

Shepherds Down School Restrictive Intervention Policy 2026

BACKGROUND

This policy has been created to align with our legal duties, including our obligations under the Human Rights Act 1998 and the Equality Act 2010 and outlines the requirements for recording and reporting incidents where restrictive physical intervention or seclusion has been used. This policy is based on guidance from the Department for Education Use of reasonable force and other restrictive interventions guidance (2026) which must be read alongside the model policy and HCC guidance document.

The following definitions inform this policy and how we might support children in our setting:

Restrictive physical intervention - a means to prevent, restrict, or subdue movement of the body, or part of the body, of a child.

Reasonable force: a term used in legislation which includes restrictive physical interventions. All members of school staff have the legal power to use reasonable force in limited circumstances. Reasonable means using no more force than is necessary for the least amount of time, the application of which will depend on the circumstances.

Seclusion: a non-disciplinary intervention involving keeping a child confined to a place away from others, and preventing them from leaving either by physical obstruction, blocking, or making them believe they will be punished if they try to leave.

Restraint: a term used in legislation referring to a non-disciplinary intervention which immobilises a child or limits their movement. This may or may not include direct physical contact. For example, holding a child's arms to their sides or removing a child's crutches would both be considered forms of restraint.

All staff within this setting help children to take responsibility for their own behaviour and all behaviour is viewed as a communication. We do this through a combination of approaches, which include:

- Relational practice.
- Trauma informed practice.
- Positive role modelling.
- Unconditional positive regard and trusting relationships.
- Teaching a broad and balanced curriculum that is well matched to the needs of the children.
- Setting appropriate boundaries and holding high expectations for all.
- Providing supportive feedback.
- Consideration of how the school and classroom environment can support all children to achieve and thrive.
- Sharing best practice for individual behaviour management,
- Training staff in effective communication strategies.
- Low Arousal Approach

- Recording and analysing data on the use of restrictive physical intervention to inform future plans.
- Working closely and collaboratively with parents of individual children
- Develop strategies to support individual children based on their identified needs
- Meeting the legal requirements of the Equality Act 2010 through provision of reasonable adjustments to ensure that children can benefit from what our setting offers
- Using preventative de-escalation techniques giving children time, space and taught strategies to be co-regulated or self-regulated.
- Teaching children to recognise how they are feeling and what will help them to regulate in the moment using the Zones of Regulation Programme.

More details about our positive approach to behaviour can be found in our Behaviour Policy

There are times when child's behaviour presents particular challenges that may require restrictive physical intervention and the use of reasonable force. These occasions will be rare and intervention will only be used when necessary, appropriate and in the best interests of the child following the use of de-escalation strategies. This policy sets out our expectations for the use of such intervention. It is not intended to refer to the general use of physical contact which might be appropriate in a range of situations:

- To give first aid
- To support physical care
- To guide or escort children, such as holding the hand of a child when they transition around school or to and from transport
- To comfort a distressed child
- To congratulate or praise a child, for example a pat on the back or a handshake
- To demonstrate how to use a musical instrument or exercises or techniques during PE lessons or sports coaching

This policy is consistent with our Child Protection, Safeguarding and Equal Opportunities policies and with national and local guidance for schools on safeguarding children.

We exercise appropriate care when using physical contact and acknowledge that for some children, physical contact would be inappropriate. Although, it is acknowledged that in an emergency situation physical contact may be required. For example, those with a history of physical or sexual abuse or those from certain cultural or religious groups. We pay careful attention to issues of sex and privacy, and to any specific requirements of certain cultural or religious groups.

When can restrictive physical intervention be used:

- To prevent a child from doing or continuing to cause injury to themselves or others.
- To prevent a child from committing or continuing to commit a criminal offence.

- To prevent a child from doing damage or continuing to do significant damage to property.
- To prevent a child from causing disorder among children at the setting, whether during a teaching session or otherwise or continuing to cause disorder among children at the setting. (However, we would not consider restrictive physical intervention or the use of reasonable force to be appropriate unless there was a direct risk of harm to a child, their peers or the staff involved as a result of the disorder.)

The decision to use restrictive physical intervention will be informed by the following questions as part of a dynamic, in the moment, risk assessment:

- Is it necessary?
- Is it proportionate?
- Has the child's welfare been considered?
- Is it a last resort?
- Is there an alternative less intrusive reasonably practicable action?

