Restrictive Interventions and Use of Reasonable Force Policy

Low Ash Primary School

Approved by:	The Governing Body	**Date: 15.10.25**
Last reviewed on:	**Oct 2025**	
Next review due by:	Autumn Term 2026	

Our school is committed to safeguarding and promoting wellbeing of all children and expect our staff and volunteers to share this commitment.

1. Policy Statement

Low Ash Primary School is committed to creating a safe, inclusive and supportive learning environment where all pupils are treated with dignity, respect and compassion.

The school seeks to minimise the use of restrictive interventions through positive behaviour support, trauma-informed practice, effective communication, environmental adaptations and reasonable adjustments.

Restrictive interventions will only ever be used:

- when necessary;
- when lawful;
- when proportionate;
- when there is no less restrictive alternative available;
- for the shortest time necessary.

Any restrictive intervention must be undertaken in a manner that protects the rights, welfare, safety and dignity of all those involved.

2. Legal Framework

This policy has been developed with reference to:

- Restrictive Interventions, including Use of Reasonable Force in Schools (DfE, April 2026)
- Education and Inspections Act 2006, Section 93
- Equality Act 2010
- Human Rights Act 1998
- Children Act 1989
- Children Act 2004
- SEND Code of Practice (2015)
- Keeping Children Safe in Education
- Working Together to Safeguard Children
- Health and Safety at Work Act 1974

3. Human Rights Principles

The school recognises that restrictive interventions may interfere with a child's rights under:

- Article 3 - Freedom from inhuman or degrading treatment
- Article 5 - Right to liberty
- Article 8 - Right to private and family life

Any restrictive intervention must therefore be:

Necessary
Used only where there is a real and immediate risk of harm or serious disruption.

Proportionate
The least restrictive response available to manage the risk.

Lawful
Permitted within legislation and guidance.

Accountable
Recorded, monitored and reviewed.

4. Definitions

Restrictive Intervention

A restrictive intervention is any act carried out with the intention of restricting a pupil's movement, liberty or freedom to act independently.

This may include:

- physical restraint;
- restrictive holds;
- guiding or escorting;
- preventing a pupil leaving an area;
- removal to a supervised space;
- blocked exits;
- seclusion;
- environmental restrictions.

Reasonable Force

Reasonable force means the minimum degree of force necessary to achieve a legitimate aim.

Reasonable force may be used to:

- prevent injury;
- prevent serious property damage;
- prevent criminal offences;
- maintain good order and discipline;
- prevent behaviour placing a pupil or others at risk.

Restrictive Physical Intervention

A Restrictive Physical Intervention (RPI) occurs when force is used to restrict movement against a pupil's resistance.

5. Commitment to Reducing Restrictive Practice

The school adopts a restrictive practice reduction approach.

Our aim is:

- prevention before intervention;
- support before restriction;

- understanding before sanction.

Strategies include:

- Positive Behaviour Support;
- restorative approaches;
- communication support;
- trauma-informed practice;
- reasonable adjustments;
- sensory regulation;
- personalised behaviour plans;
- environmental adaptations.

6. Equality and SEND

The school recognises that behaviour may be influenced by:

- autism;
- ADHD;
- speech and language difficulties;
- social, emotional and mental health needs;
- learning disabilities;
- trauma;
- sensory processing differences;
- medical conditions.

Understanding Behaviour

The school recognises that behaviour which challenges may be a form of communication and may arise from unmet needs, anxiety, trauma, disability, medical needs, adverse childhood experiences, sensory differences or communication difficulties.

Staff will seek to understand the function and underlying causes of behaviour and will implement preventative and supportive strategies before considering restrictive intervention wherever possible.

Positive Behaviour Support

The school adopts a Positive Behaviour Support (PBS) approach which seeks to:

- understand the reasons for behaviour;
- reduce triggers;
- teach alternative skills and coping strategies;
- improve quality of life and participation;
- reduce the need for restrictive interventions.

Before any restrictive intervention is considered staff must:

- consider disability-related factors;
- implement reasonable adjustments;

- follow EHCP documentation;
- follow individual risk assessments;
- follow behaviour support plans.

Restrictive intervention must never be used because a pupil has a disability or special educational need.

7. Prevention

The school prioritises preventative approaches.

