Reducing the Need for Restrictive Interventions in School Policy

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Author: Andy Scott

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1. INTRODUCTION

In Watling View School 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.

We believe 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.

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 restrictive intervention is potentially traumatising and can have a long-term impact on the health and wellbeing of the child subject to restrictive intervention, child witnesses, staff and others in the wider school dynamic. The risk of trauma is particularly so for children, who are developing both physically and emotionally.

Parents and our wider communities, even when not present when restrictive interventions are used, can be traumatised or retraumatised based on assumption or their own previous experience.

Children and young people with additional needs including 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 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?

We aim to reduce restrictive intervention by the proactive use of analysis and planning embedded within a graduated approach, created with the involvement of the child, their parents and all interested or informed parties. Co-produced analysis and planning aims to better understand the experiences of parents and children as well as to agree and formalise

the steps that should be taken to avoid escalation and promote emotional wellbeing.

The most effective management of analysis and planning is through the Therapeutic Thinking Planning Portal.

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

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2. DEFINITIONS

Within this policy guidance the following terminology will be used:

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

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.

In this policy the term restrictive intervention will include all:

- Restraint *(subdivided into physical restraint and non-physical restraint)*

  A term used in legislation referring to a non-disciplinary intervention which immobilises a pupil or limits their movement. This may or may not include direct physical contact. For example, 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

  The enforced use of mechanical aids such as belts, cuffs, multi point harnesses or any other restrictive device, forcibly to control a child or young person's individual movement.

- 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.

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).

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3. 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). It is crucial that this is appropriate to their professional role and in relation to the child's individual needs.

Policy and plans must be clear when it is appropriate for staff to have physical contact with pupils which does not give rise to any question over the use of restrictive interventions.

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

- to give first aid
- to guide or escort pupils, when walking together around the school or on a school trip, or when helping a pupil to a space they have chosen to access to self-regulate
- to comfort a distressed pupil
- to congratulate or praise a pupil, for example a handshake
- demonstrating how to use a musical instrument
- to demonstrate exercises or techniques during PE lessons or sports coaching
- to support or facilitate personal care activities (as developmentally appropriate for a pupil) e.g. support with dressing, using the toilet/changing pads, feeding
- to support sensory and physical needs of a pupil e.g. when implementing physio programmes, using 'on body' signing, supporting a pupil with VI

Not all children feel comfortable with certain types of physical touch; 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, provide developmentally appropriate commentary so that the pupil understands what is happening 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. 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 may be appropriate to state 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 any individual child or children. 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 and secondary attachment to key adults such as parents and siblings.

Non-restrictive intervention must never be used against a child's will, as a punishment, to secure compliance 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. Where cultural issues may be relevant staff should seek guidance from parents.

Safer working practice

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.

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4. 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 only be used when all other, proactive and reactive, strategies have been considered, and therefore justifiable as a last resort. All staff should focus on promoting a positive and proactive approach to behaviour and emotional wellbeing, including implementation of Therapeutic Thinking analysis and planning (graduated approach), and the use of all available de-escalation techniques.

There will 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 risk assessment. Where the need for restrictive intervention is documented the risk assessment can be proactive. Where the restrictive intervention is unforeseeable staff should make a dynamic risk assessment in the absence of a formal document.

Risk Assessment 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 and the extent to which a restrictive intervention is in the child's best interests.

If it is necessary to undertake a restrictive intervention, then staff should employ the planned and agreed approaches and techniques as set out in the child's individualised analysis and planning.

Where the need for restrictive intervention is unforeseeable staff should act in the best interest of the child based on their professional experience. Staff should consider if there is an alternative to restrictive intervention and consider how their actions are reasonable proportionate and necessary.

Restrictive intervention will only be used where it is a considered as a reasonable proportionate and necessary response to prevent the risk of serious harm under one or more of the following headings.

- causing injury to themselves or others
- committing a criminal offence
- damaging property

A planned intervention will be based on the following principles:

- The risk of using restrictive intervention needs to be balanced against the risk if no intervention or a less restrictive intervention was considered.

