ALMOND HILL JUNIOR SCHOOL

GOVERNING BODY

REDUCING NEED FOR PHYSICAL INTERVENTION POLICY

Full Governing Body	July 2026
Date for Review	July 2027

Contents

1. Introduction

In Almond Hill Junior 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. All school staff need to be able to safely manage behaviour and understand what a child (or young person) is seeking to communicate through difficult or dangerous behaviours.

Parents need to:

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

This policy should be read in conjunction with:

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

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

2. National guidance

On rare occasions, school staff may need to use restrictive interventions to safeguard pupils or maintain discipline within the school environment. Department of Education, *Keeping children safe in education, 2025 Statutory guidance for schools and colleges* recognises that there are circumstances where it is appropriate for staff to use reasonable force to achieve these aims and states that schools must not have a no contact policy as this can put staff and pupils at risk.

This policy adopts the statutory terminology from *Restrictive interventions, including reasonable force, in schools (DfE, 2026)*, including the definitions of 'restrictive intervention', 'reasonable force', 'significant incident', 'restraint' and 'seclusion'. Restrictive intervention refers to any action, physical or non-physical, that restricts a pupil's movement.

Section 93 of the Education and Inspections Act 2006 gives schools the power to **use reasonable force** to:

- prevent a pupil from hurting themselves or others
- prevent a pupil from causing serious damage to property
- remove a disruptive pupil from a classroom
- prevent a pupil from causing disorder among pupils during school activities, including during off-site visits
- prevent a pupil from leaving a classroom where there is a risk to their safety or the safety of others.

Section 93A of the Education and Inspection Act ("the 2006 Act"), states schools must have procedures for recording and informing parents of significant incidents when force is used against pupils.

Additionally, 'The Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025' which requires written record where a pupil is secluded or immobilises a pupil and supplying a record to the parent as soon as possible.

Statutory guidance makes it clear that restrictive interventions and restraint cannot be used as a punishment. It is essential that schools need to have effective reporting and recording systems, data reviews of incident of restraint and seclusion, and reviews of relevant policies for example, safeguarding and behaviour policies and staff training needs and records.

Section 550ZB of the Education Act 1996 also gives schools the power to **use reasonable force to carry out searches** for prohibited items where the young person has not consented to the search. Prohibited items are:

- knives and weapons
- alcohol
- illegal drugs
- tobacco and cigarette papers
- fireworks
- pornographic images
- any article that has been or likely to be used to commit an offence, cause personal injury or damage property.

Schools should read this current guidance alongside the following DfE Guidance

Keeping children safe in education - GOV.UK published in September 2025

When conducting searches, schools/colleges should refer to *the DfE Searching, screening and confiscation in schools - GOV.UK*. The advice document was published in July 2022, and the guidance was last updated on GOV.UK in July 2023.

Schools should also refer to the following government guidance for further details:

DfE Restrictive interventions, including use of reasonable force, in schools Guidance for schools in England, April 2026.

Use of reasonable force in schools - GOV.UK

Government guidance *Reducing the need for restraint and restrictive intervention* also requires schools to take steps to reduce the use of physical intervention for vulnerable children and this will be a feature of any inspection carried out by the CQC and Ofsted
https://www.gov.uk/government/publications/reducing-the-need-for-restraint-and-restrictive-intervention

Seclusion, as defined in the *DfE Restrictive interventions, including use of reasonable force, in schools, April 2026* may only be used as an emergency safety measure and must be recorded and reported in line with statutory requirements.

Restrictive interventions and reasonable force should only be used when they are **necessary and proportionate**, after de-escalation strategies have been attempted where appropriate and when there is a clear risk of serious harm to the pupil or others, or serious damage to property or to prevent disorder.

Decisions on when to use restrictive intervention is a matter of professional judgement, and any intervention or restraint should be proportionate and reasonable in the context of the perceived risk and in the pupil's best interests. This would normally be after de-escalation strategies have failed. Should such an intervention be required the school should record the details, including any injury, and contact the parent**/**carer on the same day to explain the circumstances involved.

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

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?"

A positive and proactive approach to behaviour

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

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

Behaviour that escalates and becomes difficult or dangerous may result from the impact of a child or young person being exposed to challenging or overwhelming environments, which they do not understand, where positive social interactions are lacking, and / or personal choices are limited. Children and young people exhibiting difficult or dangerous behaviours need support and differentiation of teaching and learning to have their needs met and to develop alternative ways of expressing themselves that achieve the same purpose but are more appropriate.

