Restrictive Interventions Policy

This document is informed by:
Restrictive Interventions, including the use of reasonable force in schools (DfE, April 2026) and The Education and Inspection Act 2006, section 93 and 93A which all schools and academies must have regard to. In addition, relevant National Guidance that has been used to inform this Policy is listed in section 3

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1 Context

Academies within the Trust are encouraged to use this framework and, where appropriate, to adapt it to their own setting. It is advised that all staff should be familiar with this policy on reducing the need for restrictive interventions in schools.

As a Trust we have adopted Therapeutic Thinking (previously Steps) approaches, which is our preferred approach to supporting positive behaviour management in schools and settings. The Therapeutic Thinking approach forms part of our behaviour management strategies.

2 Introduction

We believe that every child and young person has a right to be treated with respect and dignity, deserves to have their needs recognised and be given the right support. All school staff need to be able to safely manage behaviour and understand what a child (or young person) is seeking to communicate through detrimental (difficult or dangerous) behaviours.
Parents need to:

- know that their children are safe at school;
- be properly informed if their child is the subject of a restrictive intervention (including the nature of the intervention); and
- know why a restrictive intervention has been used.

This policy should be read in conjunction with:

- the behaviour policy;
- the staff code of conduct;
- the safeguarding and child protection policy;
- the safeguarding response to children who go missing from education; and
- the role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).

This policy is designed to reduce the incidents of, and the risks associated with restrictive interventions - and to eliminate unnecessary and inappropriate use of restraint.

3 National Guidance

This policy is based on the principles set out in, and is prepared to supplement, Government guidance:

- DfE: Restrictive Interventions, including use of reasonable force, in schools, April 2026

Use of reasonable force and other restrictive interventions guidance

- DfE: Keeping Children safe in Education, September 2025:

Keeping children safe in education - GOV.UK (www.gov.uk)

- DfE: mental health and behaviour in schools November 2018:

https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

- DfE: Behaviour in Schools. Advice for head teachers and school staff, February 2024:

Behaviour in schools - GOV.UK (www.gov.uk)

The use of restrictive intervention will only be needed for a very small minority of children or young people. We know that the use of restraint and restrictive interventions are traumatising and this particularly so for children, who are still developing both physically and emotionally. We know that the use of restraint and restrictive interventions can be traumatic - and have long-term consequences on the health and wellbeing of children and young people. It can also have a negative impact on staff who carry out such interventions.

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 a heightened risk of restrictive interventions. Wherever possible, restrictive interventions should be avoided and proactive, preventative, non-restrictive approaches adopted.

Whenever considering restrictive interventions, the key question for everyone involved with children and young people whose behaviour is difficult or dangerous should be: -

"What is in the best interest of the child and/or those around them in view of the risks presented?"

4 A positive and proactive approach to behaviour

We operate a clear behaviour policy for meeting children and young people's individual needs, promoting positive relationships and emotional wellbeing.

Behavioural difficulties may signal a need for support, and it is essential to understand what the underlying causes are. For example, a child or young person may exhibit such behaviours as a result of a medical condition or sensory impairment, previous trauma or neglect, or be exacerbated by an unmet need or undiagnosed medical condition. Behavioural difficulties may also reflect the challenges of communication, or the frustrations faced by children and young people with learning disabilities, autism and mental health difficulties - who may have little choice and control over their lives. Children and young people with behavioural difficulties need to be regarded as vulnerable rather than troublesome and schools have a duty to explore this vulnerability and provide appropriate support.

Behaviour that escalates and becomes difficult or dangerous may result from the impact of a child or young person being exposed to challenging or overwhelming environments, which they do not understand, where positive social interactions are lacking, and / or personal choices are limited. Children and young people exhibiting difficult or dangerous behaviours need support

and differentiation of teaching and learning to have their needs met and to develop alternative ways of expressing themselves that achieve the same purpose but are more appropriate.

We use behaviour analysis to understand children and young people's needs and the causes of poor emotional wellbeing.

By anticipating situations that may cause distress, and agreeing the method to address them, whilst assessing, managing and reducing risk it is possible to reduce the use of restraint or restrictive intervention.

We aim to reduce restrictive practices by the proactive use of risk reduction plans drawn up with the involvement of the child(ren) (or young person) and their parents. Co-produced analysis and planning aims to better understand the experiences of parents and children as well as the agree the method that should be taken to avoid escalation and promote emotional wellbeing.

Our Behaviour policy sets out the method we will take as a school to ensure that we comply with the provisions of the Equality Act 2010.

5 Definitions

Child
Refers to all children and young people under the age of 18. Within the statutory elements of recording, the duty to record has included young people to the age of 20.

Parent
Used throughout this policy refers to all those with parental responsibility, including parents and those who care for the child (as defined in section 576 of the Education Act 1996). Where there is a Care Order in force (within the meaning of section 31 of the Children Act 1989), but also a local authority who are providing accommodation for the child under section 20 of the Children Act 1989.

Governing body
A function of a maintained school. In relation to a school which is not a maintained school, the function of governance rests with the proprietor or Trustees of an academy.

Disciplinary penalty
Actions, measures, or proceedings intended as punishment or formal correction for misconduct. A penalty imposed on a pupil, by any school at which education is provided for them, where their conduct falls below the standard which could reasonably be expected of them (whether because they fail to follow a rule in force at any such school or an instruction given to them by a member of its staff or for any other reason).

Non-restrictive intervention (physical intervention or appropriate physical contact)
A planned or reactive use of touch to support a child needs. A non-restrictive intervention will have no intent to prevent, restrict, or subdue movement of the body, or part of the body through direct physical contact. No intent to immobilises a pupil or limit their movement.

Restrictive intervention
A planned or reactive act intending to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil.

