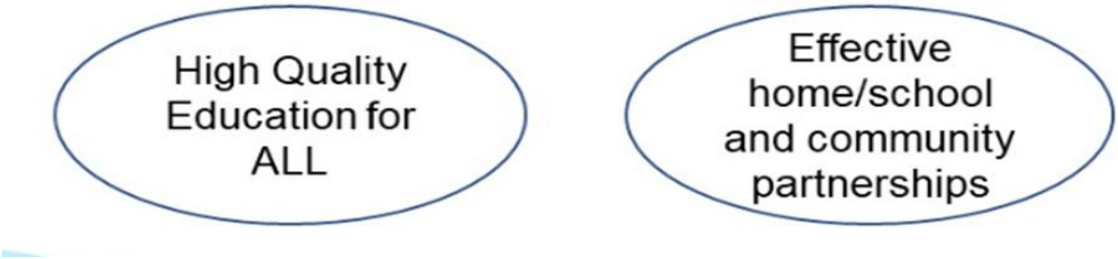
Restrictive Intervention

including use of Reasonable Force

Policy and Procedures

Our Shared Vision

Striving for excellence in everything we do



Equality Mission Statement

We are committed to ensuring equality of educational opportunity and support for all pupils, parents, carers, staff and visitors irrespective of age, sex, race, disability, religion or belief, sexual orientation, pregnancy, gender reassignment, and socio-economic background. We aim to provide a fully inclusive school in which every person feels proud of their identity and is able to participate fully within the school community. We believe that a diverse school community is a strength which should be respected and celebrated by all those who learn, teach and visit here.

Approved by: FGB	**Date:** 19.3.2026
Signature (Chair of Committee): Signed copy held on file in school	**Signature (Headteacher):** Signed copy held on file in school

Last reviewed on: February 2026	**Next review date:** November 2026

This policy covers many of the articles from the UN Convention on the Rights of the Child. Some key ones are listed below.

Article 3

All organisations concerned with children should work towards what is best for each child.

Article 12

Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions considered.

This policy outlines how staff at Becontree Primary School create and maintain good order and relationships through positive interactions and approaches it should be read in conjunction with the school's Inclusion Policy, Health and Safety Policy, Whole School Behaviour and Attitudes Strategy, Emotional Well-Being and Mental Health Policy, (the Restrictive intervention, including use of reasonable force, in schools' guidance (April 2026) and the school's Safeguarding Policy.

Entitlement

Becontree Primary School recognises that all stakeholders; children, staff, parents/carers, and the local authority all have rights and responsibilities that should be reflected in its policy and practice for managing and supporting children's behaviour.

Child's Entitlement

All children are entitled to:

- be listened to
- opportunities to develop self-worth through gaining success and accepting responsibility
- opportunities to develop self-discipline and emotional intelligence
- an orderly, caring and supportive regime which allows children to grow
- consistency of treatment from all members of the school community
- know the rules, routines and expectations of the school
- praise and reward for positive achievements and endeavour
- positive role models to emulate
- be treated as an individual
- expect their potential to be explored in a range of activities and situations
- have any issues dealt with effectively and quickly

Staff Entitlement

All staff are entitled to:

- mutual respect

- an orderly and supportive environment in which effective teaching, can occur
- active participation in the development and review of the policy and practice
- systems which allow staff to be involved in the personal and social growth of the children.
- advice and support from senior colleagues
- regular time allocation for induction, personal and professional development

Parents/Carers Entitlement

Parents/Carers are entitled to:

- be regularly and actively involved in the academic, social and personal education of their children
- involvement in seeking constructive solutions to problems involving their children
- regular agreed contact with staff
- information about policies and practice

Community Entitlement

The local and wider community are entitled to:

- consideration and respect
- neighbourliness
- the co-operation of the school in matters which effect the community

Purpose of this policy

The policy aims to help the school proactively minimise the need to use restrictive interventions though early support, prevention and de-escalation strategies, and when necessary, to help school staff feel more confident in knowing how to use any physical intervention safely, appropriately and lawfully.