As part of our relational thinking approach, we use behaviour analysis to understand children and young people's needs and the causes of poor emotional wellbeing.

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

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

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

3. Definitions

The term **child** refers to all children and young people under the age of 18.

The term **physical intervention** is used to describe contact between staff and a child (or children) where no force is involved. (e.g. comfort, affirmation, facilitation)

The terms **restrictive intervention** and **restraint** are used interchangeably in this policy to refer to:

- planned or reactive acts that restrict an individual's movement, liberty and/or freedom to act independently; and
- the sub-categories of restrictive intervention using force or restricting liberty of movement (or threatening to do so).

In this policy restrictive interventions and restraint can include, depending on the circumstances:

- Physical restraint: a restrictive intervention involving direct physical contact where the intervener's intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person.
- Withdrawal: removing a child or young person involuntarily from a situation which causes anxiety or distress to themselves and/or others and taking them to a safer place where they have a better chance of composing themselves. We also refer to this concept below as Imposed Withdrawal.
- Forceable seclusion: supervised confinement and isolation of a child or young person, away from others, in an area from which they are prevented from leaving, where it is of immediate necessity for the containment of severely dangerous behaviour which poses a risk of harm to others and allows time and space for de-escalation.

Although it may not be necessary to make physical contact in cases of Withdrawal (Impose Withdrawal) or Forceable seclusion, these are still regarded as forms of restrictive intervention.

The term **difficult** used throughout this policy refers to behaviour that a child or young person displays that does not cause harm or injury. Staff may find these behaviours challenging.

The term **dangerous** used throughout this policy refers to behaviours that cause evidenced injury to self or others, damage to property, or committing a criminal offence.

The term **'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), the local authority has the power to restrict the exercise by the child's parents of their parental responsibility, if the welfare of the child so requires.

4. Acceptable forms of physical intervention

There are occasions when it is entirely appropriate and proper for staff to have contact or physical intervention with children or young people; however, it is crucial that this is appropriate to their professional role and in relation to the child's individual needs.

Occasions where staff may have cause to have physical intervention with a child may include:

- To comfort a child in distress (so long as this is appropriate to their age).
- For affirmation/praise.
- To gently direct a child or young person.
- For curricular reasons (for example in PE, Drama, etc).
- First aid and medical treatment.
- In an emergency to avert danger to the child.

Not all children feel comfortable with certain types of physical contact; this should be recognised and, wherever possible, adults should seek the child's permission before initiating contact and be sensitive to any signs that they may be uncomfortable or embarrassed.

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

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

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

At Almond Hill, we may on occasion use an Almond Hill 'hug'. This is demonstrated to staff and pupils. (Staff stand to side of pupil place hands from behind on upper part of shoulder.)

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

Physical contact must never be used as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact **must not** be made with the child or young person's neck, breasts, abdomen, genital area, or any other sensitive body areas, or to put pressure on joints.

Staff must never use any restraint or physical restrictive intervention that restricts a pupil's airway, breathing or circulation, including pressure on the neck, chest or abdomen. Prone or ground-based restraint must be avoided and, if it occurs unintentionally, released immediately.

5. 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 / staff code of conduct / and Safer Recruitment Consortium document.

6. Restraint of restrictive interventions

Restraint or restrictive interventions may be used when all other strategies have failed, and therefore only as a **last resort**. All staff should focus on promoting a positive and proactive approach to behaviour and emotional wellbeing, including de-escalation techniques (appropriate to the child), to minimise the likelihood of, and avoid the need to use, restraint.

There will, however, be times when the only realistic response to a situation will be a planned restraint or restrictive intervention

School powers allow the use of reasonable force to control or restrain pupils where necessary and its lawful use will be a defence to any related criminal prosecution or where an allegation is made against teaching staff.

Reasonable force should involve "no more force than is needed" to achieve the desired outcome and should only be used for the purposes of restraining or controlling a pupil in order to safeguard pupils, stop damage to property or keep order in the classroom. What is reasonable force will be down to the professional judgement of the staff member, but any use of force must be justifiable and the paramount consideration is that any action is taken in the interests of the pupil.

Before implementing a planned restraint or restrictive intervention it is necessary to undertake a careful risk assessment. This will need to include a record of the child's needs including their vulnerabilities, learning disabilities, medical conditions and impairments (annex 5), evidence of the risks to self and others (Annex 4) and the extent to which a restrictive intervention would be in the child's best interests.