These include:

Environmental Support

- calm learning environments;
- predictable routines;
- visual supports;
- sensory adaptations.

Relationship-Based Practice

- positive relationships;
- relational behaviour approaches;
- emotionally available adults.

Individual Support

- risk assessments;
- Positive Support Plans;
- SEND strategies;
- therapeutic approaches.

8. Individual Risk Assessment and Support Plans

Where a pupil presents foreseeable risk of harm, the school will develop:

- an Individual Risk Assessment;
- a Positive Behaviour Support Plan;
- an Individual Restrictive Intervention Plan where appropriate.

Plans will be developed with:

- parents and carers;
- the pupil wherever possible;
- SEND professionals;
- relevant external agencies.

Plans will identify:

- triggers;
- early warning signs;
- preventative strategies;
- de-escalation techniques;
- agreed restrictive interventions;
- medical considerations;
- post-incident support arrangements.

Medical Risk Assessment

Where a pupil has a medical condition that could increase risks associated with restrictive intervention, the school will seek appropriate advice from healthcare professionals and ensure this is reflected within risk assessments and support plans.

Medical conditions may include, but are not limited to:

- epilepsy;
- asthma;
- respiratory conditions;
- cardiac conditions;
- obesity;
- hypermobility;
- physical disabilities;
- other conditions identified by healthcare professionals.

Review Following Repeated Incidents

Where restrictive interventions occur repeatedly, the school will undertake a review of:

- individual risk assessments;
- behaviour support plans;
- reasonable adjustments;
- SEND provision;
- safeguarding arrangements.

For pupils with an EHCP, repeated restrictive interventions may trigger consideration of an early annual review where concerns exist that needs are not being adequately met.

9. De-escalation

Before considering restrictive intervention, staff should use appropriate de-escalation strategies including:

- active listening;
- reassurance;
- distraction;
- humour where appropriate;
- offering choices;

- reducing demands;
- sensory regulation;
- providing space;
- changing staff member.

Restrictive intervention should only occur when de-escalation is ineffective, inappropriate or unsafe.

10. Restrictive Physical Intervention

Restrictive physical intervention may only be used when:

- a pupil presents a significant risk of harming themselves;
- a pupil presents a significant risk of harming others;
- significant property damage is likely;
- serious disorder cannot otherwise be managed.

Any intervention must:

- use minimum force;
- restrict movement for the shortest possible time;
- cease immediately once risk has reduced;
- preserve dignity;
- avoid pain compliance techniques;
- avoid punishment.

Staff Safety

Where reasonably practicable, restrictive interventions should be undertaken by two appropriately trained adults.

Staff should not delay intervention if doing so would increase the risk of imminent harm.

Welfare Following Intervention

Following any restrictive intervention, staff must ensure that the physical and emotional wellbeing of all individuals involved is assessed.

Appropriate first aid, medical assistance, pastoral support or safeguarding intervention must be provided where required.

11. Prohibited Practices

Staff must not use:

- corporal punishment;
- deliberate pain-inducing techniques;
- deprivation of basic needs;
- degrading treatment;
- mechanical restraint unless specifically authorised by law and external professionals;

- intervention motivated by anger or frustration.

Staff must never intentionally restrict breathing or place a child at risk of positional asphyxia.

Prone restraint must not be used except where unavoidable in an emergency to prevent imminent serious harm and only for the shortest period possible.

12. Withdrawal and Seclusion

Withdrawal

Withdrawal is the planned removal of a pupil to a safe area where they remain supervised and can leave if appropriate.

Withdrawal may be used as part of emotional regulation or safeguarding support.

Seclusion

Seclusion means the supervised or unsupervised confinement of a pupil in a space they are prevented from leaving.

The school does not use seclusion as a behaviour management strategy.

Where circumstances amount to seclusion because of immediate risk:

- it must be absolutely necessary;
- it must be proportionate;
- it must be continuously monitored;
- it must end immediately when risk reduces;
- it must be reported to the Headteacher;
- it must be formally reviewed.

13. Training

The Headteacher will ensure that the necessary staff receive training in:

- behaviour support;
- de-escalation;
- trauma-informed practice;
- safeguarding;
- positive behaviour support;
- restrictive intervention techniques;
- positional asphyxia awareness;
- recording and reporting processes.

