the incident resulted in injury or distress. All incidents using reasonable force or restraint are recorded using the bound and numbered Red Book, which is stored in the Headteacher's office and signed off by the Headteacher. Records are also scanned into CPOMS. These records are completed as soon as possible, endeavouring to do so no later than the same day.

13.2 Following the incident, and within 24 hours, a Risk Assessment Tool & Proactive Intervention Plan for the child concerned will be put in place, or updated if one is already in place. Their behaviour plan will also be updated. In the unlikely circumstance that a behaviour plan is not currently in place, one will be created.



- 13.3 Records include names of children and staff involved; any relevant needs/circumstances of the child including SEN status code; time, date, location and approximate duration; brief account of why it was necessary; details of any physical injuries and any support provided after the incident.
- 13.4 Where an incident causes injury to a member of staff, it should be recorded as per our accident/incident reporting procedure. Further, our governing body ensures that procedures are in place for recording significant incidents and then reporting these incidents as soon as possible to children's parents.
- 13.5 After using Restrictive Physical Intervention, we ensure that the Headteacher is informed as soon as possible. For significant incidents involving force, we report to parents in writing. This report includes: time, date, location and approximate duration; a brief explanation of why it was necessary; a short description of the type and degree of force used; and details of any physical injuries sustained, if applicable. A copy of the record form is also available for parents to read.
- For seclusion incidents and restraint incidents:
- We will inform parents after the incident (this may be by phone, email or in person)
 - We have a procedure for providing information about the incident in writing to parents upon request
 - Parents can request a copy of the written internal record
- 13.6 In rare cases, we might need to inform the police, such as in incidents that involve the possession of weapons. This would be in line with our general practice, informed by the DfE Searching, Screening and Confiscation Advice for schools (2022) and Section 45 of the Violent Crime Reduction Act 2006.
- 13.7 Exceptions to reporting to parents – we do not have to report an incident to parents if:
- Telling the parents would likely result in serious harm to the child. In these cases, we must report it to any parent(s) it can be reported to without resulting in significant harm or, if there are none, to the local authority (LA) where the child ordinarily lives.
 - We also do not have to report if the child is 20 years old or older (this would not apply in our primary school setting).

14 Supporting and reviewing

- 14.1 We recognise that it is distressing to be involved in a Restrictive Physical Intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened.
- 14.2 After a Restrictive Physical Intervention, we give support to the child so that they can understand why it was necessary. Where we can, we record how the child felt about this. Where it is appropriate, we have the same sort of conversations with other children who



observed what happened. In all cases, we will wait until the child has calmed down enough to be able to talk productively and learn from this conversation. If necessary, the child will be asked whether he or she has been injured so that appropriate first aid can be given. This also gives the child an opportunity to say whether anything inappropriate has happened in connection with the incident.

14.3 We also support adults who were involved, either actively or as observers, by giving them the chance to talk through what has happened with the most appropriate person from the staff team.

14.4 A key aim of our after-incident support is to repair any potential strain to the relationship between the child and the people that were involved in the Restrictive Physical Intervention.

14.5 After a Restrictive Physical Intervention, we consider whether the individual provision map and risk assessment needs to be reviewed so that we can reduce the risk of needing to use restrictive physical intervention again.

15 Post-Incident Meetings with Parents

Following any incident involving the use of restrictive physical intervention, we will invite parents into school to discuss what happened as part of our debriefing process. This meeting does not need to take place on the same day as the incident, but should be arranged as soon as possible afterwards.