If it is necessary to undertake a restrictive intervention, then staff should employ the planned and agreed approaches/techniques as set out in the child's individualised Therapeutic Plan (Annex 3 – Risk Reduction Plan).

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

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

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

- equires professional judgement to be exercised in difficult situations, often requiring split-second decisions in response to unforeseen events or incidents where trained staff may not be on hand.
- will include judgements about the capacity of the child at that moment to make themselves safe.
- requires responses which are reasonable and proportionate and use the minimum force necessary in order to achieve the aim of the decision to restrain.

An unplanned intervention will be a one off and will trigger a multidisciplinary discussion to look at what support is needed to reduce the risk of future incidents. Staff should update and/or implement a new Therapeutic Plan depending on the circumstances of the unplanned incident.

Staff should not be expected to put themselves in danger and should consider that removing other children and themselves from escalating situations may be the right thing to do. We value staff efforts to rectify what can be very difficult situations and in which they exercise their duty of care for all children or young persons.

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

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

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

- Reasonable, proportionate and necessary

Staff should have reasonable grounds for believing that restraint is necessary to justify its use. They should only use restraint 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 restraint is necessary, reasonable and proportionate.

The staff member must be clear on the justification of the action and the intended outcome of intervention, for example stopping a young child from leaving the classroom to stopping an older pupil from attacking another pupil, and how the intervention is in the best interests of those involved. This could be important in terms of providing a defence to any allegation of assault arising following the incident.

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

Schools may discuss approaches with parents/carers but do not need their consent to use restrictive interventions or seclusion when it is necessary, safe and lawful.
Forms of restriction intervention involving seclusion or a withdrawal that potentially restricts a child's liberty should have written rules about how and when these measures will be used.

7. Assessing and managing risks

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

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

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

Clearly the use of a restraint technique that negatively impacts on a child's breathing presents a real risk of causing serious harm

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

- The use of clothing or belts to restrict movement
- Holding a person lying on their chest or back
- Pushing on the neck, chest or abdomen
- Hyperflexion or basket type holds
- Extending or flexing of joints (pulling and dragging)

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

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

The principles relating to Restrictive Intervention are as follows: -

- Restrictive intervention will only be used in circumstances when one or more of the legal criteria for its use are met.
- Restraint or 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 they stop the dangerous behaviour.
- Staff will use the minimum force necessary to ensure safe outcomes.
- Staff will only use force when there are good grounds for believing that immediate action is necessary and that it is in the child's and/or other children's best interests for staff to intervene physically.
- Staff will be able to evidence that the intervention used was a reasonable response to the incident.
- Ideally, staff should not have to deal with incidents requiring restraint alone for any period of time and it is recommended that other staff attend the incident as soon as possible to reduce risk.
- Every effort will be made to secure the presence of other staff, and these staff may act as assistants and/or witnesses.
- When using restraint, staff should remain calm and continue to talk to the pupil calmly throughout to reassure them and let them know what is happening and why.

- As soon as it is safe, the restrictive intervention will be relaxed to allow the child to regain self-control.
- Escalation will be avoided at all costs.
- If the restrictive intervention appears to escalate rather than reduce the risk, staff should reassess the situation and modify or cease the intervention where safe to do so.
- The age, understanding, and competence of the individual child will always be considered.
- In developing a Therapeutic 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.

8. Whole school

Schools should be alert to situations and circumstances that can lead to incidents that may require restrictive intervention and take active steps to avoid issues escalating.

The school should regularly review environmental factors within the school that may lead to incidents in the school or elsewhere and should consider:

- the general school environment and any potential hot-spots
- any difficulties that may arise at different times of the day, ie: breaks
- any issues around supervision of pupils
- specific environmental factors for vulnerable pupils
- specific risks related to gender, race, ethnicity, sexuality or disability
- specific risks related to gang activity
- specific risks off-site/school trips.

This should address:

- the nature of the risk and likely impact on pupils
- the likelihood of incidents
- actions and/or reasonable adjustments for vulnerable pupils
- actions to be taken to avoid incidents and reduce risk
- actions to be taken in the event of an incident in order to reduce risk to staff and pupils.

Seclusion refers to confining a pupil alone in a space from which they are prevented from leaving, physically or through perceived consequences. This requires continuous supervision and must always be recorded and reported.

