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RESTRICTIVE INTERVENTION- USE OF REASONABLE FORCE POLICY

Restrictive Intervention- Use of Reasonable Force Policy V26.1

Restrictive Intervention- Use of Reasonable Force Policy	
Version History	
V26.1	New statutory policy, adopted and amended from Therapeutic Thinking model policy.

This Restrictive Intervention – Use of Reasonable Force Policy must be read in conjunction with the school’s Positive Behaviour Policy (version 26.1). Together, these documents outline the school’s approach to promoting positive behaviour, preventing escalation, and ensuring that any use of reasonable force is lawful, proportionate, and aligned with our wider behaviour framework.

Restrictive Intervention- Use of Reasonable Force Policy V26.1

1. Introduction

At Shorefields 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:

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.

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. Any intervention must protect pupils from inhuman or degrading treatment, respect their physical and psychological integrity, uphold privacy and dignity, avoid discriminatory practice, use the least restrictive lawful response, and take account of the cumulative impact of repeated restrictions.

2. Definitions

Within this policy guidance the following terminology will be used:

Restrictive Intervention- Use of Reasonable Force Policy V26.1

Child

Refers to all children and young people under the age of 19.

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.

Non-restrictive intervention (physical intervention or appropriate physical contact)

A planned or reactive use of touch to support a child need. 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 immobilise 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 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.

Restrictive Intervention- Use of Reasonable Force Policy V26.1

Chemical restraint

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

Seclusion

Referred throughout our policies and practice as ‘Supported 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, supported by a member of staff. Seclusion is preventing a child leaving that space by physical obstruction, blocking. Our school refers to Seclusion as ‘Supported Seclusion’ as no pupil will be left alone at any point during periods of seclusion.

Separation space or areas or regulation i.e., Sensory Integration rooms

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 is not deemed as supported seclusion.

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).

3. 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.

All school staff, as 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)

Restrictive Intervention- Use of Reasonable Force Policy V26.1

- causing personal injury to, or damage to the property of, any person (including the pupil themselves).

Staff may use such force as is reasonable in the circumstances for the purposes permitted by section 93 of the Education and Inspections Act 2006. The school nevertheless expects restrictive intervention to be used only, when necessary, proportionate, in the pupil's best interests, and when a less restrictive response is unlikely to achieve a safe and lawful outcome.

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 an Individual Risk Reduction Plan (IRRP). Where the need for restrictive intervention is documented the IRRP 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 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- Use of Reasonable Force Policy V26.1

- 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 attacking 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. *Important considerations will 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, when in the community, 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,

Restrictive Intervention- Use of Reasonable Force Policy V26.1

proportionate and necessary, and consider if there is a non-restrictive response that would be successful to justify the last resort judgement following a dynamic risk assessment.

When faced with the 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
- Mechanical restraint, in agreement with parents/carers and following input from professionals such as; Paediatricians, Occupational Therapists or Physiotherapists.
- Chemical Restraint - (this will require professional input from medical professionals authorised to prescribe). Ensuring that;
 - Medication is administered only under a valid clinical prescription and the school's medicines policy;
 - Administered by trained staff
 - emergency medication is used for the clinical indication prescribed;
 - any medication intended primarily to control behaviour or restrict movement requires appropriate medical governance, parental involvement and multi-agency planning;
 - adverse effects and safeguarding concerns are escalated.
- Supported Seclusion

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 physical restraint that holds children 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.

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

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 Restrictive Intervention.

Chemical Restraint

Restrictive Intervention- Use of Reasonable Force Policy V26.1

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.

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.

Supported 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.

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.

4. Assessing & 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
- Pain or injury as a direct result of the technique
- The child could reasonably feel 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)

Restrictive Intervention- Use of Reasonable Force Policy V26.1

- 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.

5. Prevention & 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?

Restrictive Intervention- Use of Reasonable Force Policy V26.1

- 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 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 may 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.

Restrictive Intervention- Use of Reasonable Force Policy V26.1

- Analysis of both dysregulation (subconscious elements of behaviour) and values and beliefs (conscious elements of behaviour) with resulting differentiation or adaption.
- Anxiety analysis paperwork or team/SLT discussions 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
- A Therapeutic Tree to explore the link between experiences, feeling and behaviours
- A full Individual Risk Reduction Plan (IRRP)

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 agreement 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.