Who can use restrictive physical intervention:

All staff can use restrictive physical intervention including the use of reasonable force to maintain safety in an emergency.

All teachers and any other person, who by virtue of their contract, have control or charge of children are authorised to use restrictive physical intervention including reasonable force under the conditions listed above.

At times the Headteacher may authorise additional staff to have control or charge of children and therefore be able to use restrictive physical intervention including the use of reasonable force.

All staff in our school receive regular training in relation to managing behaviour including coregulation, de-escalation and planning for behaviour change. Records of this are maintained by the school and monitored by the governing body.

Where it is likely that a member of staff may be required to support a child through the use of restrictive physical intervention they access training from an accredited provider and risk assessments are used to ensure that this can happen as safely as possible.

Planning around an individual and risk assessment

In an emergency, staff do their best, using reasonable force within their duty of care.

Where an individual child has an individual positive behaviour management plan, which includes the use of restrictive physical intervention, we ensure that such staff receive appropriate training and support in behaviour management as well as restrictive physical intervention. We consider staff and children's physical and emotional health when we make these plans and consult with the child's parents/guardians.

In most situations, our use of restrictive physical intervention is in the context of a prior risk assessment which considers:

- a) What the risks are
- b) Who is at risk and how
- c) What we can do to manage the risk (this may include the possible use of restrictive physical intervention)

We use this risk assessment to inform the individual behaviour plan that we develop to support the child. If this behaviour plan includes restrictive physical intervention it will be as just one part of a whole approach to supporting the child's behaviour. The behaviour plan outlines:

- Our understanding of what the child is trying to achieve or communicate through his/her behaviour.
- How we adapt our environment to better meet the child's needs.
- How we teach and encourage the child to use new, more appropriate behaviours.
- How we reward the child when he or she makes progress.
- How we respond when the child's behaviour is challenging (responsive strategies).

We pay particular attention to responsive strategies. We use a range of approaches (including humour, distraction, relocation, and offering choices) as direct alternatives to using restrictive physical intervention. We choose these responsive strategies in the light of our risk assessment.

What type of physical intervention can be used:

We all have a duty of care towards the children in our setting. This applies as much to what we don't do as what we do do. We have a responsibility to intervene to keep children safe, taking control for the child, not control of them.

We do not use restrictive physical intervention for the purpose of punishment. We do not make use of any technique that could affect a child's breathing, risk positional asphyxia or affect circulation or apply pressure to their neck or abdomen. Children are not held on the ground. If a child goes to ground independently, they are immediately released.

Staff do not act in ways that might reasonably be expected to cause injury for example by:

- Holding a child around the neck or collar.
- Twisting or forcing limbs against the joint.
- Holding a child by the hair or ear.

Where staff require specific training in the use of restrictive physical intervention and reasonable force, we arrange that they should receive PRICE training, from the school-based PRICE instructors. This training is accredited by the Restraint Reduction Network (RRN). We also ensure that staff have access to appropriate refresher training, once trained. This is provided by the school based instructors annually.

Further, we actively work to ensure general training is accessed by our staff in the following areas:

- those relating to legal issues policy and risk assessment
- understanding behaviour and planning for change.
- de-escalation techniques.

A record of such training is kept and monitored.

Seclusion:

Seclusion, where the child is away from both children and adults is only ever used as a safety measure to protect others from harm whilst a child is experiencing high levels of emotional or behavioural dysregulation and is not acting with intent. This is an emergency response and seclusion does not form part of our wide range of planned interventions.

Where seclusion has been the only safe and practicable response in an emergency situation, we ensure that the child is confined in a safe and non-threatening or intimidating environment. We supervise the child at all times and as soon as the risk of immediate harm has reduced we enter the space to support the child to regulate.

As part of our duties all instances of restrictive physical intervention, reasonable force and seclusion are recorded and reported.