9. De-escalation

De-escalation techniques if possible, must be used in the first instance and staff should:

- make the pupil and others present aware that the staff member is taking control of the situation
- ask other pupils to leave in order to calm the situation
- send for assistance from another staff member (particularly if restraint is likely to be needed)
- remain calm and respectful and speak slowly and clearly to the pupil to give reassurance and instructions

- be aware of their tone of voice and body language
- where possible, use minimal force/positive handling to gently guide the pupil away from danger (but be aware of risk to self)
- be aware of their own emotions and avoid allowing the situation to spiral
- if the pupil is pacing, try to remain still and avoid mirroring their anxiety
- keep a respectful distance and avoid encroaching on the pupil's personal space
- give the young person options so that they have an opportunity to resolve the situation in a dignified manner
- be specific to a pupil's SEND.

De-escalation techniques can be used where there is an opportunity to do so but not in a situation where a pupil is already at risk of harm and action is needed. However, staff can continue to use many of the techniques listed above during restraint to calm and reassure the young person.

10. Developing a Terapeutic Plan at Almond Hill Junior School

If a child is identified as presenting a risk that restraint or restrictive intervention may be required, a Therapeutic 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.

The plan MAY include: -

- "The Therapeutic Tree" to explore the link between experiences, feeling and behaviours (Annex 1)
- Anxiety analysis to understand the factors that underlie or influence the behaviour as well as the triggers for it (e.g. staff, peers, activity, location etc. Annex 2)
- Analysis of both conscious and subconscious behaviour with solutions and differentiation of environment or teaching and learning
- Predict and prevent strategies
- An understanding of the wider causes/triggers of behaviours - such as those that stem from medical conditions, sensory issues and unmet need or undiagnosed conditions.
- relevant background information, such as experiences of home life or history of abuse
- De-escalation scripts.
- Recognition of the early warning signs that indicate that poor emotional wellbeing is beginning to emerge.
- Alternatives to restraint, including effective techniques to de-escalate a situation and avoid restrictive interventions.
- Details of the safe implementation of restraint, 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 (including those with speech, language and communication needs).
- Co-produced with parents/carers and the child to ensure their views and experiences are considered.
- A dynamic risk assessment to ensure staff and others act reasonably, consider the risks, and learn from what happens.
- Explanation of how to record any planned or unplanned interventions.
- How to find the record in school of risk reduction options that have been examined and discounted, as well as those used (Annex 5).

- A clear description stating at which point 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

*[*School may also need to take medical advice about the safest way to hold a child or young person with specific medical needs.]*

Please refer to the Annex 4 for a therapeutic plan format.

11. Training and development of staff

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

- Awareness of issues for governors, staff and parents,
- Positive behaviour management - all staff
- Emotional well-being and trauma informed practices - all staff
- Managing conflict in difficult situations - all staff
- Reflection, restore, repair strategies – all staff
- Unconditional positive regard – all education staff

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

Training from a relevant training provider increases staff confidence in dealing with incidents and reduces risks. Training must equip staff to apply restrictive interventions safely, assess proportionality under pressure, understand individual risk assessments, and comply with statutory recording and reporting duties.

When considering training, Almond Hill is aware any member of staff may need to intervene in emergency situations. Schools may consider training in the context of the needs of pupils and the number and seriousness of incidents that are likely to occur in the school.

- All staff should receive training on how to prevent the need for restrictive interventions, including how to de-escalate situations and awareness of positive handling techniques.
- Almond Hil will identify the most appropriate members of staff for specialist training in restraint techniques e.g pastoral an senior leadership team.
- Almond Hil will keep a record of the types of training staff have received and those staff who have received specialist training in restraint techniques.

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

12. Recording and reporting

The use of a restraint or restrictive intervention, whether planned or unplanned (emergency), must always be recorded as quickly as practicable (and in any event within 24 hours of the incident) by the person(s) involved in the incident, in a book with numbered pages. The written record (annex 6) should include:

- the names of the staff and child or young persons 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
- the type of restrictive intervention employed;
- the reason for using a restrictive intervention (rather than non-restrictive strategies);
- how the incident began and progressed, including details of the child 's behaviour, what was said by all those involved, and the steps taken to defuse or calm the situation;
- the degree of force used, how that was applied, and for how long;
- the date, time and the approximate duration of the whole intervention;
- whether the child or young person or anyone else experienced injury or distress and, if they did, what action was taken.
- 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 reasonable force 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.