Physical Touch

We do not believe in a 'no contact' policy, as we believe that physical touch is an essential part of human relationships. There may be circumstances where it is appropriate for staff to have some physical contact with children:

-to give first aid;

-to guide or escort them, e.g. holding hand to go into assembly, back to the classroom, or helping a child to space they have chosen to self-regulate;

-to comfort a distressed child;

-to congratulate or praise a child, e.g., a pat on the back or a handshake;

-to greet them with a high five or a shake of the hand;

-to demonstrate how to use a musical instrument, PE technique or sensory exercise.

In assessing if physical contact is appropriate in a given situation, staff should use their judgement, have regard to our Safeguarding and Child Protection Policy,

applicable circumstances (e.g. if other staff are present), the age of the child and other vulnerabilities the child may have.

To use physical support successfully, staff will adhere to the following principles. It must:

- be non-abusive, with no intention to cause pain or injury
- be in the best interests of the child and others
- have a clear educational purpose, e.g., to access the curriculum or to improve social relationships
- take account of the welfare of the child and the Equalities Act 2010.

Terminology

Restrictive Intervention: To prevent, restrict, or subdue movement of the body, or part of the body of a child. This can be both physical or non-physical actions aimed to restrain in different ways.

Reasonable Force: Physical contact by a member of staff on a child to control or restrain their actions/movements. Reasonable means no more force than necessary for the least amount of time, the application of which will depend on circumstances. Any use of reasonable force is an example of restrictive intervention and may or may not involve the use of restraint.

Significant Incident: Any incident where the use of force goes beyond appropriate physical contact between staff member and child. This includes when physical force is used to implement a non-physical restrictive intervention.

Seclusion: A non-disciplinary intervention which involves keeping a child to a confined space away from others and preventing them from leaving either by physical obstruction or blocking.

Restraint: An intervention which immobilises a child or limits their movement. This may or may not include direct physical contact. For example, holding a child's arms to their sides would be considered a form of restraint.

Restrictive intervention may be used in an emergency response where a child is placing themselves or other in serious risk or they can be used as part of planned interventions in which staff employ, where necessary, pre-arranged strategies and methods which are based on a risk assessment and recorded in an individual plan for the management of a pupil.

Who can use reasonable force?

Section 93 of the Educations and Inspections Act 2006 enables all members of school staff to have legal power to use reasonable force to prevent children from:

a) Committing any offence (or for a child under the age of criminal responsibility, what would be an offence for an older child)

b) Causing personal injury to, or damage to the property of, any person (including the child; or a member of the school community).
c) Prejudicing the maintenance of good order and discipline at the school or among any children receiving education at the school, whether during teaching sessions or otherwise.

Staff Training

We consider all staff to have a responsibility for pupil behaviour

All interactions with children must be child-centered, maintaining the individual's dignity and respect, and rights at all times, even during incident of distress.

Staff must have an active attitude towards early recognition of warning signs/triggers and use de-escalation techniques outlined below.

De-escalation

Before using any reasonable force (which may include restrictive intervention or restraint) at our school, it is important that staff have tried to de-escalate the situation.

These whole school measures can include:

- consideration of how the school and classroom environment supports children to achieve and thrive;
- sharing of best practice for whole class behaviour management;
- identifying triggers and responding in line with current procedures and practice;
- building a positive relationship and trust with children;
- using a range of effective communication strategies such as appropriate tone of voice;
- showing empathy towards the child;
- sharing our Behaviour and Learning expectations and making it clear that they are not making the correct choice and giving solutions to how the behaviour can change;

Individual approaches can include:

- giving the child time, space and strategies to calm down before the behaviour escalates;
- working closely with child's parents/carers to ensure a consistent approach;
- strategies to support the child, including the development of behaviour support plan.

We have adopted the School Staff Safety Positive Handling Training approach to staff training. There are key members of staff who are trained in across the school. All trained staff are fully accredited and update their skills/re-accredit every two years.

The training includes de-escalation techniques which introduce the use of positive handling at an appropriate time, based on a range of other options. All techniques have undergone a medical review carried out by three independent medical and legal experts. Staff working closely with pupils with SEN or disabilities will undertake risk assessments to inform decisions regarding levels of staff training required.