Understanding of Our Pupils

All of our young people have SEND and 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.

Restrictive Intervention- Use of Reasonable Force Policy V26.1

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

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 parents 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.

6. Recording & Reporting (Statutory)

'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 will ensure procedures to record all restrictive intervention and report that intervention to parents are being implemented.

The reporting guidance outlines how all Restrictive Interventions including; restraint, mechanical restraint, chemical restraint and seclusion are reported. However, the school

Restrictive Intervention- Use of Reasonable Force Policy V26.1

continues to expect additional significant incidents to be reported in line with the schools' reporting procedures outlined in our Positive Behaviour policy.

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
- 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. If the pupil is moved location, please include this.
- 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

All staff are expected to accurately report and log behaviour incidents on Behaviour Watch in a timely manner (within the same day) to ensure consistent monitoring, analysis, and safeguarding across the school.

Staff judgement should be recorded, not just techniques. The following recording on behaviour watch captures the following:

- Gender
- 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
- Duration of restraint and duration of incident
- Record of witnesses/ any witness verifications required.

The behaviour category tick boxes used within Behaviour Watch are not an indicator of the severity of an incident. Severity must always be clearly detailed within the written description. Tick boxes exist solely to support pupil monitoring and deeper behavioural analysis, including the identification of patterns and triggers. In addition, further information recorded within the behaviour form should highlight any risk of harm. When all information is gathered, the overall severity of the incident is reviewed to ensure accurate assessment and appropriate follow-up.

Restrictive Intervention- Use of Reasonable Force Policy V26.1

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

Incidents of Restrictive Intervention once reviewed will be reported into the Essex Health and Safety Team using My Safety via the Admin Assistant or Assistant Headteacher with follow up investigations completed by the Deputy Headteacher.

Reporting

All restrictive intervention including supported 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. Our school sends automatic notification letters explaining a brief summary of the incident, type of intervention, duration of incident and risk to harm. These incidents are sent to the priority one contact on our MIS system through the Behaviour Watch portal.

Exceptions to the requirement to report are where:

- 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. This will be discussed with the Deputy Headteacher and DSL and the rationale for this will be recorded on both behaviour watch and My Concern.

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 via medical tracker.

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.

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

Our governing body 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 our school are always effective and comply with the law.

Our governing body has a governor responsible for leadership and monitoring restraint arrangement.

The nominated governor is: Linda Robinson

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

Restrictive Intervention- Use of Reasonable Force Policy V26.1

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 where appropriate.

We will continue to monitor pupil and staff wellbeing and provide additional support if needed through the weekly SLT safeguarding meetings.

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.

7. Training & Development

All staff should be adequately 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 adequately 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.

Our school will train all staff with two physical restraints during their induction training, these include lone worker and figure of four. This whole school approach is for emergency use in situations following a dynamic risk assessment by staff. Further to this additional training will be provided to staff for additional pupils who require additional restraints based on their plans.

8. Complaints

All complaints relating to the school's Behaviour Policy or Restrictive Intervention Policy will be managed and responded to in accordance with the procedures set out in the School Complaints Policy. This ensures that all concerns are addressed consistently, transparently, and in line with statutory and organisational expectations. However, if a complaint relates to safeguarding, whistleblowing, or a matter requiring LADO involvement, it will be managed under the relevant statutory duties, policies, and prescribed timeframes.

9. Legal and statutory framework, covering:

- Education and Inspections Act 2006, sections 93 and 93A;
- Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025;
- Education Act 1996 provisions concerning searches;
- Equality Act 2010;
- Human Rights Act 1998;
- Children and Families Act 2014 and SEND framework where applicable;

Restrictive Intervention- Use of Reasonable Force Policy V26.1

- Health and Safety at Work etc. Act 1974;
- safeguarding guidance;
- DfE Behaviour in schools;
- DfE Restrictive interventions, including use of reasonable force, in schools;
- DfE searching, screening and confiscation guidance;
- suspension and permanent exclusion guidance.