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

Notifying others

- The head teacher must be informed of all incidents immediately to decide on what further actions are required.
- The designated safeguarding lead should also be informed of incidents that may raise any safeguarding issues.
- The school will notify parents of any significant use of force, seclusion or restraint as soon as practicable and ideally the same day, in writing.
- Reports to parents/carers will include the following details as a minimum:
    - time, date, location and approximate duration of the interventions
    - 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.
- For seclusion or non-physical restraint, reports will describe the nature of the restrictive intervention used and why it was assessed as necessary.
- School will also consider inviting parents/carers to have a follow-up discussion about the incident where this is appropriate to do so.
- Where reporting to a parent may cause serious harm to the pupil, the school will report to an alternative parent (or foster carer where the child is looked after) or, if there are none, the Local Authority.
- The governing body will be updated regularly on the use of restrictive intervention, seclusion, restraint and significant incidents to identify patterns and ensure compliance with statutory duties. They must review data to identify any disproportionate use of restrictive interventions affecting pupils with protected characteristics, SEND or other vulnerabilities.

- In settings where the use of restrictive interventions and restraint is a regular feature due to pupils' individual needs the setting should have in place a system for recording, analysing and reporting incidents. This can be particularly helpful during Ofsted inspections and where an allegation or complaint is made.

Governing bodies 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 is Claire Lanni.

Support following incidents

It should be acknowledged that the use of restrictive interventions and restraint carry an inherent risk of injury to staff and pupils involved.

Use of restrictive interventions and restraint can be upsetting for pupils and staff. Almond Hill have procedures in place for dealing with the follow-up of incidents so that those involved have time and space to recover and reflect on what happened. Learning can then be used to review and improve policies.

It may be necessary to ensure staff and pupils receive any required medical attention and are able to talk to someone who was not involved in the incident about what happened and why.

For vulnerable pupils, staff and parents should discuss the incident and consider whether the behaviour support plan needs to be changed and what learning can be taken from the incident.

13. Monitoring and reviewing incidents

Almond Hill will monitor and review the use of force, restrictive interventions and restraint as a means of learning from incidents to improve practice and inform risk assessments and ultimately, to avoid the need for restrictive interventions and restraint. Information on incidents can help inform any risk assessment both on a whole-school level and in terms of individual or groups of pupils. This is particularly important in the case of vulnerable pupils who may be more susceptible to experiencing restrictive interventions and restraint.

When reviewing incidents, Almond Hill will consider the following:

- Was the use of restrictive intervention necessary, appropriate and proportionate?
- What steps were taken to ensure that minimum reasonable force was used?
- Have the incidents needing restrictive intervention increased/decreased?
- Are vulnerable pupils over-represented in the numbers and if so, why? Is the school confident that vulnerable pupils are not being discriminated against by policy and procedures?
- Was the length of time restrictive intervention was used kept to a minimum?
- Could alternative methods other than restrictive intervention been used?
- What steps were taken to ensure that restrictive intervention used causes a minimum of pain or distress?
- What steps were taken following restrictive intervention for the pupil and the staff involved?
- Were there separate debriefing sessions for both pupil and members of staff who have been involved in the intervention? What were the antecedents, consequences and alternative courses of action?

14. Complaints and allegations

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

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

If staff members have concerns about another staff member then this should be referred to the Head Teacher. Where there are concerns about the Head Teacher, this should be referred to the Chair of Governors. Staff may consider discussing any concerns with the school's designated safeguarding lead and make any referral via them.

The use of restrictive interventions can lead to accusations against staff by pupils and parents of improper conduct or assault. The complaints policy is published on the school website. It should be remembered that the onus is on the person making the complaint/allegation to set out how the member of staff did not act reasonably in the circumstances.

However, it must be demonstrated that the staff member followed agreed practice and procedure. It should be made clear to staff that force may only be used within the parameters set out in the school's policy and that any deviation from acceptable practice will leave the staff member vulnerable to complaints and allegations.