Restraint (subdivided into physical restraint and non-physical restraint)
A non-disciplinary intervention which immobilises a pupil or limits their movement. This may or may not include direct physical contact. Holding a pupil's arms to their sides or removing a pupil's walking frame would both be considered forms of restraint.

- **Physical restraint**

  A restrictive intervention involving direct physical contact where the intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person.

- **Non-physical restraint**

  Restricting a child or young person's independent actions, by removing auxiliary aids, such as a walking frame, or disabling an electric wheelchair where the intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person through indirect actions.

Mechanical restraint
A non-disciplinary intervention which immobilises a pupil or limits their movement by enforcing the use of auxiliary aids such as belts, cuffs, multi point harnesses or any other restrictive device not universally used for that purpose with the intent to prevent, restrict, or subdue movement of the body.

Chemical restraint
The use of medication to prevent, restrict, or subdue movement of the body, or part of the body.

Seclusion
A non-disciplinary intervention involving keeping a pupil confined to a place away from others to prevent, restrict, or subdue movement of the body, or part of the body. Seclusion is preventing a child leaving that space by physical obstruction, blocking, or making them believe they will be punished if they try to leave.

Removal

Where a pupil, for disciplinary reasons, is required to spend a limited time out of the classroom at the instruction of a member of staff. The use of removal should allow for continuation of the pupil's education in a supervised setting.

Separation space

Where a pupil is taken out of the classroom to regulate his or her emotions because of identified sensory overload as part of a planned response.

Challenging behaviour

Actions seen in individuals with learning disabilities or autism of such intensity, frequency, or duration that they threaten the quality of life or safety of the person or others. Challenging behaviour arises from unmet needs, communication difficulties pain or distress. It is a form of communication, not a diagnosis and includes aggression, self-injury, destructive acts or dangerously repetitive behaviours. It is not a term used within the Respectful Relationships (therapeutic thinking) approach within Meridian Trust

Difficult detrimental behaviour

Behaviour that a child or young person frequently displays that does not pose a risk of harm to self, others or property or is not recognised as a criminal offence.

Dangerous detrimental behaviour

A behaviour that is evidenced to cause injury to self or others, damage to property, or committing a criminal offence. (The term "offence" includes anything that would be an offence but for the operation of any presumption that a person under a particular age is incapable of committing an offence).

6 Non-Restrictive Intervention (Physical Intervention)

Schools should not have a no touch policy

The adoption of a no touch policy at a school can leave staff unable to intervene where reasonable, proportionate and necessary and reduces the options to support children with forms of non-restrictive interventions.

There are occasions when it is entirely appropriate and proper for staff to have physical contact with children in the form of non-restrictive intervention (physical intervention); however, it is crucial that this is appropriate to their professional role and in relation to the child's individual needs.

Occasions where staff may have cause to have non-restrictive intervention (physical intervention) with a child may include:

- To comfort a child in distress (so long as this is appropriate to their age).
- For affirmation/praise.
- To guide or escort a child or young person, when walking together around the school, or on a school trip, or when helping a child or young person to a space they have chosen to access to self-regulate.
- For curricular reasons (for example in PE, Drama, music etc).
- First aid and medical treatment.
- Support from personal care in line with intimate care policy and individual care plans.

Not all children feel comfortable with certain types of physical contact; this should be recognised and, wherever possible, adults should seek the child's views and reflect their wishes within planning. Where there is no plan in place, staff should ask permission before initiating contact and be sensitive to any signs that they may be uncomfortable or embarrassed.

Staff should acknowledge that some children are more comfortable with touch than others and/or may be more comfortable with touch from some adults than others. Staff should listen, observe and take note of the child's reaction or feelings and, so far as is possible, use a level of contact and/or form of communication which is acceptable to the child. Where this becomes known it should be reflected in planning.

It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with a child, in one set of circumstances, may be inappropriate in another, or with a different child. In all situations where physical contact between staff and children takes place, staff must consider the following:

- The child's age and level of understanding.
- The child's individual characteristics and history.
- The duration of contact.
- The location where the contact takes place (it should not take place in private without others present).
- The purpose of the physical contact.

Non-restrictive-intervention must not become a habit between a member of staff and a child. Use of touch should always be in the child's best interest and staff must have an awareness of children and young people who may not have secure primary attachments. Staff must have an awareness of the need to differentiate physical intervention to ensure that children or young people are able to distinguish and separate the attachment to staff (who are transient adults in their life) from the primary attachment to key adults such as parents and siblings.

Non-restrictive intervention must never be used against a child's will, as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical intervention should never result in staff being in contact with the child or young person's neck, breasts, abdomen, genital area, or any other sensitive body areas, or to put pressure on joints. Where cultural issues may be relevant staff should seek guidance from parents or carers.

7 Safer Working Practices

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook / school code of conduct / staff behaviour policy and Safer Recruitment Consortium document, Guidance for safer working practice for those working with children and young people in education settings Professional and Personnel Relationships (saferrecruitmentconsortium.org)

8 Restrictive Interventions

A planned or reactive act intending to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil.

Even when reasonable, proportionate and necessary the use of restrictive intervention is limited to circumstances where the member of staff and the pupil are on the school premises or they are elsewhere and the staff have lawful control or charge of the pupil concerned.

School staff, authorised by the headteacher may use such force as is reasonable in the circumstances to prevent a pupil from doing (or continuing to do) any of the following

- committing any offence (the term "offence" includes anything that would be an offence but for the operation of any presumption that a person under a particular age is incapable of committing an offence)
- causing personal injury to, or damage to the property of, any person (including the pupil themselves).

Restrictive interventions may be used when all other, proactive and reactive, strategies have been considered, and therefore is justifiable only as a last resort. All staff should focus on promoting a positive and proactive approach to behaviour and emotional wellbeing, including implementation of Respectful Relationships (Therapeutic thinking) analysis and planning (graduated approach) and the use of all available de-escalation techniques (appropriate to the child), to minimise the likelihood of, and avoid the need to use, restrictive intervention.