The use of force will be reasonable and staff will consider if it is necessary and will only be proportionate to the level of risk and will be reduced at the earliest possible time. Staff will only use methods they are trained to use unless there is an extreme emergency and where there is no viable alternative. Staff are advised that, as far as possible, they should not use reasonable force (which may include restrictive intervention or restraint) unless or until another responsible adult is present to support, observe and call for assistance. Staff will also take into consideration how it will impact on the child's overall welfare and whether it maintains their dignity.

Staff will not act out in anger or frustration. They will try to adopt a calm, measured approach and maintain communication with the child at all times.

Children with SEND

Some children with SEND may react to distressing or confusing situations by displaying behaviours which may be harmful to themselves or others. Triggers may include: pain, sensory overload, unfamiliar situations or environments or feelings of fear or anxiety. Staff will be observant and look out for triggers for their actions/behaviours so that proactive support can be provided by reducing the triggers.

These measures may include:

-removing stimuli that may be causing distress;

-changing body language, facial expression and/or tone of voice;

-supporting the child to express their emotions, if they are able to do so, before getting overwhelmed;

-engaging the child in an activity which may help them to manage their feelings or anxiety;

-distracting the child in something that interests them;

-introducing a familiar object, adult or activity which will redirect their attention.

Risk Assessment and Staged Approach

The use of reasonable force (which may include restrictive intervention or restraint) will be the outcome of a professional judgement made by staff based on this school policy. It is avoided whenever possible and will not be used for staff convenience.

Any intervention will ***only*** be considered if other behaviour management options have proved ineffective or are judged to be inappropriate or in an emergency. Before deciding to intervene in this way, staff will weigh up whether the risk of not intervening is greater than the risk of intervening. Any actions will be carried out with

the child's best interests at heart. It will never be used to punish a child or cause pain, injury or humiliation.

Staff are not expected to intervene physically against their better judgement nor are they expected to place themselves at unreasonable risk. In such circumstances, they must take steps to minimise risks. For example, by removing other children and calling for assistance.

Supply staff will not be authorised to use any intervention nor will parents and volunteers in the school. Staff from the local authority may have their own policies about the care and control of children but, whilst on the premises, they will be expected to be aware of, and operate within, the policy of this school.

As a school, we use a staged approach in managing and supporting children's behaviour needs.

Stage 1:

All children who need further support and nurture in managing their behaviour have an Individual Management Plan (Stage 1). All children who attend our Four Seasons ARP and our Zen Den have one of these plans as part of our behaviour strategy. The plans are drawn up to ensure and encourage a positive working relationship and understanding between staff and children. They detail any hazards and control measures that are in place to ensure the safety of the child as well as other children in the setting and members of the school community. For incidents that are identified on the child's plan that are low level, staff will use some of the following techniques (this list is not exhaustive): guiding, prompting, choices, distraction, tactical ignoring, transfer of adult, reassurance, physical diversion (holding a hand, cuddle, arm around the shoulder- if a child indicates they want this.) (Please see template to be used in Appendix D)

Stage 2:

Where there are any on-going concerns regarding a child's behaviour, an Individual Behaviour Management Plan (Stage 2) may need to be drawn up in partnership with parents to help support that child further. (Please see template to be used in Appendix A)

The place of reasonable force intervention within broader behavioural planning

If, through the school's special needs assessment procedures, it is determined that any intervention is likely to be appropriate to help the child make progress, an Individual Management Plan will be drawn up in consultation with parents/carers, and children (were appropriate) following the school's guidelines (See Appendix A for the template to be used).

Before the individual management plan is implemented, any necessary training or guidance will be provided for the staff involved. The strategic leadership team will be responsible for establishing staff needs and for organising necessary training.

Recording and reporting the use of any restrictive intervention

After the use of any reasonable force that involves restrictive intervention or restraint the following procedures **must** be followed.