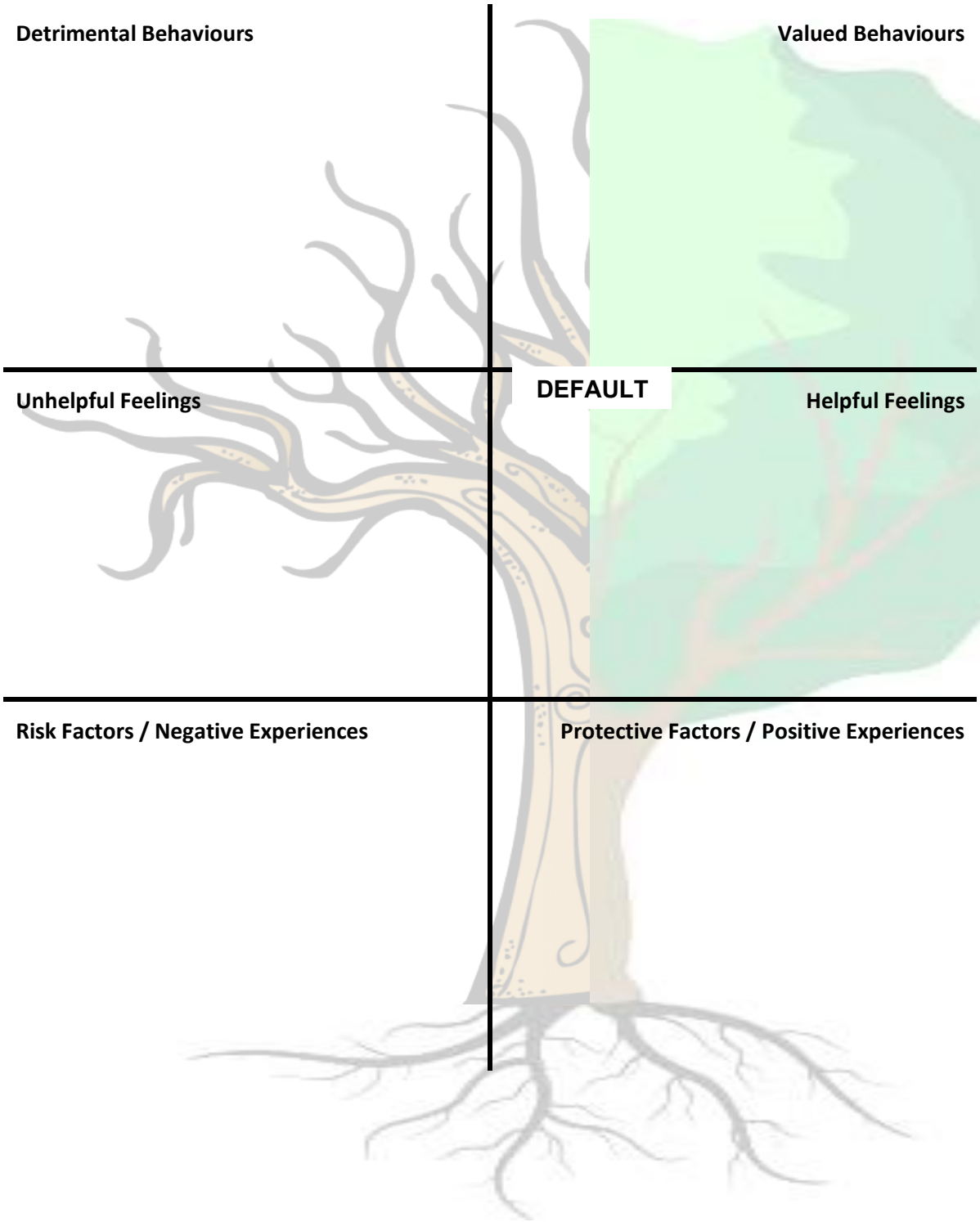
Where an incident involving restrictive intervention or physical restraint results in an allegation being made against a member of staff, the matter must be managed as an allegation against a person who works with children. The school must follow the Hertfordshire Safeguarding Children Partnership (HSCP) procedures for managing Allegations against staff - Hertfordshire Grid for Learning who work with children and young people. All such cases must be referred to the Local Authority Designated Officer (LADO) within one working day, and no internal investigation should take place unless agreed with the LADO.