There will, however, be times when the only professional response to a situation will be a planned or unplanned restrictive intervention.

Before considering the use of a restrictive intervention it is necessary to undertake a careful risk assessment. Where the need for restrictive intervention is documented the risk assessment can be proactive. This will need to include a record of the child's needs (including their vulnerabilities, learning disabilities, medical conditions and impairments), evidence of the risks to self and others (Annex 2 – Audit of need) and the extent to which a restrictive intervention would be in the child's best interests. Where the restrictive intervention is unforeseeable staff should make a dynamic risk assessment in the absence of a formal document.

If it is necessary to undertake a restrictive intervention, then staff should employ the planned and agreed approaches/techniques as set out in the child's individualised analysis and planning. (Annex 1 – Graduated Approach)

The planned intervention will be based on the following principles: -

- The assessment of risk to safeguard the individual or others i.e. restrictive intervention will only be used where it is necessary to prevent the risk of serious harm, including injury to the child, other children, staff or the or the school community (as opposed to if no intervention or a less restrictive intervention was undertaken).
- An intervention will be in the best interests of the child - balanced against respecting the safety and dignity of all concerned.
- Restrictive intervention will never be used to force compliance or with the intention of inflicting pain, suffering or humiliation.
- If restrictive intervention is appropriate then techniques used will be reasonable and proportionate to the specific circumstances and risk of seriousness of harm; they will be applied with the minimum force needed, for no longer than necessary, by appropriately trained staff.
- When planning support and reviewing any type of planning document that references restrictive interventions (such as therapeutic plans) children, parents, any involved extended professional teams, and where appropriate (for example, where the child or parent/carer wants it) advocates should be involved.

In an emergency, such as a child running into a road, or a child attacking a member of staff and refusing to stop when asked, then restrictive intervention may be necessary. This would be an unplanned intervention which:

- requires professional judgement to be exercised in difficult situations, often requiring split-second decisions in response to unforeseen events or incidents where trained staff may not be on hand.

- will include judgements about the capacity of the child at that moment to make themselves safe.
- requires responses which are reasonable and proportionate and use the minimum force necessary in order to achieve the aim of the restrictive intervention.

An unplanned intervention should trigger a multidisciplinary discussion to look at what support is needed to reduce the risk of future incidents. Staff should update and/or implement further analysis and planning based on APDR (assess, plan, do, review) depending on the circumstances of the unplanned incident.

Staff should not be expected to put themselves in danger or at risk of serious harm. In a dangerous situation that would justify a restrictive intervention, staff may act by removing other children and themselves, calling for support from other staff members or, if necessary, calling the police. We value staff efforts to rectify what can be very difficult situations and in which they exercise their duty of care for all children or young persons.

Staff will at times act instinctively in the heat of the moment in an effort to rectify what can be a very difficult situations and in which they exercise their duty of care for all children. Staff should always think and be prepared to justify:

- how is this in the best interest of the child,
- who or what needed protecting,
- which actions will be judged as reasonable, proportionate and necessary
- if anything other than a restrictive intervention would have resulted in a safe outcome (last resort principle)

The circumstances when reasonable force may be used will need to meet the following criteria:

- To prevent a child from committing a criminal offence (this applies even if they are below the age of criminal responsibility)
- To prevent a child from injuring themselves or others
- To prevent or stop a child or young person from causing serious damage to property (including their own property)

Legal defence for the use of force is based on evidence that the action taken was:

- Last resort
- Reasonable, proportionate, and necessary

Staff should have reasonable grounds for believing that restrictive intervention is necessary to justify its use. They should only use restrictive intervention where they consider it is necessary to prevent serious harm, including risk of injury to the child or young person or others. Staff should

use their professional judgement to decide if restrictive intervention is necessary, reasonable and proportionate, and consider if there is a non-restrictive response that would be successful to justify the last resort judgement.

Since children are developing both physically and psychologically this makes them particularly vulnerable development requires that the child's best interests is the paramount consideration when reaching a decision on whether to, and how to, restrain a child. However, this does not mean that the child's best interests automatically take precedence over other considerations such as other people's rights, but they must be given due weight in the decision.

When faced with decision to use a restrictive intervention staff will need to decide which of the following is in the best interest of the child and the least restrictive in the circumstances.

- Physical restraint
- Non-Physical restraint
- Mechanical restraint (this will require professional input from medical professionals such as Occupational Therapists)
- Chemical Restraint (this will require professional input from medical professionals authorised to prescribe)
- Seclusion

This is a highly complex consideration and may vary from child to child. A child who is secluded may not have the physical discomfort of physical restraint but may have more significant harm from the sense of social isolation.

Non-physical restraint may not have the physical discomfort of physical restraint but may contravene a child's rights under the equality act.

The use of mechanical restraint may remove the frequency of physical restraint which may be less stressful for the child.

Within planning staff should consider these points and justify where one form of restrictive intervention is suggested over another.

Unacceptable uses of force

It is illegal to use force on a pupil for the purpose of punishment. This means no restrictive intervention can be used after an incident that would have in the moment justified restrictive intervention. Restrictive intervention can only be used in response to actions that are happening or incidents predicted to happen based on analysis, planning and previous incident records.

- Pupils should not be subject to any restrictive intervention that affects their airway, breathing or circulation.
- The use of force can be dangerous, particularly where it occurs on the ground, or seated in chairs. The use of physical restraint that holds children seated or prone, supine or on their side laying on the ground are not part of cascaded training within Therapeutic Thinking. Further guidance on such restrictive holds can be sought through Therapeutic Thinking Ltd. If a pupil ends on the ground whilst held staff should release their hold and re-hold if the child returns to standing. A child lying on the ground prevents little danger to children and staff who can move away.

Pupils should receive a medical assessment and treatment for any injuries as soon as possible. All injuries should be reflected in recording and reporting.

