Connect Alliance Trust

Excellence - Collaboration - Respect

# Positive Handling Policy (including use of restrictive interventions and reasonable force)

Adopted by

Brookburn primary School

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Date approved: March 2026

Date of next review: March 2028

Version Control Table

| Version | Date | Author | Rationale / Summary of changes | Ratified |
|---|---|---|---|---|
| v.1 | April 2026 | Liz Hardy | New Policy | |
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## 1. Introduction

Positive personal and professional relationships between staff and pupils are vital to ensure effective learning and teaching in our trust school. It is recognised that the majority of pupils respond positively to the strategies used by staff. Concrete and intrinsic rewards or positive consequences play a large part in engaging pupils in their learning and classes operate appropriate systems which can also carry negative consequences. All of these elements help to ensure the well-being and safety of all pupils and staff. It is also acknowledged that, in exceptional circumstances, and where in the best interests of the child, staff may need to take action in situations where the use of reasonable, proportionate and necessary physical intervention may be required. Our trust and school acknowledges that physical techniques are only a small part of a whole setting approach to risk reduction and behaviour management.

The Department for Education uses the term restrictive interventions to describe a range of physical and non-physical actions that prevent, restrict or subdue a pupil's movement in order to manage risk and keep people safe. Reasonable force is a specific and lawful form of restrictive intervention and refers to physical contact used by staff to prevent harm, serious damage to property, or significant disorder.

For the purposes of this document, the terms restrictive intervention, reasonable force and physical intervention may be used interchangeably when referring to physical contact used to manage immediate risk.

Commonly, schools use the terms positive handling or physical intervention to describe the use of reasonable force. These terms describe a continuum of physical interventions, ranging from a guiding hand to a hold. Rarely in education is the term restraint used, as it can be unhelpful and is often understood to suggest a situation in which an adult holds a child with force, preventing all movement. Research indicates that getting the language "right" can help to minimise parental concern and provide a more accurate description of incidents involving their child (Reasonable force, restraint & restrictive practices in alternative provision and special schools, 2024).

As a trust of 'Rights Respecting School's', the following articles underpin our approach to physical intervention.

**ARTICLE 3 (best interests of the child)** The best interests of the child must be a top

priority in all decisions and actions that affect children.

**ARTICLE 28 (right to education)** Every child has the right to an education. Primary education must be free and different forms of secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this.

**ARTICLE 29 (goals of education)** Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.

**ARTICLE 39 (recovery from trauma and reintegration)** Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life.

## 2. Statutory guidance

All school staff have safeguarding responsibilities as set out in the statutory guidance: Keeping Children Safe in Education (DFE 2025). It is clear within this guidance that all school staff have the responsibility to provide a safe environment in which children can learn. The school's behaviour policy should reflect this and link to the school's safeguarding and SEND policy.

There are occasions when school staff will have cause to have physical contact with children and young people in an emergency, to avert danger to the child or young person, or others. There is guidance produced by the Department for Education Restrictive Interventions, including the use of Reasonable Force, in schools (2026). National guidance is clear that schools should not operate a 'no contact' policy. Such an approach risks placing staff in breach of their duty of care and may prevent them from taking necessary action to prevent a child or young person causing harm to themselves or others.

## 3. Values

Everyone attending or working in our trust and school has a right to:

- Recognition of their unique identity.
- Be treated with respect and dignity.
- Learn and work in a safe environment.
- Be protected from harm, violence, assault and acts of verbal abuse.

Pupils attending our school have a right to:

- Have their needs met.
- Be supported and encouraged to make positive choices.
- Opportunities to develop self-control.
- Be supported in difficult situations.
- Have any crisis that may occur safely managed.

Parents have a right to:

- Individual consideration of their child's needs by staff who have a responsibility for their care and protection.
- Expect staff to undertake their duties and responsibilities in accordance with the school's policies.
- Expect the staff in school to respect their parenting decisions, to be non judgemental and to work in positive partnership with them.
- Be informed about school expectations of behaviour, relevant policies and the expected conduct of all pupils and staff working in school.
- Be informed about the school's complaints procedure.