It is important to recognise that many children calm best away from other children in areas both inside e.g. quiet rooms and outside e.g. swings/separate play areas around school. Supporting children to calm in their own space away from other children, in spaces such as quiet rooms, OT spaces, outside swings, empty play areas can be an effective strategy to support children's regulation. It minimises the use of more restrictive physical intervention, preserves the child's dignity and encourages more appropriate self-management strategies. Children are actively encouraged to choose to request a 'break' away from others as part of their self – regulation tool kit. The use of quiet rooms or other spaces away from others should be identified as a strategy on the child's Individual Behaviour plan and parents should be aware if this strategy is included as part of their behaviour plan.

If a child is posing a risk to others and it is known that providing a quiet space away from other children such as a quiet room environment helps them to calm then the child will be physically supported to remove them from the situation and to such a space. Once away from others, the adult will remain with the child to support them by co-regulating with them. The child being 'away from others' as described above would also fall into the definition of seclusion but would not necessarily be a 'last resort' but would always be in the best interest of the child and to reduce the risk posed both to the child and other children. We record the use of seclusion in this context as 'Physically supported to be away from other children' and it will be reported to parents in the same way as physical intervention.

Indirect Restrictive Intervention:

Restraint: a term used in legislation referring to a non-disciplinary intervention which immobilises a child or limits their movement. This may or may not include direct physical contact. (DFE, 2026)

Therapeutic equipment such as wheelchairs, standing frames and class seating systems are used to meet physical and clinical needs of children as assessed by relevant therapists. As well as meeting physical and clinical needs, the equipment provides children with access to the curriculum and increased functionality. The equipment is not intended for behaviour management purposes.

However, if for example a child in a wheelchair was to self-propel towards others with the intent to harm, or to an unsafe area such as a road, staff would have a duty to intervene in a manner that would be deemed restrictive e.g. applying the brakes or holding the chair. This would be recorded as a restrictive intervention.

Class seating that includes lap straps, should only be used for postural support and never as a behaviour management tool. If a child is unable to undo a strap but is indicating that they do not want to be strapped into the chair, they should be released immediately and behaviour management plans deployed.

Consideration for children with special educational needs and/or disabilities:

All staff are aware that 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. We acknowledge the potential triggers that may include:

- Pain / medical needs
- sensory overload
- unfamiliar situations or environments
- feelings of fear and anxiety.

We seek to understand the underlying triggers of challenging behaviour so that we can provide proactive support, create an inclusive environment and consider the impact of school policies on children with SEND. We are aware that children with SEND may become disproportionately subject to the use of physical intervention and the use of reasonable force. We seek ways to mitigate this risk through working with children, parents and other professionals to develop prevention and de-escalation strategies. Possible strategies would include:

- removing stimuli that may be causing distress
- changing body language, facial expression, and/or tone of voice
- supporting the child to express their emotions before getting overwhelmed
- engaging the child in an activity which can help them manage their feelings of anxiety
- distracting the child 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 reasonable force and/or other restrictive interventions, we have risk assessments in

place. We make use of coproduced behaviour support plans which outline adjustments to the school environment and ways for children to communicate their needs effectively. Our behaviour support plans detail circumstances where it may be appropriate for staff to have increased physical contact with a child. Support plans are reviewed periodically with the child and their parents/carers.

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

Recording and Reporting

Our Governing Body ensure that all instances of the use of restrictive physical intervention, including the use of reasonable force and seclusion are recorded and reported in line with Section 93A of the Education and Inspections Act

We record any use of restrictive physical intervention and seclusion on the school's information management system Arbor, which has been set up by the school to include all the necessary information in relation to use of physical intervention e.g. what intervention used, length of time of intervention, who was involved and reasons why it was necessary. This will be stored within Arbor's protected system. We record incidents despite restrictive physical intervention being used with prior agreement of the parents / carers. We do this as soon as possible after an event, no later than within 24 hours. Where an incident causes injury to a member of staff, involving seeking medical advice beyond first aid, it should be recorded as per the corporate accident/incident reporting procedure using the online report form. Further, our governing body ensures that procedures are in place for recording significant incidents and then reporting these incidents as soon as possible to child's parents.

We report each incident of restrictive physical intervention and seclusion to parents verbally/in home book no later than the same day. If we believe that reporting the use of restrictive physical intervention to a parent will place a child at risk of significant harm we report the incident to either the other parent if there is no risk of significant harm or the local authority via pbs.teamteach@hants.gov.uk with the title RPI Report – Risk of Significant Harm.