Staff should use all available opportunity to reduce the risk of physical and psychological harm

Use of reasonable force to search pupils

Head teachers and staff they authorise have a statutory power to search a pupil or their possessions where they have reasonable grounds to suspect that the pupil may have a prohibited item. A member of staff can use such force as is reasonable to search for legally prohibited items, but not to search for items banned under the school rules only. Staff should refer to the Searching, Screening and Confiscation in Schools guidance document for detailed advice on searching a pupil.

Physical Restraint

Physical Restraint is a term used referring to a non-disciplinary intervention which immobilises a pupil or limits their movement using direct physical contact from another person (normally a member of staff).

Example: Using a trained technique from Therapeutic Thinking Principles of Restraint Reduction and Elimination or an untrained technique such as holding a struggling child by the hand or wrist if the reason is to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil

Non-Physical Restraint

Non-physical restraint is a term used referring to a non-disciplinary intervention which aims to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil immobilises a pupil or limits their movement which does not include direct physical contact.

Example: removing a child's walking frame if the reason is to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil

Chemical Restraint

Chemical restraint is a term for using medication as a planned or reactive act intending to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil.

Example: a doctor prescribes a sedative or parents expect a no additives diet, if the reason for either is to prevent, restrict, or subdue movement of the body, or part of the body

Mechanical Restraint

Mechanical restraint is a term for using equipment as a planned or reactive act intending to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil.

Example: arm splints that restrict a child's ability to bite their own fingers or a multi-point harness in a vehicle if the reason for either is to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil.

Seclusion

A non-disciplinary intervention involving keeping a pupil confined to a place away from others to prevent, restrict, or subdue movement of the body, or part of the body. Seclusion is preventing a child leaving that space by physical obstruction, blocking, or making them believe they will be punished if they try to leave.

9 Assessing and Managing Risks

Staff will use the minimum force needed to gain safe outcomes.

Restrictive intervention which have any of the following 3 effects are wholly inappropriate:

- If there is a negative impact on the process of breathing
- The child feels pain as a direct result of the technique
- The child feels a sense of violation.

Clearly the use of a restrictive intervention that negatively impacts on a child's breathing presents a real risk of causing serious harm.

The following interventions have elevated risks and can result in a sense of violation, pain or restricted breathing and must be avoided:

- Holding a child or young person by their clothing
- Restricting a child's movement with belts or straps
- Holding a person down on the floor (especially if lying on their chest or back)
- Pushing on the neck, chest or abdomen
- Hyperflexion or basket type holds
- Extending or flexing of joints (pulling and dragging)

The following can result in significant injury and must also be avoided:

- Forcing a child or young person up or down stairs
- Dragging a child or young person from a confined space
- Lifting and carrying
- Seclusion, where a person is forced to spend time alone against their will (requires a court order except in an emergency)

The principles relating to Restrictive Intervention are as follows: -

Restrictive intervention will only be used in circumstances when one or more of the legal criteria for its use are met.

- Restrictive intervention is an act of care and control, not punishment. It is never used to force compliance with staff instructions.
- Staff will take measures in advance to avoid the need for restrictive intervention through dialogue and diversion.
- The child will be warned, at their level of understanding, that restrictive intervention will be used unless they stop the dangerous behaviour.
- Staff will use the minimum force necessary to ensure safe outcomes.
- Staff will only use force when there are good grounds for believing that immediate action is necessary and that it is in the child's and/or other children's best interests for staff to use restrictive intervention.
- Staff will be able to evidence that the intervention used was a reasonable response to the incident.
- Every effort will be made to secure the presence of other staff, and these staff may act as assistants and/or witnesses.
- As soon as it is safe, the restrictive intervention will be relaxed to allow the child to regain self-control.
- Escalation before, during and after a restrictive intervention will be avoided at all costs.
- The age, understanding, and competence of the individual child will always be considered.
- In developing a risk reduction plan, consideration will be given to approaches appropriate to each child or young person's circumstance.
- Procedures are in place, through the pastoral system of the school, for supporting and debriefing children or young persons and staff after every incident of restrictive

intervention, as it is essential to safeguard the emotional well-being of all involved at these times.

- Schools will consider the risk calculator within the analysis and planning tools to help consideration of protective consequences to mitigate risk.

10 Prevention, De-Escalation, Analysis and Planning

There may be times when school staff need to use restrictive interventions, and they should know this option may be available to them. The decision on whether it is reasonable to use a restrictive intervention depends on the individual circumstances of each situation. To make this assessment, the member of staff should consider the following:

- Is it necessary?
- Are there are other more effective, less restrictive ways to manage a situation?
- Is a restrictive intervention likely to be safe and successfully and reduce the risks?
- Will restrictive intervention cause more harm than the behaviour itself?

Is it proportionate?

- Staff will use the least amount of force (least restrictive intervention) necessary for the least amount of time required to reduce the relevant risks.
- Staff will consider the personal circumstances of the pupil such as medical conditions, special educational needs or other vulnerabilities, their characteristics such as age and size, and must consider relevant equality implications under the Equality Act 2010.
- Staff will consider the impact on the pupil's overall welfare, balanced against any actions taken. For example, pupils who have experienced an adverse life event, with diagnosed or undiagnosed medical conditions or sensory impairments, past trauma or neglect, communication difficulties, or other needs, may find the use of restrictive interventions particularly distressing.
- Staff will seek to maintain respect for a pupil's dignity. This may include, where possible, considering the location and environment where any intervention is used, such as in front of their peers.
- Where possible, staff will clearly and calmly communicate to the pupil what is happening, why, and explain what the pupil can do to make restrictive intervention unnecessary.
- For pupils with difficulties with speech, language and communication, or with English as an additional language, verbal and/or non-verbal strategies will be used to ensure the

pupil understands what is happening and has adequate time to process information and respond.