Only trained staff should undertake planned restrictive physical interventions.

14. Recording

Every restrictive intervention must be recorded on CPOMS before the end of the working day and within 24 hours.

Records must include:

- date and time;
- location;
- staff involved;
- pupil involved;
- antecedents;
- risks identified;
- de-escalation methods attempted;
- type of intervention used;
- duration;
- injuries sustained;
- pupil's views;
- parent/carer feedback;
- follow-up actions.

Records must additionally include:

- any welfare checks undertaken;
- any first aid administered;
- any medical treatment required;
- whether parents were informed;
- any external agencies notified;
- action required to prevent recurrence.

All injuries to pupils and staff must be recorded in accordance with school Health and Safety procedures.

15. Informing Parents

Parents or carers will normally be informed as soon as possible and no later than the end of the school day whenever:

- restrictive physical intervention has been used;
- seclusion has occurred;
- injury has occurred;
- significant incidents have taken place.

The conversation and outcome will be recorded.

15A. Notification to External Agencies

The Headteacher or Designated Safeguarding Lead will consider whether significant incidents require notification to external agencies.

This may include:

- Children's Social Care;
- the Local Authority;
- the Local Authority Designated Officer (LADO);
- healthcare professionals;
- the Police;
- other relevant statutory agencies.

Notification will be considered where there are:

- allegations against staff;
- safeguarding concerns;
- serious injuries;
- repeated interventions;
- concerns regarding a pupil's welfare;
- concerns regarding the lawful use of restrictive intervention.

16. Post-Incident Review

Following every restrictive intervention the school will undertake a review.

The review will consider:

- why the incident occurred;
- whether intervention was necessary;
- whether the least restrictive option was used;
- the pupil's view;
- the family's view;
- any injury or distress;
- lessons learned;
- required amendments to support plans.

Where appropriate, post-incident reviews will involve:

- the pupil;
- parents or carers;
- class teachers;
- SENDCo;
- safeguarding staff;
- external professionals.

The purpose of the review is to identify learning, improve future support and reduce the likelihood of future restrictive interventions.

17. Monitoring, Audit and Governance

The Headteacher and Designated Safeguarding Lead will review restrictive intervention records termly.

The Governing Body will receive anonymised information regarding:

- frequency of incidents;
- types of intervention used;
- injury rates;
- trends over time;
- outcomes of reviews;
- actions taken to reduce restrictive practices.

Monitoring will consider whether particular groups are disproportionately affected, including:

- pupils with SEND;
- pupils with EHCPs;
- looked after children;
- disadvantaged pupils;
- ethnic groups;
- sex-based trends.

The school will undertake an annual audit of restrictive intervention practice to identify:

- trends;
- recurring themes;
- equality implications;
- staff training needs;
- opportunities to further reduce restrictive interventions.

The school's objective is continual reduction in the use of restrictive interventions through preventative and supportive practice.

18. Complaints and Allegations

Allegations concerning restrictive interventions will be managed in accordance with:

- Keeping Children Safe in Education;
- Managing Allegations Procedures;
- Local Authority safeguarding procedures.

Where appropriate, consultation with the LADO will occur.

18A. Staff Concerns and Whistleblowing

Any member of staff who has concerns regarding the use of restrictive intervention must raise their concerns immediately with the Headteacher, Designated Safeguarding Lead or through the school's Whistleblowing Policy.

Concerns will be investigated promptly and managed in accordance with safeguarding procedures.

19. Related Policies

This policy should be read alongside:

- Behaviour Policy
- SEND Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Attendance Policy
- Equality Objectives
- Complaints Policy

20. Confidentiality, Data Protection and Record Retention

Records relating to restrictive interventions contain sensitive personal information and will be managed in accordance with:

- UK GDPR;
- Data Protection Act 2018;
- the school's Data Protection Policy;
- the school's Records Management and Retention Schedule.

Records will be:

- stored securely;
- accessed only by authorised personnel;
- shared only on a lawful basis;
- retained and disposed of in accordance with statutory requirements.

Statement of Commitment

Low Ash Primary School believes that pupils are most effectively supported through positive relationships, understanding, communication and proactive intervention. Restrictive interventions are a measure of last resort and the school is committed to continually reducing their use whilst maintaining the safety and wellbeing of all members of the school community.