The school will do all they can to ensure:

- That pupils understand the need for and respond to clearly defined limits which govern behaviour in the school.
- That pupils will have access to a proactive, supportive environment to enable predictability with the opportunity to be successful.
- Parents should have committed themselves to ensure the good behaviour of their child and that he/she understands and follows the school's behaviour policy
- Parents will be encouraged to take a full and active part in implementing behaviour/nurture support plans both at school and in the home.

## 4. Aims

- To explain and outline the approach and use of restrictive physical intervention in our trust and school.
- To ensure an approach that is supported and implemented by the whole trust and school community; children, parents, carers and staff based on our vision, mission and shared values.
- To ensure all staff understand that all behaviour is communication.
- To provide children with a positive behaviour framework based on the principles of a Unicef Rights Respecting School.
- To provide a framework which supports staff to unlock potential in children at their developmental stage not age in years.
- This policy should be read in conjunction with other school policies including the Behaviour Policy, Safeguarding Policy and Equality Policy.

## 5. Minimising the need to use restrictive physical intervention

At our trust and school we constantly strive to create a calm environment that minimises the risk of incidents arising that might require the use of restrictive physical intervention. In addition to this, pupils who have a high level of need, have individual behaviour/nurture response plans which are regularly reviewed. Our school use 'nurturing approaches', 'zones of regulation' and a 'Rights Respecting' ethos to help pupils to learn about feelings, rights and managing conflict.

The school curriculum and ethos promote independence, choice and inclusion and pupils are given maximum opportunity for personal growth and emotional wellbeing. All staff are trained in skills to help them to defuse situations before behaviour becomes challenging and how to de-escalate incidents should they arise. Reasonable force will only be used when the risks involved in doing so are outweighed by the risks involved in not using force. Decisions will be driven by what is in the best interests of the child and the risk to the child, others and damage to property or risk of a crime being committed. Action should be reasonable, proportionate and necessary.

Whilst the physical techniques are intended to reduce risk, there is always risk when two or more people engage to use force to protect, release or restrain. The physical intervention techniques used seek to avoid injury to the pupil, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the service user remains safe.

Safe Spaces

At our school we have identified safe spaces which provide an environment for pupils to gain control of their emotions and regulate themselves. A pupil may need the safe space outside of the classroom for different reasons for examples:

• To regulate after an incident
• To de-escalate an incident or pre-empt one by changing environments
• A safe place for a pupil during an incident
• A quiet, low distraction environment to regulate, relax or reduce stress/anxiety.

## 6. Definitions of Reasonable Force and Positive Handling

**Reasonable Force**

The term reasonable force covers a broad range of actions used by most teachers and teaching assistants at some point in their career that involve a degree of physical contact with pupils. Reasonable force may be used to prevent children and young people from harming themselves or others, from causing serious damage to property, or from causing disorder that places safety or wellbeing at risk.

Staff should only use reasonable force where there is no realistic alternative. Staff are expected to assess risk dynamically and to think creatively about preventative and de-escalation strategies that may be effective in reducing or avoiding the need for physical intervention.

'Reasonable in the circumstances' means using no more force than is needed, for the shortest time necessary, to manage the identified risk. Our trust and school regularly review the effectiveness of the strategies being used. Where strategies are failing, they should not be repeated without review; alternative approaches must be considered and implemented to reduce the likelihood of physical intervention being required.

Reasonable force does not require staff to wait until danger is imminent if doing so would increase risk or reduce the likelihood of safe management. National guidance is clear on this point. However, any decision to intervene physically must be capable of being explained and justified in terms of why it was reasonable, proportionate and necessary in the circumstances.

Staff are expected to make professional judgements in the moment, informed by knowledge of the child, the environment and the level of risk, and to reflect after incidents in order to:

- identify learning
- reduce the likelihood of recurrence
- reduce reliance on physical intervention over time
- inform individual planning and wider school practice

**Positive Handling**

This term describes a broad spectrum of risk reduction strategies. Positive handling is a holistic approach involving policy, guidance, management of the environment, and deployment of staff. It also involves personal behaviour, diversion, diffusion, and de-escalation. Behaviour/nurture response plans are a plan for the 'positive management of pupils' behaviours which challenge. They identify positive prevention strategies and how a pupil may need to be supported in a crisis.