- Inform your line manager about the restrictive intervention and why it was necessary.
- Ensure the child is checked by a first aider if a restraint has been implemented
- Record details of the incident by all adults involved, on the restrictive intervention incident report form found in Appendix B of this policy. Reports need to be in detail outlining all de-escalation strategies tried before the need to use a restrictive intervention, as they may be used as evidence to address any complaints that may be received by the school.
- Reports need to be completed within 12 hours wherever possible. Staff are offered the opportunity to seek advice from a senior colleague when completing their report. (SLT, SENDCo and/or ARP Lead).
- Any injuries suffered by those involved should be reported using the school's accident form.
- The Headteacher/Deputy Headteacher will check there is no cause for concern regarding the actions of the adults involved. If it is felt that an action has 'caused or put a child at risk of significant harm' the school will follow their child protection procedures and also inform parents/carers.
- Parents/Carers will be informed on the day of the incident and will be offered the opportunity to discuss any concerns they may have regarding the incident. The written record will be provided to the parent within 12 hours of the incident happening.
- Support/debriefing will be available for all adults and children who have been involved in any incident. (see Appendix E for guidance)
- Incident report and any comments made by parent/carer will be uploaded to CPOMS within 24 hours.
- Individual behaviour management plan for the child to be reviewed to see if additional control measures can be put in place to reduce the risk of any further restrictive intervention. This will be completed by either the SENDCo or ARP Lead.

Recording and reporting the use of seclusion

After the use of any seclusion the following procedures **must** be followed.

- Inform your line manager about the seclusion and why it was necessary.
- Record details of the incident by all adults involved, on the seclusion incident report form found in Appendix C of this policy. Reports need to be in detail out outlining all de-escalation strategies previously tried, as they may be used as evidence to address any complaints that may be received by the school.
- Reports need to be completed within 12 hours wherever possible. Staff are offered the opportunity to seek advice from a senior colleague when completing their report. (SLT, SENDCo and/or ARP Lead).

- Any injuries suffered by those involved should be reported using the school's accident form.
- The Headteacher/Deputy Headteacher will check there is no cause for concern regarding the actions of the adults involved. If it is felt that an action has 'caused or put a child at risk of significant harm' the school will follow their child protection procedures and also inform parents/carers.
- Parents/Carers will be informed on the day of the seclusion and will be offered the opportunity to discuss any concerns they may have regarding the incident. The written record will be provided to the parent within 12 hours of the incident happening.
- Support/debriefing will be available for all adults and children who have been involved in any seclusion incidents. (see Appendix E for guidance)
- Incident report and any comments made by parent/carer will be uploaded to CPOMS within 24 hours.
- Individual behaviour management plan for the child to be reviewed to see if additional control measures can be put in place to reduce the risk of any further seclusions. This will be completed by either the SENDCo or ARP Lead.

Responding to Record Keeping

The Strategic Leadership Team will use the records kept to analyse patterns of behaviour and decide whether responses are being effective. Data will be shared with the governing body and will be regularly reviewed to ensure that school's procedures for recording and reporting the use of reasonable force that involves restrictive intervention, restraint or seclusion are being complied with.

Post Incident Support

If staff or children have been injured, immediate first aid will be provided and medical help accessed, if necessary. Staff and children will also receive emotional support. An Individual Behaviour Plan may be necessary to prevent and deal with any further recurrence of behaviour that could lead to the use of any restrictive intervention, restraint or seclusion. If necessary, we may also inform local authority children's services, Educational Psychology Service, Child and Adolescent Mental Health Service, Social, Emotional and Behavioural Support Service. Staff will aim to help the child to develop strategies to avoid repeating the challenging behaviour.

School will provide ongoing support for staff and children as long as necessary in respect of:

- physical consequences
- emotional stress/loss of confidence
- opportunity to analyse, reflect and learn from the incident

Members of staff who have been assaulted may wish to report the incident to the police and/or seek advice and support from their trade union representative.

Complaints Procedure

Any complaint will first be considered in the light of the school's child protection procedures. If child protection procedures are not appropriate, the school's complaint procedures will be followed.