We report to parents verbally/via home book and then follow up in writing via an email generated by the recording of the incident made on Arbor. A copy of the record form is also available for parents to read, if requested.

As part of our commitment to working collaboratively with parents we regularly review the individual behaviour plan in place and reflect on improvements and de-escalation strategies and what might be done differently moving forward. In addition, we review risk assessments, ensuring that all children where there is a risk of the need to use restrictive physical intervention have an individual risk assessment in place.

As per the school's duty under the schools (Recording and Reporting of Seclusion and Restraint) (No.2) (England) Regulations 2025 we record and report instances of seclusion and non-force related restraint as per the procedure above.

Child and Staff Support:

We acknowledge that any restrictive physical intervention, including the use of reasonable force may be distressing for both children and staff. We ensure that any necessary medical assessment and treatment is sought following an incident. Injuries to the child are recorded on the restrictive physical intervention record and staff report injuries via the HCC online reporting system, if appropriate, in addition to the restrictive physical intervention record.

After a restrictive physical intervention, we give the support to the child that is appropriate for them. This might include reducing our expectations, providing time out of class doing something the child finds calming and if appropriate talking to them so that they can understand why it was necessary and so we can learn from the incident. Where it is appropriate, we have the same sort of conversations with other children who observed what happened. If necessary, the child will be asked whether he or she has been injured so that appropriate first aid can be given. This also gives the child an opportunity to say whether anything inappropriate has happened in connection with the incident.

We have devised 4 stages of debrief to help children to reflect and develop their emotional regulation skills during and after an incident involving physical intervention. Stages 1 and 2 are in the moment only. Stages 3 and 4 involves a follow up when the child is calm. The appropriate stage of debrief is identified for each child and how this will be individualised for them, including ensuring the appropriate visuals and resources are readily available depending on the level of understanding of the child. (Refer to Debrief guidance for more information)

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

A key aim of our after-incident support is to repair any potential strain to the relationship between the child and the people that were involved in the restrictive physical intervention.

After a restrictive physical intervention, we also consider whether the individual behaviour plan needs to be reviewed so that we can reduce the risk of needing to use restrictive physical intervention again.

Monitoring:

We monitor the use of restrictive physical intervention in our school. The behaviour team (which includes the Headteacher) are responsible for reviewing the records on a termly basis, and more often if the need arises, so that appropriate action can be taken. A summary of the behaviour incidents, restrictive intervention and use of seclusion recorded on Arbor is summarised and shared with governors as part of the termly report from the Headteacher.

We look for any trends in the relative use of restrictive physical intervention across different staff members and across different times of day or settings. Our aims are to protect children, to avoid discrimination and to develop our ability to meet the needs of children without using restrictive physical intervention.

Our named governor supports our school to comply with this policy and the associated DfE guidance. School leaders and governors review incidents of restrictive physical intervention to:

- Identify and implement improvements to policy and practice paying particular attention to situations where the same intervention has been used over a period of time and remains ineffective.
- Identify areas of learning and development.
- Understand patterns of behaviour, triggers and the effectiveness of child plans.
- Identify any disproportionate use of restrictive physical intervention in relation to children who share protected characteristics, SEN or other vulnerabilities.

These reviews take place at least annually and more regularly if restrictive physical intervention is in frequent use.

Where data is collated we ensure that we do not over-interpret small sub-groups and appreciate the limitations of our data and what can be inferred from it.

Concerns and Complaints:

The use of restrictive physical intervention including the use of reasonable force can be distressing for all involved which can lead to concerns, allegations or complaints of inappropriate or excessive use.

Our school's complaints policy outlines how to make a complaint as well as the timescales for responses.

Where an allegation of assault or abusive behaviour is made, our Headteacher is immediately informed. If the allegation relates to the Headteacher then the Chair of Governors is immediately informed. We follow our Safeguarding and Child Protection Policies in these instances.

Safety and wellbeing of children and staff is our utmost priority, and we always seek to avoid injury. It is possible that as part of a restrictive physical intervention including the use of reasonable force a child may accidentally be scratched or bruised. This should not necessarily be seen as a failure of the professional technique but a regrettable and infrequent side effect of making sure the child remains safe.

Reviewing:

We adopted this policy on 1st April 2026

The policy will be reviewed annually by the Governing Body.