

Billingham South Community Primary School

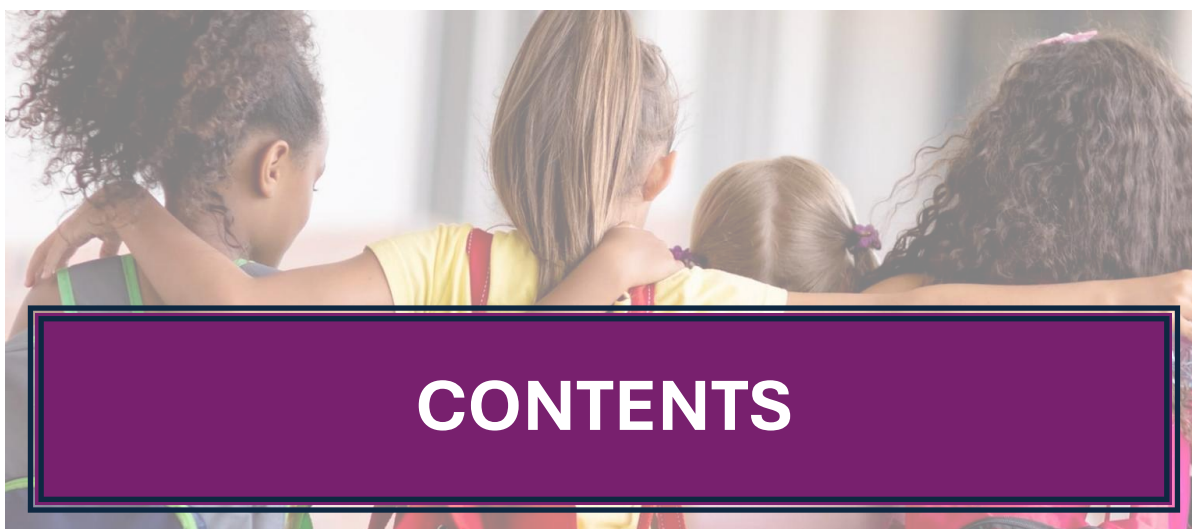


Restrictive Inventions Policy

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Foreword

This policy has been created by Helen Hogan Safeguarding Matters to support schools in reducing and, wherever possible, preventing the need for restrictive interventions. It should be adapted to reflect the school's context, staffing, pupil population, approved training, local authority or trust procedures and recording systems.

Purpose and Aim

This policy sets out Billingham South Community Primary School's approach to restrictive physical interventions, including the circumstances in which they may be used, the expectations for staff practice, and the safeguarding, recording, and review processes that follow.

It applies to all staff, volunteers, contractors, and adults working with pupils on or off site, including trips, transport, wraparound care, and alternative provision.

Introduction

Billingham South Community Primary school is committed to creating a safe, predictable environment where positive relationships and proactive behaviour strategies reduce the need for any restrictive intervention. Restrictive intervention is used only as a last resort, and is proportionate, necessary, and in the best interests of the child.

All staff are trained, competent, and confident to respond safely to high-risk situations.

Our school is committed to working in partnership with parents, carers, children and external agencies to ensure transparency, accountability, and continuous improvement in supporting children.

In school the misuse or over-use of restrictive intervention constitutes a safeguarding concern and should be shared with the Designated Safeguarding Lead and Headteacher immediately.

Legal and Regulatory Framework

This policy aligns with:

- Education and Inspections Act 2006, sections 93 and 93A;
- Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025;
- Department for Education, *Restrictive interventions, including the use of reasonable force, in schools*, effective from 1 April 2026;
- Keeping Children Safe in Education 2026, effective from 1 September 2026;
- Working Together to Safeguard Children 2026;
- Equality Act 2010;
- Human Rights Act 1998;
- Health and Safety at Work etc. Act 1974;

- Children and Families Act 2014 and SEND Code of Practice;
- Behaviour in Schools Guidance;
- Searching, Screening and Confiscation Guidance, where relevant;
- Data Protection Act 2018 and UK GDPR.