<u>Physical contact</u>

Situations in which physical contact occurs between staff and pupils, for example in the care of pupils, in order to support their access to a broad and balanced curriculum. It would seem reasonable that children do require opportunities for close contact such as cuddles/hugs.

<u>Escort/Guide</u>

This may be used to divert a pupil from a destructive or disruptive action, for example guiding or leading a pupil by the arm or shoulder or using an appropriate escort where the pupil is compliant. This technique, in the hands of a skillful practitioner, allows many pupils to be deflected from a potentially volatile situation into a less confrontational situation i.e. it may

be possible to “defuse” a situation by a timely intervention.

Physical Control/Restraint/Restrictive Physical Intervention (RPI)

This will involve the use of reasonable, proportionate and necessary force when there is an immediate risk to pupils, staff, property or of an offence being committed. Such incidents, where the child shows physical resistance, must be recorded electronically on CPOMS. Records of incidents must be completed by the end of the school day, wherever possible. An attempt to inform the parent / carer must be made on the same day. The level of compliance from the pupil determines whether or not the interaction is an escort, guide or restraint. RPI is defined by the DoH/DfE as the positive application of force by staff, in order to overcome rigorous resistance, completely directing, deciding and controlling a person’s free movement.

Planned and emergency physical interventions

A planned intervention is one that is outlined in the behaviour/nurture response plan. This should cover most interventions, as possible scenarios will be identified and planned for when the Plan is drawn up. An emergency physical intervention may be necessary if a situation arises that was not foreseen or is uncharacteristic of the pupil. Members of staff retain their duty of care to pupils and any response, even in an emergency, must be proportionate to the circumstances. Staff should use the minimum force necessary for the minimum amount of time to prevent injury and maintain safety, consistent with the training that they have received. Following any such incident, a behaviour/nurture response plan will be devised (or the existing plan updated) to support effective responses to any such situations which may arise in the future.

Deciding whether to use restrictive physical interventions

Both behaviours which challenge and restrictive physical interventions involve a risk to staff and pupils. A risk assessment aims to balance these risks. The aim of the individual pupil’s behaviour/nurture response plan and of this policy is to reduce the risks associated with pupils’ challenging behaviour, the risks that are associated with the behaviour itself and the risk of managing that behaviour. The risks of employing an intervention should be lower than the risks of not doing so.

Risk assessments and behaviour/nurture response plans will be shared with all staff and parents / carers and be kept electronically on Edukey and CPOMS.

Staff receive training in appropriate physical intervention techniques and receive information about the risk to pupils of positional asphyxia. There are very clear protocols delivered during training to minimise the possibility of this and to ensure that appropriate safeguards are implemented. Staff have access to a number of staff qualified in the training of de-escalation and positive handling techniques.

Physical Intervention will stop if the child has**:**

- Difficulty in breathing/ says they cannot breath
- Vomits
- Has a fit or seizure
- Experiences swelling or change of hue of skin

Wherever physical intervention is used staff will keep talking to the pupil, using appropriate language levels, in a reassuring and positive manner unless risk assessment has indicated that this is likely to inflame the situation. Unplanned physical intervention will trigger a risk

assessment that must lead to a behaviour/nurture response plan including all pro-active and reactive strategies to be used.

Length of individual restraint

- Staff involved in lengthy physical interventions will allow other members of staff to take over to ensure that incidents do not become a 'personal' issue between the pupil and specific member of staff. All staff are trained on the use of 'Help Scripts' to support this.
- A restrictive physical intervention lasting more than thirty minutes will trigger the notification of parents and in the case of a serious risk the police may be involved.
- Staff become more vulnerable if involved in lengthy restrictive physical interventions.

Frequency of individual restraint

- Frequent physical interventions are deemed to be two to three times a week.
- There needs to be a significant reduction in the frequency of restrictive physical interventions over a set period of time.
- If frequent restrictive physical interventions are required over a longer period of time then this may indicate that there is a need for a further assessment of need. A multidisciplinary meeting or 'solution circle' meeting may be required.
- Advanced 'Team-Teach' techniques may be required for such a pupil and should be discussed with the 'Team Teach' consultant. Training should be in place.