- Staff will seek to understand how the pupil is feeling and use this information to determine whether the restrictive intervention should be, or continue to be, applied, reduced or stopped.

This list of factors is not exhaustive, and staff will also need to take into account other relevant considerations.

Training on the use of restrictive interventions will equip staff to judge when it is appropriate to use restrictive interventions, including in situations where quick decisions are needed. It will help staff understand how to assess whether their response is reasonable under pressure.

Developing Analysis and Planning.

If a child is identified as presenting a risk that restrictive intervention may be required, a plan will be completed. This plan will help the child and staff to avoid situations that escalate through understanding the factors that influence the behaviour and identifying the early warning signs in an effort to manage and reduce risk.

Restrictive Intervention should sit within the specialist area of a graduated approach (ladder of support) as such a defensible position will rely on the maximum available analysis and planning.

The plan will include:

- A full APDR (assess plan do review) document based on information gathered within early prognosis.
- A risk calculator to help assess the severity and frequency of risk and also who or what is at risk.
- Analysis of both dysregulation (subconscious elements of behaviour) and values and beliefs (conscious elements of behaviour) with resulting differentiation or adaption.
- Anxiety analysis to understand the factors of over anxiety and over dependency that effect the behaviour as well as the triggers for it (e.g. staff, peers, activity, location etc.)
- A resultant Predict Prevent Progress plan with evidence of APDR
- A Therapeutic Tree to explore the link between experiences, feeling and behaviours
- A full Risk reduction plan (Therapeutic Plan) with evidence of APDR

This will provide a plan to ensure consistent practice including:

- Analysis of the wider causes of behaviours, such as those that stem from medical conditions, sensory issues and unmet need or undiagnosed conditions
- Recognition of the early warning signs that indicate that poor emotional wellbeing is beginning to emerge.
- Alternatives to restrictive intervention to achieve a safe outcome, including effective techniques to de-escalate a situation.
- Details of the safe implementation of restrictive intervention, including how to minimise associated risks, particularly taking into account the growth and development of children and young people.
- Details of a communication plan with the children including for those who are non-verbal (speech, language and communication needs).
- Evidence of co-produced with parents/carers and the child themselves to ensure their views and experiences are considered.
- A risk assessment (audit of need) to ensure staff act reasonably, consider the risks, and learn from what happens.
- Explanation of how to record any planned or unplanned interventions.
- A clear description stating at which point (threshold) a restrictive intervention will be used
- Identification of key staff who know exactly what is expected and how to build positive relationships
- A system to summon additional support if needed
- Identification of training needs or unresolved risk factors
- Any necessary medical advice about the safest way to hold a child or young person with specific medical needs.

Employers have a duty to ensure, so far as is reasonably practicable, the health, safety and welfare of their employees. Therefore, schools should carry out risk assessments to ensure that staff who regularly work alongside pupils where the use of reasonable force and/or other restrictive interventions may be required can do so as safely as possible.

Consideration for pupils with special educational needs and/or disabilities (SEND)

Some children and young people with SEND may react to distressing or confusing situations by displaying behaviours which may be harmful to themselves and others. Triggers may include

pain, sensory overload, unfamiliar situations or environments or feelings of fear and anxiety. Pupils who are non-verbal or find verbal communication challenging may express their needs, discomfort or confusion through actions. This can lead to pupils with SEND being disproportionately subject to the use of restrictive interventions.

We aim to understand the underlying triggers of detrimental behaviour so that we can provide proactive support, create an inclusive environment and consider the impact of school policies on pupils with SEND.

We consider how the school culture and environment may be experienced differently by pupils with SEND and seek to support pupils to cope with situations that they may find distressing.

We aim to utilise staff who know individual pupils well to help identify and manage risk when dangerous detrimental behaviour is more likely to occur and develop proactive strategies to reduce the likelihood of restrictive interventions being used. We also work with the pupil, parents and other professionals to develop prevention and de-escalation strategies.

Examples of adaption may include:

- removing stimuli that may be causing distress
- changing body language, facial expression, and/or tone of voice
- supporting the pupil to express their emotions before getting overwhelmed
- engaging the pupil in an activity which can help them manage their feelings of anxiety
- distracting the pupil in something that interests them or by introducing familiar objects and activities to redirect their attention

School staff will work with pupils with SEND and their parents in the co-production of any necessary plans. Analysis and Planning should outline any adjustments, to address aspects of the school environment which the pupil finds challenging and identify ways for pupils to communicate their needs effectively.

Analysis and planning will detail circumstances where it may be appropriate for staff to have increased physical contact with a pupil. This should be discussed in conjunction with the relevant people, such as teachers, parents, the pupil, pastoral staff or health professionals, and parameters around its use stated clearly.

Where there is an identified risk, such as increased likelihood in the need to use restrictive interventions, schools must have risk assessments and plan to mitigate risks through training and documented prevention strategies.

Whether the use of restrictive interventions is appropriate will depend on the circumstances, irrespective of whether it has been considered as part of a behaviour plan.

Any analysis and planning should be reviewed with the pupil and their parent within a specified period and following any significant incident, so that changes can be made based on evidence of what has worked and what has not worked in practice for the individual pupil.

Where a pupil has a disability, the school has a duty under the Equality Act 2010 to take reasonable steps to avoid disadvantage so that the pupil can fully participate in the education provided by the school, and that they can enjoy the other benefits, facilities and services that the school provides for pupils.

11 Training and Development of Staff

Guidance and training are essential in this area. We adopt the best possible practice and provide training for all staff at several levels including: -

- Awareness of issues for governors, staff and parents,
- Positive behaviour management - all staff
- Emotional well-being and trauma informed practices - all staff
- Managing conflict in difficult situations - all staff

Training and development play a crucial role in promoting positive behaviour and supporting those whose poor emotional wellbeing has the risk of becoming difficult or dangerous. Settings have a statutory responsibility to enable staff to develop the understanding and skills to support children and young people and help parents to secure consistent approaches.