15. ANNEX. 1. Therapeutic Tree

Analysis tool to explore behaviours, feelings and experiences

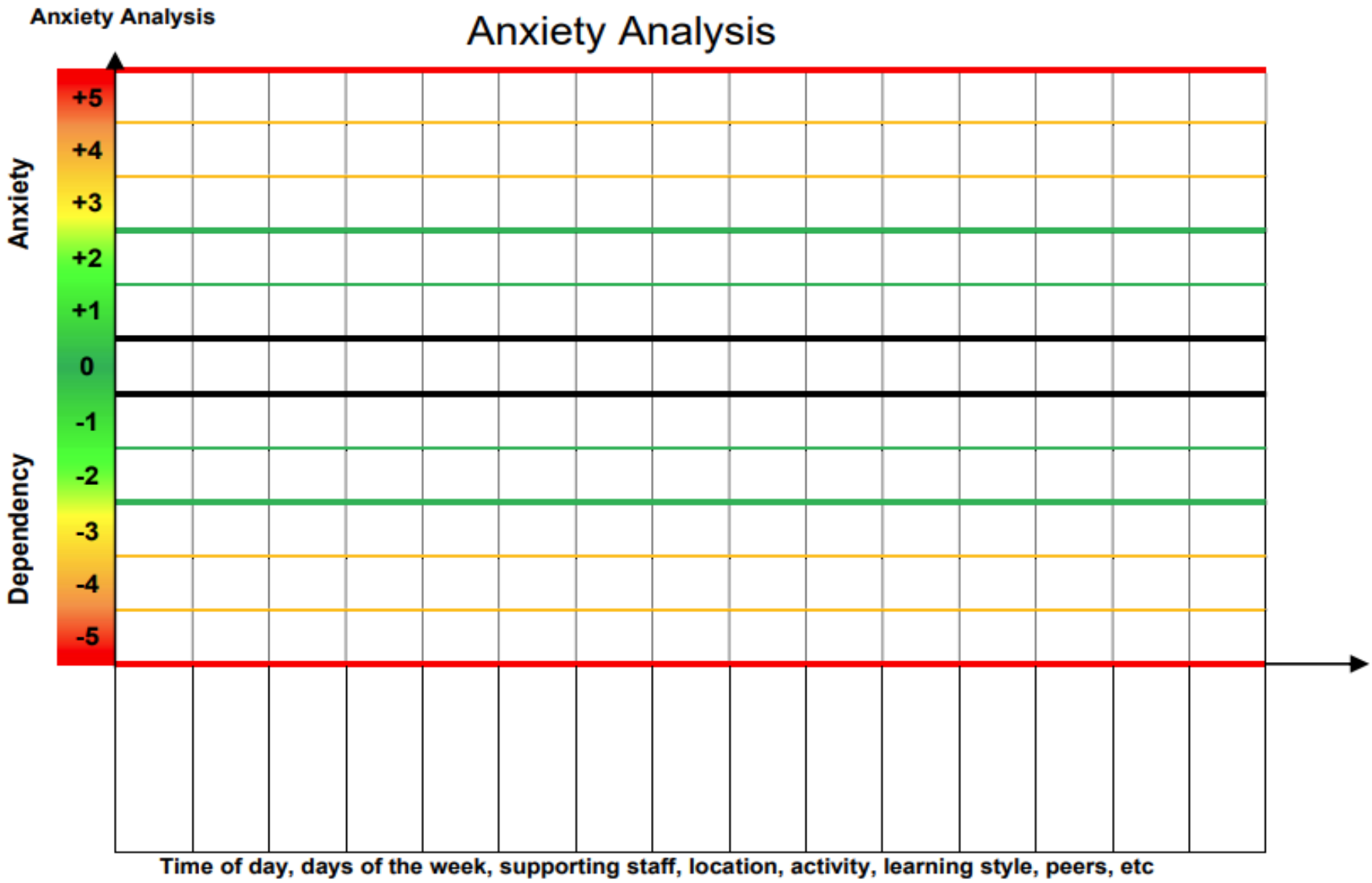
Therapeutic Tree

Name	
Supporting Staff	
Date	
Review Date	



16. ANNEX 2 - Anxiety Analysis

ANNEX 2 Anxiety Analysis



	Score	**Predict Staff/Location/Activity/Peers/Time**	**Prevent Adaptations (including protective consequences)**	**Progress Adaptations (including educational consequences)**
Increased Anxiety	**+2 - +5**	Unable to cope with: 1. 2. 3. 4. 5.	What will manage the overanxiety: 1. 2. 3. 4. 5.	How will we teach and monitor the management of over-anxiety: 1. 2. 3. 4. 5.
	+2	Unable to cope with: 1. 2. 3.	Monitoring needed 1. 2. 3.	Adaptation or contingency needed: 1. 2. 3.
	0			
Increased dependency	**-2**	Vulnerable to being unable to cope without: 1. 2. 3.	Monitoring needed 1. 2. 3.	Adaptation or contingency needed: 1. 2. 3.
	-2 - -5	Unable to cope without: 1. 2. 3. 4.	What will manage the overdependency: 1. 2. 3. 4	How will we teach and monitor the reduction of over-dependency: 1. 2. 3.