The complaints procedure can be found on the Becontree Primary School Website at http://www.becontreeprimaryschool.com/

APPENDIX A- Individual Behaviour Management Plan (Stage 2)

(Proforma for assessing and managing foreseeable risks for children who present on-going concerns.)

The purpose of a Behaviour Management Plan is to allow children to present a positive image of themselves. The emphasis is on giving children plenty of opportunities to become more effective communicators, enabling them to monitor and regulate their own behaviour wherever possible, and help them establish consistency in their relationships and in their interaction with the learning environment.

Date of plan: Review date:	Child's Name:	Class:
Communicated/Shared with:	Primary Need:	

Context

Behaviour Currently

Main Difficulties:

A)

B)

Behaviour scaling tool:

Positive Behaviours Seen:

Target Behaviours (greatest areas of difficulty)

Positive interventions and de-escalation strategies (what the staff will do to support the child with the targets)

Change of management to behaviour (what will be put in place for negative choices)

Planned review date:	Copy of plan has been shared with:

To be completed by the adult who facilitated the restrictive intervention.

APPENDIX B- INTERVENTION REPORT

(Proforma for restrictive intervention report)

Report Number: _____

Child's name:	**Class:**	**SEN Status:**
Date:	**Time:**	
Reported by:	**Time span (mins) in positive handling hold:**	
Location of intervention:	**Activity:**	
Name of staff involved:	**Name of any other people present:**	

Behaviour (Behaviour (A description of the any triggers before the event, the behaviour itself- What did the child do or say?)

De-escalation techniques used (please tick)		
○ Verbal advice and support	○ Reassurance	○ Persuasion
○ Distraction	○ Calm script/talking	○ Choices given
○ Cool off time offered	○ Physical diversion	○ Negotiation
○ Changed staff	○ Tactical ignoring	○ Consequences reminder
○ Humour	○ Validating feelings	○ Use of fidget aids or other physical resources
○ Movement break	○ Following Individual Management Plan	○ Re-directed to a safe space
○ Other (please specify)		

Why was the measure necessary? (please highlight)		
Immediate danger of personal injury to child	Immediate danger of injury to other child(ren)	Immediate danger to a member of staff
Risk to safe physical environment	Temporary loss of competence/capacity	Risk to safe psychological environment
Severe disruption to other children	Prevent a criminal act	Other:

Injuries (please tick and give a brief description)	
○ Injury to child	
○ Injury to staff	
○ Injury to others	
○ First aid was offered ◯ First aid was received	

Intervention used (please tick)		
○ Single Elbow	○ Double Elbow	○ Legs

Next Steps (please tick)		
○ No further action needed	○ Review of plan	○ Notify Head Teacher

Debrief with Child	
This report has been read to the child and discussed on:	
What happened?	What were you thinking/feeling at the time?
How can we make things right/better?	Next time, what can we do to help you stay calm?
A de-brief could not take place because:	

Debrief with parent/carer (carried out by a member of LMT)		
Parents informed by:	Date:	Time:
Parents views: Strategies for moving forward:		

Signatures

Staff member:	Child:
Parent/Carer:	Senior Leader:

Debrief with staff member (carried out by a member of LMT)	
Date:	Time:
Staff members comments: Strategies for moving forward: Is there further CPD required?	

Signatures

To be completed by the adult who facilitated this intervention.

APPENDIX C- INTERVENTION REPORT

(Proforma for seclusion intervention)

Staff member:	Leader:

Incident Number:

Child's name:		**Class:**	**SEN Status:**
Date:	**Time:**	**Location:**	**Time span (mins) in intervention**
Name of staff involved:		**Name of any other people present:**	

Behaviour (A description of the any triggers before the event, the behaviour itself- What did the child do or say?)

De-escalation techniques used (please tick as many used)		
○ Verbal advice and support	○ Reassurance	○ Persuasion
○ Distraction	○ Calm script/talking	○ Choices given
○ Cool off time offered	○ Physical diversion	○ Negotiation
○ Changed staff	○ Tactical ignoring	○ Consequences reminder
○ Humour	○ Validating feelings	○ Use of fidget aids or other physical resources
○ Movement break	○ Following Individual Management Plan	○ Re-directed to a safe space
○ Other (please specify)		

Why was the measure necessary? (please highlight)

A copy of this intervention report should be scanned and saved on CPOMS- notifying SLT

A signed copy should be sent to parent/carer within 12 hours.