Therapeutic Thinking is the foundation of our thinking and the umbrella that all other training sits within. Therapeutic Thinking training covers two distinct developmental areas:

Respectful Relationships (**Therapeutic Thinking**) It is considered best practice that all teachers, Teaching Assistants and Midday Supervisory Assistants complete this training in relational practice which includes de-escalation training. 'Therapeutic Thinking' is a therapeutic approach to behaviour management, with an emphasis on consistency, on teaching internal discipline rather than imposing external discipline and on care and control, not punishment. It uses techniques to de-escalate a situation before a crisis occurs and, where a crisis does occur, it adopts techniques to reduce the risk of harm.

Therapeutic Thinking Principles of Restrictive Intervention Reduction and Elimination: Within our mainstream settings, this training is only delivered where there is an identified need for an individual child who displays dangerous behaviour. Within our specialist settings, up to 2

members of staff may be trained as tutors to deliver this training, however implementation will still be based on identified and audited need.

Additional training should be tailored to take account of the needs of the children and young people being taught and/or cared for and the role of the specific tasks that staff will be undertaking.

12 Recording and Reporting

Restrictive interventions, including the use of reasonable force, in schools states that recording and reporting is a **statutory obligation** for all restrictive intervention. Governing bodies and proprietors will ensure procedures to record all restrictive intervention and report that intervention to parents. Incidents must be recorded via My Concern and the use of either the Form in Annex 3 or in the Bound Book

Recording
All restrictive intervention including seclusion must be recorded as soon as practicable, aiming no later than the same day. If this is not achieved on the same day the reason should be clearly stated in the record.

Example: member of staff with relevant information was in hospital and unavailable.

The requirement to record applies even if the use of restrictive interventions is agreed with parents as part of a pupil's analysis and planning.

All restricted intervention should have the following information recorded to meet the minimum required within statutory obligations:

- names of pupil and staff directly involved
- any relevant needs or circumstances of the pupil, including whether the pupil involved has an identified special educational need or disability and their SEN status code
- time, date, location and approximate duration of the intervention
- brief account of the incident, including what led up to the incident, identified or potential triggers if known, any preventative or de-escalation strategies used, and (where relevant) what type of restrictive intervention was applied, the degree of force, and details of any physical injuries sustained
- brief account of why the use of force was assessed as necessary in that instance
- any post-incident support, such as details of any medical treatment for injuries or other adverse impacts

The following information should also be recorded using the appropriate form in Annex 3/in the bound book

- Gender, age, SEND status, ethnicity (for equalities monitoring).
- Primary de-escalation techniques
- What harm was prevented
- Why restrictive intervention was necessary (justification)
- Why alternatives were insufficient (analysis and planning APDR)
- Why the duration was justified (especially with reference to seclusion)
- Process of post incident learning
- Duration of restraint and duration of incident
- Record of witnesses.
- Staff witness verification of the report.

Any injuries should be recorded in accordance with the school's procedures and reported as appropriate to the Health and Safety Executive if it reaches their reporting threshold.

Reporting

All restrictive intervention including seclusion must be reported to parents as soon as practicable, aiming no later than the same day. If this is not achieved on the same day the reason should be clearly stated on the record. For example, if the parent is unavailable as they are away supporting family and cannot be contacted. **School should contact the parents by phone to inform them of the incident.** This should be followed up by a record which must be in writing (In writing means the communication is evidenced and can be provided such as letter or e-mail)

Exceptions to the requirement to report are where:

- the pupil is aged 20 or over
- it appears to the staff member that doing so would be likely to result in serious harm to the pupil. In this instance, the staff member must report the incident to any parent(s) who it can be reported to without resulting in significant harm or, if there are none, to the local authority within whose area the pupil is ordinarily resident.

A report of the incident made to parents should include the following details as a minimum:

- time, date, location and approximate duration of the intervention
- brief account of why the intervention was assessed as necessary in that instance
- brief account of what type of force was applied, and the degree of force
- details of any physical injuries sustained, if applicable

The requirement to report applies even if the use of restrictive interventions is agreed with parents as part of a pupil's analysis and planning. (See model letter in annex 4.)

Following a restrictive intervention, parents will be offered a follow-up discussion about the incident. This will involve a discussion about:

- any triggers or warning signs of an impending incident
- whether the obligations of an EHCP were met
- whether agreed plans were followed
- what de-escalation strategies were used and how effective they were
- what might be done differently in the future

All records should be open and transparent and enable consideration to be given to the appropriateness of the use of restraint.

Governing bodies and trustees must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools or colleges are always effective and comply with the law.

Governing bodies and Trustees should have a senior board level (or equivalent) lead to take leadership responsibility for their schools or college's restraint arrangement.

The nominated governor is the Academy Councillor for SEND

13. Pupil and staff support

We evaluate all incidents involving the use of restrictive intervention as soon as practicable after the event to understand why it was used and the impact on pupils and staff; to identify any patterns and trends: and consider how the use of restrictive interventions might be avoided in future, for example by or introducing or reviewing analysis and planning.

If there is any evidence of physical injury or the child or staff has identified medical vulnerabilities the plan should ensure staff or children receive a medical assessment and treatment soon as possible.

We will hold a restorative conversation to facilitate reflection and post incident learning, to support pupil and staff wellbeing.

This conversation should be framed as part of the overall debriefing process and look to understand what happened during the incident and why, based on separate reflections from both the staff and pupils involved, as well as to repair and rebuild relationships through dialogue. This process should ideally be facilitated by a staff member who was not involved in the incident and may also benefit from the presence of an additional person to ensure impartiality and support. By engaging in this process, schools can foster a culture of continuous improvement.

We will continue to monitor pupil and staff wellbeing and provide additional support if needed, for example through further follow-up conversations, counselling or other resources.