- An intervention will be in the best interests of the child, balanced against respecting the safety and dignity of all within the dynamic.
- Restrictive intervention will never be used to force compliance
- Restrictive intervention will never be used 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 an understanding of harm that will be prevented; 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 children, parents, extended professional teams and where appropriate advocates should be involved.

In an emergency, such as a child accessing a live train line, or a child attempting to inflict serious injury on a member of staff, then restrictive intervention may be necessary as 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. It is important to consider:

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

An unplanned restrictive intervention should trigger a review to look at what support is needed to reduce the risk of future incidents and create a plan.

Staff should update and/or implement further analysis and planning based on APDR (assess plan do review).

Staff are not expected to put themselves 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.

Staff will at times act instinctively in the heat of the moment in an effort to rectify what can be a very difficult situation and to 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)?

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 reasonable, proportionate and necessary, 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 to harm. The potentially serious impact of restraint on their physical and emotional development requires that the child's best interests is the paramount consideration when reaching a decision on whether to, and how to implement restrictive intervention. This does not mean that the child's best interests automatically take precedence over other considerations such as other people's safety, 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.

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5. ASSESSING AND MANAGING RISKS

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

Restrictive interventions which have any of the following 3 outcomes are unacceptable and potentially considered negligence or abuse.

- 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.

The use of a restrictive intervention that negatively impacts on a child's breathing presents a risk of serious harm

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

- Holding a child by their clothing
- Restricting a child's movement with belts or straps (misuse of ancillary aids such as standing frames)
- Holding a person down on to the floor (especially if lying on their chest or back)
- Pushing on the child's neck (including from behind)
- A flat hand against the chest or abdomen
- Hyperflexion (leaning a child forward restricting their breathing)
- Basket type holds (wrapping anything including the child's own arms, staff arms and clothing around the stomach diaphragm or chest restricting breathing)
- Extending or flexing of joints (pulling and dragging a child by an outstretched arm by holding the arm wrist or hand))

The following can result in significant injury:

- Physically forcing a child or young person up or down stairs (including single steps)
- Dragging a child or young person from a confined space (such as under a table or from a vehicle)
- Lifting and carrying (even our smallest children should walk once they are able)

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 steps 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 the risk of harm ceases.
- 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 reduced relaxed and then cease 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 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 planning portal to help consideration of protective consequence to mitigate risk.

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6. PREVENTION AND DE-ESCALATION

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 asses 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-production 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 (Training Needs Analysis) 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 (including change of staff member or environment)
- 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 with something that interests them or by introducing familiar objects and activities to redirect their attention

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.

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7. RECORDING AND REPORTING (statutory requirement)

'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.

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.

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

Schools may specify an expectation to record additional details to support their evaluation of incidents to identify best practices and areas for improvement. For example, the pupil's and adult witness accounts of what happened, when and how parents were notified, and what follow-up has taken place.

Staff judgement should be recorded, not just techniques. Therapeutic Thinking Ltd. would also suggest that recording captures the following:

- Gender, age, 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 e.g. the parent may be unavailable as they are away supporting family and cannot be contacted. The report to parents must be in writing (in writing means the communication is permanently recorded and evidenced, 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 Safeguarding Team 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.

Following a restrictive intervention, parents will be invited to have 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, trustees and proprietors 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 proprietors should have a senior board level (or equivalent) lead to take leadership responsibility for their schools or college's restraint arrangement.

The nominated governor/ trustee/ proprietor is:

NAME _____

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 support where necessary.

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8. TRAINING AND DEVELOPMENT OF STAFF

All staff should be trained in Relational Practice using Therapeutic Thinking resources and in line with agreed protocols. Staff who are likely to need to use restrictive intervention should be trained using theory and strategies from within the Therapeutic Thinking Restraint Reduction and Elimination resources and in line with agreed protocols. This training should include awareness of this document and preventative strategies, as well as in the safe and lawful use of restrictive intervention.

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.