## 7. Key principles of restrictive intervention (including physical intervention and reasonable force)

- Some pupils may require restrictive intervention, including physical intervention, to prevent them from causing harm to themselves or others.
- Restrictive interventions, including reasonable force, must be used only as a last resort, to support children and young people during times of crisis, and should be avoided wherever possible through prevention and de-escalation.
- Staff will continually seek opportunities to communicate, assess the situation, observe, listen and de-escalate in order to reduce risk.
- Any use of physical intervention must be reasonable, proportionate and necessary, and in the best interests, welfare and dignity of the pupil and staff involved.
- Parents/carers will be informed when their child has been involved in physical intervention, as soon as practicable and no later than the end of the school day.
- Incidents involving physical intervention must be recorded accurately and in a timely manner in the appropriate recording system, and followed by staff reflection or debrief to identify triggers, learning and opportunities to reduce future risk.
- School will work in partnership with parents and relevant external agencies to ensure that pupils' needs are understood, addressed and supported.

**Physical intervention must:**

- Be reasonable, proportionate and necessary, and in the best interests, welfare and dignity of the pupil and staff involved.
- Be used only to manage or de-escalate a situation where there is a real risk of harm
- Never be entered into lightly, and only after reasonable adjustments and preventative strategies have been considered where appropriate
- Not be used as a substitute for positive behaviour support or planned interventions
- Never be used as a punishment, threat or to enforce compliance

- Seek to preserve the dignity, welfare and emotional wellbeing of the child or young person
- Be carried out calmly and professionally, not in response to anger or frustration
- Be the result of a professional judgement, taking account of the child's age, needs, abilities and the circumstances
- Involve the minimum force necessary, for the shortest possible time
- Be applied only until the immediate risk has passed
- Be followed by reflection and review to reduce the likelihood of recurrence and reliance on physical intervention

## 8. Health and Safety and staff training

Under the Health and Safety at Work Act, employees have a responsibility to report any circumstances which give rise to an increased risk to their Health and Safety. Staff who have, or acquire, permanently or temporarily, any medical condition that may impact on their ability to carry out pupils' behaviour/nurture response plans, have a duty to report these to the Headteacher immediately as there may be an impact on their own safety and that of colleagues and/or pupils.

Staff trained and authorised to use restrictive physical intervention

By reason of their conditions of service, the Headteacher can authorise all teachers, teaching assistants and support staff to use restrictive physical intervention following appropriate training. Untrained staff are not allowed to use planned restrictive physical interventions, (such as Positive Handling and Team-Teach techniques). However, untrained staff have a duty of care to ensure the safety of pupils and themselves. Therefore, this may mean the use of some physical intervention during an emergency situation in order to protect themselves or pupils when significant harm or damage appears inevitable. Risk assessments are required to minimise any foreseen events.

Authorisation is not given to volunteers or parents and therefore they are not left unsupervised with pupils. Supply staff will not be authorised to use physical intervention unless they are familiar with this school's policy, have undertaken training and have been authorised to do so by the Headteacher.

The school is committed to providing regular professional development on behaviour strategies/management for all staff in order to maintain the ethos of the school, its values and the boundaries of acceptable behaviour. Staff who have been involved in difficult incidents will be offered the full support from the senior leadership team in talking through the incident. In this follow-up work senior managers and staff will look for "lessons to be learnt" and alter procedures or develop training as the result of these insights. All senior leaders as well as several members of staff across the school will be 'Team Teach' trained. Pupils who have witnessed an incident of Physical Intervention and who are distressed will be supported by an appropriate member of staff.

The Headteacher will maintain a list of those who have been authorised and the training provided. This list will be reviewed yearly and as training occurs.

## 9. Preventative Whole School Approach



**Preventative Whole School Approach Detailed Guidance**

**Incident occurs**

**De-escalation techniques used;** De-escalation and dynamic risk assessment: Staff should apply dynamic thinking and professional judgement throughout the incident.