Additionally, any pupil who witnesses an incident of restrictive intervention where a peer may have been injured or become distressed should also be provided with appropriate

14 Complaints

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or education setting's safeguarding arrangements.

Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college's senior leadership team.

If staff members have concerns about another staff member then this should be referred to the Head Teacher or Principal. Where there are concerns about the Head Teacher or Principal, this should be referred to the Chair of Governors/ Chair of the Management Committee/Proprietor as appropriate. Where the head teacher is also the sole proprietor of an independent school, allegations should be reported directly to the designated officer(s) at the local authority. Staff may consider discussing any concerns with the school's designated safeguarding lead and make any referral via them.

Guidance for governing bodies (Academy Councils) on using data

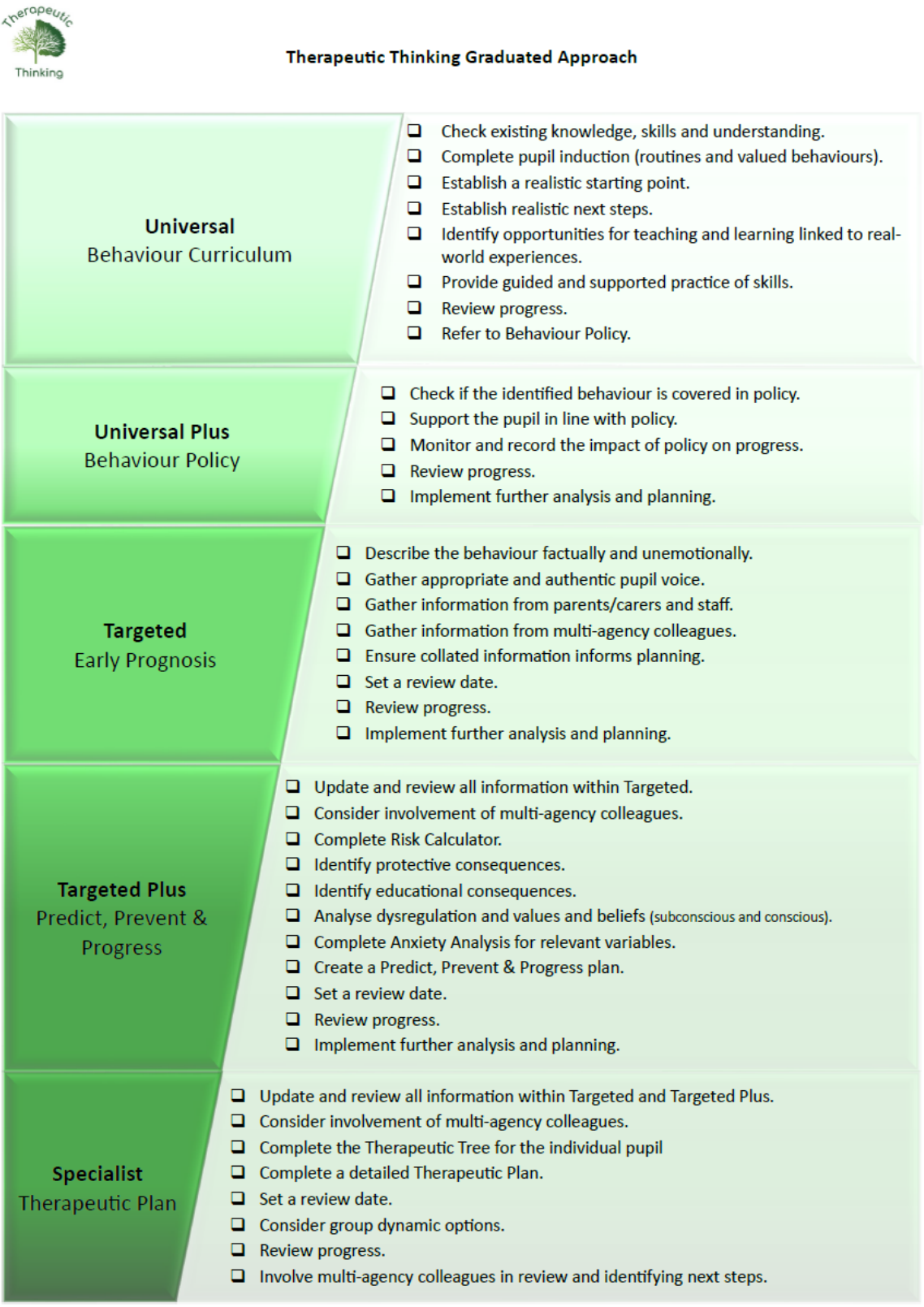
The governing body and trustees, must take all reasonable steps to ensure that the school's procedures for recording and reporting the use of force and seclusion and restraint are complied with.

The governing body, trustees or the proprietor will regularly review and interrogate data on restrictive interventions to ensure school leaders:

- identify and implement improvements to policies and practices, particularly where approaches have been used for some time but have not been effective.
- identify areas of learning and development for school staff, supporting specific departments and teachers to improve understanding and practice.
- understand pupils' repeat patterns and triggers to interrogate the effectiveness of pupil support measures, share this information with teachers who work with those pupils to better support them and, where appropriate, their parents, to establish a behaviour support plan or revise an existing plan.
- identify any disproportionate use of restrictive interventions in relation to pupils who share protected characteristics, have SEN, or other types of vulnerability, or by staff who are responsible for Restrictive Intervention.

The governing body and trustees should consider the limitations of data and what can be inferred from it. Analysis should be proportionate and avoid over-interpreting small subgroups of people.