The current DfE guidance identifies sections 93 and 93A, the 2025 seclusion and restraint regulations, health and safety legislation, the Human Rights Act and the Equality Act as the principal legal framework.

https://assets.publishing.service.gov.uk/media/6943dad6501cdd438f4cf5aa/Restrictive_interventions_including_use_of_reasonable_force_in_schools.pdf

Our school recognises restrictive intervention as a safeguarding action to protect a child or others that must be governed by clear standards, oversight, and accountability.

Definitions

Restrictive Intervention is any action that limits a pupil's movement, liberty, or freedom to act. Physical intervention involves direct physical contact used to manage risk or prevent harm and reasonable force means the minimum force necessary to prevent injury, serious damage, or dangerous behaviour.

Planned Restrictive Intervention

Where assessment identifies a foreseeable risk that restrictive intervention may be required for an individual pupil, the school will develop a personalised behaviour support plan and risk assessment. This is called an Individual Risk Reduction Plan.

The plan will be co-produced, where appropriate, with the pupil, parents or carers, the SENDCO, relevant staff and health or other professionals. It will identify:

- triggers and early warning signs;
- environmental and communication adjustments;
- preventative and de-escalation strategies;
- the circumstances in which increased physical contact may be considered;
- techniques staff are trained and authorised to use;
- medical, sensory, communication and trauma-related risks;
- post-incident support and review arrangements.

A plan does not provide automatic authority to restrain a pupil. Staff must assess the necessity and proportionality of any intervention at the time it is considered.

All individual plans will focus on prevention and adjustments and will include a risk assessment where there is an identified likelihood that force or another restrictive intervention may be required. Plans will be reviewed with pupils and parents periodically and after significant incidents.

Principles Governing Restrictive Intervention

Restrictive intervention must always be used as a last resort after all de-escalation strategies have been exhausted. It must also be proportionate to the level of risk and necessary to prevent immediate harm. The use of restrictive intervention is time-limited, ending as soon as the risk reduces.

Any use of restrictive intervention is child-centred and takes into account the child's trauma, SEND needs, neurodiversity, and any known triggers. Restrictive intervention must always be respectful, preserving dignity and avoiding pain, humiliation, or punitive intent. Any intervention must be safeguarding-led, with clear reporting and oversight by the Designated Safeguarding Lead.

Seclusion

Seclusion is not a disciplinary sanction. It may only be considered as a safety measure to protect others from harm when a pupil is experiencing a high level of emotional or behavioural dysregulation.

Seclusion must never:

- be used as punishment;
- be threatened as a consequence;
- be used merely to secure compliance;
- take place in an unsafe, intimidating or unsuitable space;
- continue after the immediate risk has reduced; or
- involve leaving the pupil without appropriate supervision.

A pupil must be supervised throughout. They must be allowed to leave as soon as the immediate risk of harm has reduced.

Every incident of seclusion must be recorded and reported in writing in accordance with the statutory procedures, even where its possible use is described in a pupil's support plan.

Roles and Responsibilities

The Governing body is responsible for ensuring the school has robust systems for managing restrictive intervention. **The Headteacher must provide a** termly report to the Governors/Trustees detailing all incidents or patterns of concern. If there are no incidents this will also be shared as well as any preventative actions taken by the school. The report will also highlight any training provided to staff.

Headteacher

The Headteacher is responsible for the implementation of this policy. They are also responsible for ensuring that staff training is in place as well as managing and responding to incidents, ensuring they are fully recorded and reviewing them and communicating the outcomes to parents. The Headteacher is also responsible for reporting all incidents to the Chair of Governors/Safeguarding Governor and handling any complaints.