**De-escalation assessment**

- **Step back and observe** – do not rush into an intervention. Consider whether any response is necessary, proportionate and reasonable in the circumstances, and whether there is sufficient justification.
- **Assess risk and context** – consider the child, others present, objects, the environment and situational factors. Use knowledge of the child to support distraction, de-escalation, scripts and language of choice to discourage risky behaviour.
- **Find support** – consider whether risk can be reduced by involving other adults with strong relationships or de-escalation expertise. Consider whether trained colleagues are required and whether the physical environment can be adapted (for example lighting, noise, space, or use of natural barriers).

**Evaluation options;**

1) **Proactive/Primary –** proactive, de-escalate actions to remove the triggers, e.g., reasonable adjustments or distraction techniques (find out if the child is hungry or thirsty, offer the child an alternative activity/location to go, make a joke with them, make them laugh, ask them about their favourite football team etc.); remove or reduce the learning barrier, change the environment; heat and lighting adaptations can also help
2) **Active/Secondary –** interpersonal skills, non-verbal body language e.g., open palms, directing, defusing, calming, switching staff, personal touch, lowering tone of voice etc.
3) **Reactive/Tertiary –** remove yourself from the situation (the child may need time or a change of face), avoid assaults – disengagement.

Respond; apply the principles of the least adverse method in responding. Always consider – is the response in the child's (or other's) best interest? Is a) reasonable b) proportionate c) necessary? Continue to re-evaluate the situation and your response. Continually monitor for changes in level of risk.

Record the de-escalation on the appropriate school system; use the STAR model (Situation, Trigger, Action, Result) to record on the appropriate school system.

Reflections of the de-escalation should take place after each incident, including parent and child in the discussions;

To examine what lead to the incident

What supported in de-escalating the incident

What could be learnt from the incident.

Consider;

1) What was offered to the child? (time out, a chance to play a game, nurture room for an organising/calming activity etc?)
2) How were you talking/standing? Who was present?
3) What did you/others say to the child?
4) How did the child react?
5) Reflection on how was the child's day? Had there been any issues prior?
6) What might have been helpful before or during the incident?

**Threshold for physical intervention**

Physical intervention may be considered only where de-escalation strategies have been unsuccessful and there is an immediate risk of harm.

Examples include:

- risk of injury to the pupil or others
- risk of serious damage to property
- risk of significant disruption to the safety or wellbeing of others
- prevention of serious criminal behaviour where this presents a safeguarding risk

Reasonable force should only be considered when:

- calming and defusing strategies have failed
- the response is in the child's best interests
- not intervening is likely to result in greater harm

Any physical intervention must cease as soon as the immediate risk has passed and must be followed by recording, reflection and review.

**Recording and Reporting;**

Parents/carers must be informed when their child has been involved in physical intervention as part of a restrictive intervention, as soon as practicable and no later than the end of the school day. This may be communicated verbally and/or in writing via the school's agreed communication systems.

Significant incidents involving physical intervention must be recorded on the appropriate school system in a timely manner. Depending on the child and the nature of the incident, it may be appropriate to record on both the school's behaviour system and safeguarding system.

Records must clearly set out what led to the use of physical intervention in order to keep people safe, including:

- what the child did that presented risk
- whether other interventions or responses were attempted

When recording physical intervention, staff must explain how the intervention was in the child's best interests, and why it was reasonable, proportionate and necessary in relation to the level of risk at the time.

Records should include:

- what happened prior to the incident, including any identifiable triggers
- who was present
- what de escalation strategies were attempted
- how the child responded
- whether any injuries occurred, how these occurred, how they were treated, and where they were reported
- what happened following the incident
- what will change to reduce future risk (for example, review of the child's personalised plan and risk assessment)

Where physical intervention has been used, records should clearly describe what form the intervention took, including who was involved and, where appropriate, the use of body maps to support clarity and safeguarding accuracy.

All significant incidents must be recorded as soon as practicable.