Immediate danger of personal injury to child	Immediate danger of injury to other child(ren)	Immediate danger to a member of staff
Risk to safe physical environment	Temporary loss of competence/capacity	Risk to safe psychological environment
Severe disruption to other children	Prevent a criminal act	Other:

Post Incident

De-Briefing

Injuries (please tick and give a brief description)	
○ Injury to child	
○ Injury to staff	
○ Injury to others	
○ First aid was offered	○ First aid was received

Next Steps (please tick)		
○ No further action needed	○ Review of individual management plan	○ Notify Head Teacher

Debrief with Child
This report has been read to the child and discussed on:

What happened?	What were you thinking/feeling at the time?
How can we make things right/better?	Next time, what can we do to help you stay calm?
A de-brief could not take place because:	

Debrief with parent/carer (carried out by a member of LMT)		
Parents informed by:	Date:	Time:
Parents views: Strategies for moving forward:		

Signatures

Staff member:	Child:
Parent/Carer:	Senior Leader:

Debrief with staff member (carried out by a member of LMT)	
Date:	Time:

Staff members comments: Strategies for moving forward: Is there further CPD required?

Signatures

Staff member:	Leader:

A copy of this intervention report should be scanned and saved on CPOMS- notifying SLT

A signed copy should be sent to parent/carer within 12 hours.

APPENDIX D- Individual Management Plan (Stage 1)

Child's Name/Photo:	Date:
Name of Assessor:	Agreed by:

We have a two staged approach for children who need further support in managing their behaviour. An individual Management Plan (Stage One) is drawn up to ensure and encourage a positive working relationship and understanding between staff and children. This will detail hazards and control measures that are in place to ensure the safety of the child as well as other children in the setting and members of the school community. Where there are any on-going concerns regarding a child's behaviour, an Individual Management Plan (Stage Two) may need to be drawn up in partnership with parents to help support that child further. For incidents that are identified on the child's Management Plan Stage One that are low level, staff will use some of the following techniques (this list is not extensive): guiding, prompting, choices, distraction, tactical ignoring, transfer of adult, reassurance, physical diversion (holding hands, cuddle, arm around shoulder- if child indicates they want this).

Activity/ Hazards to Health and Safety	What risk and to whom	Risk Level (H/M/L)	Precautions to reduce risk and to encourage positive outcomes	Behaviour Management Techniques

Shared with parent/carer on: Any comments made:
Reviewed on:
Additional Comments:

To be read in conjunction with Restrictive Intervention Policy and DFE guidance 'Use of Reasonable Force and other restrictive interventions in school'.

APPENDIX E- De-Briefing Guidance

De-Brief with Child

A script to help the child regulate and understand what has happened.

'Thank you for coming to talk to me. I know that XXXXXX (state what happened e.g. I know that having to be held by XXXX was really hard for you). I want to talk to you to find out what happened and what we can try to do to make sure that doesn't have to happen again.'

1. **What happened?** (let them tell you their version without interruption)
2. **What were you thinking at the time?**
3. **What were you feeling at the time?**
4. **XXXXX or I felt worried when you (describe the inappropriate/dangerous behaviour) because I want you to be safe.**
5. **How can we try and make things right?**
6. **Next time, what can we do to help you to stay calm?**

'I am glad you are safe now, and I am here to help you if you need to come and talk to me.'

De-Brief with adult

'Thank you for helping with XXXX (child's name). I want to check in with you to see how you are and review what happened, so we can see if we need to make any changes to try and reduce the risk of it happening again.'

1. **How are you feeling after the incident? Do you require any first aid?**
2. **Is this normal behaviour for XXXX or do we need to make some changes to their Individual Management plan?**
3. **Is there anything that you have learnt from this incident that you would do/not do next time?**
4. **Are there any additional concerns that you wish to share with me that you are worried about regarding XXXX?**