17. ANNEX 3 Risk Assessment Calculator

For assessing and managing foreseeable risks for child or young persons who are likely to need Restrictive Intervention

Name	
DOB	
Date of Assessment	

Harm/Behaviour	Opinion Evidenced O/E	Conscious Sub-conscious C/S	Seriousness Of Harm A 1/2/3/4	Probability Of Harm B 1/2/3/4	Severity Risk Score A x B
Harm to self					
Harm to peers					
Harm to staff					
Damage to property					
Harm from disruption					
Criminal offence					
Harm from absconding					
Other harm					

Seriousness	
1	Foreseeable outcome is upset or disruption
2	Foreseeable outcome is harm requiring first aid, distress or minor damage – need support from school resources, nurture
3	Foreseeable outcome is hospitalisation, significant distress, extensive damage – external support, counselling, hospital, insurance claim
4	Foreseeable outcome is loss of life or permanent disability, emotional trauma requiring counselling or critical property damage
Probability	
1	There is evidence of historical risk, but the behaviour has been dormant for over 12 months and no identified triggers remain
2	The risk of harm has occurred within the last 12 months, the context has changed to make a reoccurrence unlikely
3	The risk of harm is more likely than not to occur again – weekly or less
4	The risk of harm is persistent and constant – daily

*Risks which score **6** or more (probability x seriousness) should have strategies listed on next page*

18. ANNEX 4 – Therapeutic Plan

Name	DOB	Date	Review Date

Photo	Risk reduction measures and differentiated measures (to respond to triggers)

Pro social / positive behaviour	Strategies to respond
Anxiety / DIFFICULT behaviours	Strategies to respond
Crisis / DANGEROUS behaviours	Strategies to respond
Post incident recovery and debrief measures	

19. ANNEX. 5 Audited Need for identifying Restrictive Intervention or Restraint needs

Name	DOB	Age
How well equipped is the school/setting to manage the inclusion of this child or young person (position in circles)?		
Is the child or young person's 'Therapeutic Tree' updated?		
Experiences affecting the child or young person		
Feelings affecting the child or young person		
Physical characteristics (height, weight, physical differences)		
Additional risk factors (medical or emotional diagnosis or needs, substance misuse etc.)		
Communication differences (visual or hearing impairment, adaptive communication/known developmental issues)		
Is the child or young persons 'Therapeutic Plan' updated?		
Context or Triggers (high risk times, places, people, activities etc)		
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, shield 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 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)

20. ANNEX 6 – Restrictive Intervention Record Form

Student Name:	
D.O.B:	
Reporting Member of Staff:	

Location of Incident:
Time and Date of Incident:

Justification for physical intervention (tick all that apply):		**Predicted 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)	☐	

Incident Form/Book Complete	Y/N
Medical Treatment / Injuries	Y/N
Damage to Property	Y/N

Name(s) of additional staff witness:	**Name(s) of additional student witness:**

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

Triggers:
Additional factors:

Management:	Comments:	
How was the incident resolved?		
What were the Consequences? Protective and Educational		
Has student reparation/ de-brief taken place?	**Y/N**	
Has staff de-brief taken place?	**Y/N**	
Has the Risk Management plan been reviewed or updated?	**Y/N**	
Was there Police involvement?	**Y/N**	
Has there been Internal Exclusion / FTEX / PEX?	**Y/N**	

Primary 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	

Number	Description of how technique was employed
1	
2	
3	
4	
5	

Restraint techniques including sequence of techniques, time and staff involved:

Time	Technique	Shape	Staff name
Duration of restraint:		**Duration of incident:**	

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

Incident reporting and monitoring	
Incident reported to: Head Teacher by:	
Parents / Carer informed by:	@
Student wellbeing verified by:	@
Staff wellbeing verified by:	@
Incident form completed by:	@

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

Reporting staff name: _____ Signature: _____

Incident form coordinator check signature: _____ Date: _____