ANNEX. 1. Therapeutic Thinking Graduated Approach



Annex 2 - Audited need for identifying restrictive intervention needs

Name	DOB	Age
Sex / gender	Cultural heritage	Diagnosis (if known)
How well equipped is the school/setting to manage this inclusion (position in circles)? Summary of the risks posed to self and others by the behaviour of concern.		
Is the Therapeutic Tree updated		
Experiences affecting the child		
Feelings affecting the child		
Physical characteristics (height, weight, physical differences)		
Additional risk factors (medical or emotional diagnosis or needs, substance misuse etc.)		
Any known developmental issues		
Communication differences (visual or hearing impairment, adaptive communication, any known sensory processing issues)		
Is the analysis and planning updated?		
Context or triggers (high risk times, places, people activities)		
De-escalation options to use (unusual strategies that are effective)		
De-escalation options to avoid (common strategies that have proved ineffective)		
Principle of 'last resort' why may de-escalation be ineffective (triggers are hidden, difficulty in communicating)		
Staff matching (who is best to de-escalate, who is safest for involvement with RPI)		

Training needs (does anybody require additional training in de-escalation, RPI, Communication)
JUSTIFICATION (what harm will be prevented at what level)
Environmental Risk Assessment (necessary changes chairs etc, limited access)
Student Shape (standing, seated on chairs, seated on the floor)
Adult shape (standing, kneeling, seated in chairs)
Destination technique (elbow tuck lone worker, elbow tuck figure 4, etc.)
Transitions (describe the messy bits, taking hold, letting go etc.)
What makes it safe? (reminders of detail)
What makes it effective? (reminders of detail)
Social validity (how will it feel for the child, how will it look to others)
How has the person (or their advocate) been consulted with and contributed to this assessment?
Protective consequences (limits to freedom to CONTROL risk of harm)
Educational consequences (how are we going to TEACH internal discipline)
Unresolved risk factors (issues for management)

Annex 3 – Restrictive Intervention Form

Student Name:	
D.O.B:	
SEND Code	
Identified SEN or disability	

Date of Incident	
Time of Incident	
Duration of Incident	
Duration of Restrictive Intervention	

Recording staff name:	
Location of Incident:	

Type of Restrictive Intervention	
Physical Restraint	☐
Non-Physical Restraint	☐
Mechanical Restraint	☐
Chemical Restraint	☐
Supervised Seclusion	☐

Justification for restrictive intervention Why the intervention was assessed as necessary (tick all that apply):		Harm prevented by physical intervention with predicted levels (see Individual Plan) e.g. bruising to peers, lacerations, destruction of computer, 20 mins of geography lost for 15 child or young person's etc.
To prevent harm to self	☐	
To prevent harm to other children	☐	
To prevent harm to adults	☐	
To prevent damage to property	☐	
To prevent loss of learning (see plan)	☐	

Is there any physical or emotional harm caused by the use of the restrictive intervention?	Y/N	Details:
Has the student indicated that this was caused by the use of restrictive intervention?	Y/N	Actions:

De-escalation techniques used (please state order in which they were used)			
Verbal advice and support		Offering services of other staff	
Calm talking		Informing of consequences	
Distraction		Taking non-threatening body position	
Reassurance		De-escalation script	
Humour		Clear instruction / warning	
Negotiation		Withdrawal from activity	
Offering choices and options		Diversion	
Other (please specify)			

Number	Description of how technique was employed
1	
2	
3	
4	

Restrictive intervention, in sequence.			
Time	Technique	Shape	Staff name

Additional information and justification	Additional information and justification

Unresolved Harm/ Details of damage to property (costs and details of harm to property and people, including medical intervention:
Triggers:
Additional factors:

Management:	Details:	
How was the incident resolved?		
What are the protective and educational consequences?		
Has necessary student de-brief taken place?	Y/N	
Has necessary staff de-brief taken place?	Y/N	
Has the Risk Reduction Plan / Toolkit been reviewed?	Y/N	
Was there involvement of external agencies?	Y/N	
Has there been internal suspension / fixed term suspension /PEX	Y/N	

Incident Reporting and Monitoring		**Date/Time**	**Who By**
Incident reported to Headteacher	Y/N		
Parents/Carers Informed by telephone	Y/N		
Parent/Carer Letter sent	Y/N Email/Post		
Student Wellbeing verified	Y/N		
Incident form completed	Y/N		

Verification of account of incident		
Staff name:	**Staff Signature:**	**Date:**

Reporting Staff Name: ----------

Signature: ----------

Incident Form Coordinator check signature:

Date: ----------

Annex 4 -Model Letter –

Dear (name of parent/carer),

Name of student, Tutor Group – use of restrictive intervention or supervised seclusion.

Following our telephone call earlier (best practice), I am writing to let you know about an incident today involving (Child's Name).

Today (date), at (time) and (location) an incident took place which led to the use of a (restrictive intervention/supervised seclusion -delete as appropriate). If relevant: the restrictive intervention which was used was (name of restrictive intervention e.g figure of four). As discussed, the intervention was judged as necessary to (prevent harm to the student / prevent harm to other children/young people/ to prevent harm to adults / to prevent damage to property – *delete as necessary*) The duration of the incident was (length of time) and the restrictive intervention was (x minutes) duration.

Staff used a range of de-escalation strategies and trusted adults to support (name of child) during the incident and the use of restrictive intervention was used as a last resort, for the shortest possible time and solely to ensure the safety of (child's name), other pupils and staff.

(If applicable, include detail of any injuries that occurred as a result of the intervention).

Throughout the incident, staff remained calm and supportive, carefully monitoring (Child's Name's) physical and emotional wellbeing. Once settled, (Child's Name) was given time, reassurance and the opportunity to reflect in a way that felt safe and appropriate.

A debrief will now take place to help us better understand what led to the situation and identify any adjustments or additional support that may help reduce the likelihood of this happening again. Our focus remains on supporting [Child's Name] to feel safe, regulated and ready to learn.

If you would like to discuss this further or share anything that may help us support [Child's Name], please do not hesitate to contact me.

Thank you for your continued partnership.

Your sincerely,

SLT Member