Recording is not solely for internal accountability. Records must be sufficiently clear, consistent and detailed to:

- support safeguarding oversight
- inform parents and carers
- enable analysis of patterns and trends over time

The school will ensure that recording systems allow data to be categorised and aggregated so that leaders and the governing board can review patterns relating to pupils, staff, frequency and type of intervention, and take appropriate action to improve practice and reduce reliance on physical intervention. If the trust and school is concerned about the use of restrictive intervention, including an increase in frequency, type of intervention or a pattern relating to restrictive intervention, they may contact the Safeguarding and Community Education Team or their SSQA.

(Page 14 of Use of reasonable force and other restrictive interventions guidance)

**Reflection;**

Where this is the first instance that has led to a restrictive intervention, including physical intervention, being used:

Staff should reflect on the events leading to the incident and consider whether any triggers or unmet needs can be identified. Parents/carers should be spoken to following the incident, and consideration should be given to developing or updating a personalised plan (including risk assessment) for the child.

Where appropriate, the personalised plan should be developed in collaboration with the child and should clearly set out supportive strategies and de-escalation approaches aimed at reducing the likelihood of future restrictive interventions.

Where there are subsequent incidents:

The school will review the systems in which restrictive interventions, including physical interventions, are recorded to identify:

- any emerging patterns or triggers
- increases in frequency or severity
- whether current strategies remain effective

Where concerns are identified, a meeting should be held with parents/carers and, where appropriate, relevant professionals to review the child's needs and update the personalised plan. This may include consideration of additional support, reasonable adjustments, or involvement of external agencies to reduce risk and reliance on restrictive interventions.

Reflection and review should consider not only behaviour, but also the impact of interventions on the child's wellbeing, dignity and emotional regulation, and what learning can be applied at an individual and whole-school level.

**Post-incident-support**

When pupils or students are dysregulated and unable to regulate their emotions, restrictive intervention, including physical intervention, may sometimes be unavoidable in order to prevent harm. In such circumstances, staff must apply professional judgement to use the minimum force necessary, for the shortest possible time, based on a dynamic assessment of risk, with the child's welfare and dignity at the forefront of decision-making.

Incidents involving restrictive or physical intervention can be distressing for children and young people, staff and parents/carers.

Once incidents have subsided, it is important that appropriate post-incident support is provided for both pupils and staff. This should include consideration of:

- thoughts, feelings and emotional responses
- emotional 'first aid' and reassurance
- physical checks, including awareness that injury may not always be immediately visible

Staff:

It is recommended that staff participate in a post-incident review focused on learning and safeguarding, considering the needs of the individual child and the wider school community. This should include reflection on:

- who did what, when, why and how
- what the outcome was
- what this tells us about what is already known about the child or young person
- what has been learned and how this informs future practice
- what changes are required to reduce the likelihood of restrictive or physical intervention being needed again
- when the child's plan will be reviewed or updated
- when a further review should take place, particularly if the frequency or severity of incidents increases

Post-incident review should aim to reduce reliance on restrictive interventions over time, support staff wellbeing, and ensure that learning is embedded at both an individual and whole-school level.

Visits out of School

Our Equality Policy states that all pupils should be included in all curriculum activities. However, Health and Safety remains a priority and staff should carry out risk assessments for each pupil prior to each visit into the community.

Due consideration should be given to the following:

- Is the pupil able to cope with the demands of the proposed visit?
- Are there sufficient, suitably trained staff - particularly if there should be an incident?
- How will you contact school to get extra help if necessary and how will you get back?

## 10. Recording incidents and actions following an incident

Where physical control or restraint has been used and the child has shown physical resistance, a record of the incident will be kept. This record will be made electronically on CPOMS. Appropriate documentation will be completed as soon as possible after the incident on the same day and usually prior to staff leaving at the end of the school day.

**Reporting incidents**

All Physical Intervention incidents recorded on CPOMS will be reported to parents. This may be in person or by telephone.

Where a child is open to external services, such as Early Help or Children's Social Care, school will agree with relevant professionals how and when information will be shared regarding the use of restrictive interventions. Where there is an increase in frequency or

severity of incidents, or where safeguarding concerns arise, information must be shared promptly and proportionately.