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9. 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.
Any complaints regarding the use of restrictive interventions should be dealt with in accordance with the school's normal complaints procedure.

If an allegation regarding inappropriate use of force and/or other restrictive interventions is made against a member of staff, the procedures in Keeping Children Safe in Education should be followed. This includes the provisions regarding suspension of staff.

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 (LADO). Staff may consider discussing any concerns with the school's designated safeguarding lead and make any referral via them.

Guidance for governing bodies and proprietors on using data

The governing body, trustees or the proprietor 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, 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.

The governing body, trustees or the proprietor 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.

Signature ……. Date ……

Head Teacher

Signature ……. Date ……

Chair of Governors

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10. ANNEX 1 - Therapeutic Thinking Graduated Approach

Therapeutic Thinking Graduated Approach

Universal
Behaviour Curriculum

- ☐ Complete pupil induction (routines and valued behaviours).
- ☐ Check pupils' existing knowledge, skills and understanding.
- ☐ Establish a realistic starting point (baseline).
- ☐ Establish realistic next steps (progress).
- ☐ Identify every opportunity for teaching and learning.
- ☐ Provide guided and supported practice of behaviour skills.
- ☐ Review progress.
- ☐ Refer to and implement Behaviour Policy.

Universal Plus
Behaviour Policy

- ☐ Check if responses to the identified behaviour are in policy.
- ☐ Support the pupil in line with policy.
- ☐ Monitor and record the impact of policy on progress.
- ☐ Review progress.
- ☐ Refer to and implement further analysis and planning.

Targeted
Early Prognosis

- ☐ Describe the behaviour factually and unemotionally.
- ☐ Analyse the balance of dysregulation and values and beliefs
- ☐ Gather appropriate and authentic pupil voice.
- ☐ Gather information from parents/carers.
- ☐ Gather information from staff and engaged multi-agency colleagues.
- ☐ Ensure collated information informs planning.
- ☐ Set a review date.
- ☐ Review progress.
- ☐ Refer to and implement further analysis and planning.

Targeted Plus
Predict, Prevent & Progress

- ☐ Update and review all information within the targeted section.
- ☐ Consider involvement of multi-agency colleagues if not already engaged.
- ☐ Complete Risk Calculator.
- ☐ Identify protective consequences.
- ☐ Identify educational consequences.
- ☐ Complete Anxiety Analysis for relevant variables.
- ☐ Create a Predict, Prevent & Progress plan.
- ☐ Set a review date.
- ☐ Review progress.
- ☐ Refer to and implement further analysis and planning.

Specialist
Therapeutic Plan

- ☐ Update and review all information within the targeted and targeted plus sections.
- ☐ Consider involvement of multi-agency colleagues if not already engaged.
- ☐ Complete the Therapeutic Tree for the individual pupil
- ☐ Complete a detailed Therapeutic Plan (checking specificity).
- ☐ Set a review date.
- ☐ Review progress.
- ☐ Consider group dynamic options.
- ☐ Implement multi-agency review to identify next steps.

11. ANNEX 2 – Audited need for identifying restrictive intervention or restraint 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)

12. ANNEX 3 - Restrictive Intervention Record Form

Record number

Section A

This section fulfils the requirements of reporting to parents

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:

Description of Restrictive Intervention

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:

Who has received a copy of Section A of this report?		
Reported to:	Method of reporting (e.g. post)	Time and date of reporting

Section B

This section fulfils the requirements of statutory recording as stated in Restrictive Intervention, including the use of reasonable force, in schools (April 2026).

Triggers:
Additional factors:

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	
5	

Restrictive intervention, in sequence.

Time	Technique	Shape	Staff name

Duration of restraint:		Duration of incident:	
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:

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 been reviewed?	Y/N	
Was there involvement of external agencies?	Y/N	

Name(s) of student witnesses:		

Verification of account by adult witnesses:			
Name	Staff signature	Verification	Date and time
		☐	
		☐	
		☐	

	Name	Signature	Date
Recording staff			
Headteacher (or delegated member of SLT)			