15.1 Who should attend the meeting:

- The child's parent(s)/carer(s)
- A senior leader, ideally the person responsible for reporting to parents (Headteacher, Deputy Headteacher or Inclusion Assistant Headteacher)
- The staff member(s) involved in the incident, if appropriate and if they wish to attend
- Where appropriate, the child may be invited to attend (this will be decided on a case-by-case basis)

15.2 Making meetings accessible:

We will ensure that meetings are accessible to all parents by offering additional support where needed, such as:

- An interpreter for parents who use English as an additional language
- Adjusting the time or location of the meeting to accommodate parents' work or caring commitments
- Providing information in alternative formats if required

15.3 Purpose and content of the meeting: The meeting provides an opportunity for open dialogue between school and parents, and to work together to support the child. During the meeting, we will discuss:



- What happened – providing more detail about the incident and answering any questions parents may have about the information initially communicated to them
- Behavioural triggers and warning signs – identifying whether there were any triggers or warning signs that preceded the incident
- Positive Behaviour Plans - reviewing whether any agreed behaviour support plans were followed, and whether they need to be updated
- De-escalation strategies – discussing what de-escalation strategies were used, how effective they were and whether different approaches might be more successful in future
- Future prevention – exploring what might be done differently in the future and what we could do as a school to make this happen (e.g. additional staff training on specific de-escalation techniques, environmental adjustments or changes to routines)
- Follow up support - discussing any follow-up conversations that have taken place (or will take place) between staff and the child to facilitate reflection, learning and to support wellbeing

15.4 Outcomes from the meeting: Following the meeting we will:

- Use the information gathered to review and/or update any existing Risk Assessment Tool & Proactive Intervention Plans and behaviour support plans
- Identify any additional support the child may need
- Agree any actions with parents, including timescales and who is responsible
- Provide parents with a summary of what was discussed and agreed (this can be via email or letter)
- Schedule a follow-up meeting if appropriate, to review progress

15.5 Creating a supportive environment: We recognise that learning about the use of restrictive physical intervention on their child can be difficult for parents. During these meetings, we will:

- Listen carefully to parents' concerns and take on board their feedback
- Empathise with their point of view
- Be open to hearing what we could have done differently
- Work collaboratively to identify the best way forward for the child
- Maintain a focus on the child's safety, wellbeing and positive outcomes

15.6 Record keeping: We will keep a brief record of the meeting, including:

- Who attended
- Key points discussed
- Any actions agreed and who is responsible for them
- Date of any follow-up meeting scheduled

This record will be stored securely on CPOMS alongside the incident record.

16 Reporting to Governors



16.1 Our governing board has two key responsibilities:

- To regularly review and interrogate data on restrictive interventions to improve policies and practice
- To ensure we are complying with our procedures and legal duties for recording and reporting restrictive interventions

16.2 We will regularly share headline data on restrictive interventions with governors. At our termly governing board meetings, we will share:

- The number of incidents involving restrictive interventions
- What kinds of restrictive interventions were used
- Any patterns or trends identified and what we are doing to address them

16.3 Governors will ask questions about our data and challenge us on:

- How we can improve policies and practices when current approaches aren't working
- How we identify training needs to support staff
- How we understand children's patterns and triggers, and review or create behaviour support plans
- Whether there is any disproportionate use of restrictive interventions for children with SEND, protected characteristics, or other vulnerabilities

16.4 Governors may request to see individual records or ask about how the process set out in this policy is being followed. We will share records with them if requested.

17 Staff Training

17.1 All staff will receive training on:

- The principles of this policy
- Prevention and de-escalation strategies
- How to recognise early signs of distress in children
- How to record and report incidents
- Their roles and responsibilities under this policy

17.2 Staff who are likely to need to use restrictive interventions will receive additional training on:

- How to judge when it is appropriate to use restrictive interventions
- How to use reasonable force safely and lawfully
- Understanding necessity and proportionality
- The specific needs of children with SEND or other vulnerabilities
- De-escalation techniques and communication strategies

17.3 We will review our training needs:

- Annually as part of our policy review
- Following any significant incidents
- When new staff join the school



- When changes are made to this policy or related statutory guidance

17.4 The Headteacher and Senior Leadership Team are responsible for:

- Identifying which staff need training and at what level
- Ensuring training is delivered and recorded
- Monitoring the effectiveness of training through incident reviews and staff feedback

18 Complaints

It is intended that by adopting this policy and keeping parents and governors informed we could avoid the need for complaints. The school has a clear complaints procedure, a copy of which is available upon request. All complaints that arise about the use of force by a member of staff will be dealt with according to our Child Protection and Safeguarding policy.