**Monitoring Incidents**

Whenever a member of staff has occasion to use reasonable force, this will always be recorded and documented following agreed procedures on CPOMS. Monitoring of incidents by a member of the school senior leadership team will also help to ensure that staff are following the correct procedures and will be used to alert the Headteacher to the needs of any pupil(s) whose behaviour may require the use of reasonable force.

Monitoring of incidents will take place on a regular basis and the results used to inform planning to meet individual pupil, school needs and support for staff. This information will also be reviewed as part of behaviour and safeguarding reporting shared with the school governing board, enabling them to:

- identify patterns and trends
- scrutinise practice
- assure themselves that restrictive interventions are being used lawfully, proportionately and only when necessary

**Action after an incident**

At our trust and school we have a debrief procedure which should be utilised if staff need to debrief after an incident. (See Appendix A) Where staff have been involved in an incident involving reasonable force, they should be offered internal counselling (Place2Be) and support from their line manager.

If further action is required in relation to a member of staff or a pupil, this will be pursued through the appropriate procedure:

• Review of behaviour/nurture response plan
• Graduated response e.g. holding a multi-agency meeting
• Child Protection Procedure (this may involve investigations by Police and/or Social Services)
• Staff or Pupil Disciplinary Procedure
• Exclusions Procedure

In the case of any action concerning a member of staff, he/she will be advised to seek advice from his/her professional association/union.

In some circumstances it may be appropriate to provide additional training or professional support for particular staff in relation to the management of incidents where, although the criteria for the application of the above procedures were not met, it is decided that the incident could have been managed more effectively.

**Support Following Incidents**

Our trust and school believes that “Listening and Learning” is vital to the ethos of the trust and school. Staff within the school use a wide range of skills and communication aids to ensure that “Listening and Learning” takes place following incidents.

Any member of staff at the school involved in, or witnessing, a serious incident involving the use of RPI may require additional support following the incident. Staff should ensure that they are fully recovered from an incident before resuming their duties, and colleagues are encouraged to seek and offer support where it is deemed necessary.

Pupils who may be distressed by events can be offered the following support:

- Quiet time taking part in a calming activity
- Quiet time away from the incident/trigger
- Resuming their usual routine/previous activity as soon as possible, especially for pupils with Autistic Spectrum Disorder
- A drink of water may be given
- Other support as set out in the child's behaviour/nurture response plan

**Complaints**

If an allegation is made against a member of staff following the use of restrictive or physical intervention, the headteacher must follow the school's safeguarding and allegations procedures and seek advice from the Local Authority Designated Officer (LADO). Appropriate steps should be taken to ensure that concerns are managed fairly, proportionately and in line with statutory guidance, with due regard to the welfare of the child and the support needs of staff.

School staff have a lawful power to use reasonable force where it is reasonable, proportionate and necessary. Where this power is exercised lawfully, it may provide a defence to criminal or civil action. However, all allegations must be taken seriously and considered on a case-by-case basis, and suspension should not be an automatic response.

External professionals should not request photographs of injuries sustained during physical intervention. Where marks or injuries need to be recorded, body maps and clear written descriptions should be used to support safeguarding accuracy and appropriate professional review.

**Whistle Blowing**

Whilst the physical intervention training provided to staff encourages the use of help scripts and reflective practice, it is acknowledged that under some circumstances, physical intervention can be misapplied. Staff are reminded that part of their duty of care to pupils includes the requirement to report any such matters which cause them concern in relation to pupil management and welfare.

Any such concerns, (short of immediate Child Protection concerns which should of course be passed to the DSL), should be raised with the Headteacher or another Senior Leader or with the Chair of Governors in order to allow concerns to be addressed and practice improved.

## 11. References


Keeping children safe in education 2025

Use of reasonable force and other restrictive interventions guidance

Working together to safeguard children 2026: statutory guidance

Reasonable force, restraint & restrictive practices in alternative provision and special schools, 2024

Inclusion Toolkit | One Education

Reducing the need for restraint and restrictive intervention (publishing.service.gov.uk)

Searching, screening and confiscation in schools - GOV.UK (www.gov.uk)

Behaviour in Schools - Advice for headteachers and school staff Feb 2024