Designated Safeguarding Lead (DSL)

The Designated Safeguarding Lead is responsible for ensuring the use of restrictive intervention is integrated into safeguarding systems and all staff use de-escalation strategies before any restrictive intervention. DSL's are responsible for ensuring that in the event of intervention being used, it is fully recorded and reported accurately. The DSL will lead any post-incident review including responding to suspected misuse, excessive force, deliberate harm or punitive intervention; considering whether repeated incidents indicate abuse, neglect, exploitation, unmet need or unsafe practice and co-ordinating any multi-agency liaison. Through data scrutiny the DSL will be monitoring patterns, vulnerabilities and any disproportionate use of restrictive intervention. This may include managing allegations or concerns about staff under KCSIE procedures and liaising with children's social care, the LADO or police when thresholds are met.

SENDCO

The SENDCO is responsible for ensuring reasonable adjustments and proactive support including risk reduction strategies; supporting co-production and review of behaviour support plans and risk assessments; monitoring disproportionality affecting pupils with SEND and supporting and working with staff to identify triggers and proactive strategies

Staff

All staff will use de-escalation strategies before considering or using any restrictive intervention. Restrictive intervention must be used as a last resort and all staff will follow their training to implement safely. Following the incident they will report it accurately and factually and contribute to any further reviews.

All staff will receive induction and regular refresher information covering:

- the school's prevention and de-escalation approach;
- the legal principles governing reasonable force;
- prohibited and unsafe practices;
- how to summon assistance;
- recording and reporting requirements;
- pupil and staff support; and
- how to report concerns about staff conduct.

Staff identified through risk assessment as likely to need to use restrictive interventions will receive appropriate practical training in safe and lawful techniques. Refresher frequency will be determined by the approved training provider, risk assessment, staff competence, incidents and changes in pupil need.

Staff will not assume that practical training creates authority to use an intervention automatically. Every decision must be reasonable in the individual circumstances.

Prevention and Proactive Strategies

School prioritises prevention and proactive strategies to create positive responses to children's needs through strong relational practice and positive behaviour. This means all staff knowing and understanding the needs of children and responding in a trauma informed approach

To support this, the school has clear routines and boundaries and is a predictable environment. The curriculum offer for all pupils has been adapted to support all children with SEND and sensory needs.

To prevent the need for restrictive interventions it is important that every child's individual needs are considered and that staff contribute to the early identification of triggers and patterns and that any child requiring it has an Individual Risk Reduction Plan. Staff are trained in de-escalation, communication, and emotional regulation strategies to support the child to reduce the need for restrictive intervention.

Circumstances in Which Restrictive Intervention May Be Used

Restrictive intervention will **only** be used to prevent:

- Serious injury to the pupil or others.
- Significant damage to property.
- A pupil running into traffic or another dangerous environment.
- A pupil engaging in behaviour that poses an immediate risk of harm.

Restrictive intervention **must not** be used:

- As punishment.
- To force compliance with instructions.
- For convenience or to manage behaviour that is not dangerous.
- With pupils whose medical conditions make physical intervention unsafe.

Approved Techniques

Staff will only use, approved techniques that have been taught through appropriate training and that minimise physical and psychological risk. Staff must never use holds that restrict breathing, circulation, or communication.

Staff must never use an intervention that restricts or compromises a pupil's airway, breathing or circulation. This includes covering the mouth or nose or applying pressure to the neck or abdomen.

The use of force on the ground presents particular risks. Staff must not deliberately use a ground-based intervention unless it is expressly permitted by the school's approved specialist training, risk assessment and procedures. Where a pupil is unintentionally held or falls to the ground, staff should release the hold or reposition the pupil into a safer alternative or standing position as quickly as it is safe to do so.

Staff will not use pain-inducing techniques, deliberately inflict pain, use force to punish or humiliate, or use techniques outside their approved training.

The DfE explicitly warns against airway, breathing or circulation restrictions and identifies ground restraint as particularly dangerous.

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Staff will continually assess the risk and reduce or withdraw intervention as soon as possible.

Incident Management and Immediate Actions

During an incident:

- Staff will communicate clearly with the pupil.
- A second adult will be present wherever possible.
- Staff will monitor breathing, distress, and medical needs.
- The intervention will stop immediately once the risk reduces.
- First aid will be offered if required.

Recording and Reporting

All significant incidents involving the use of force, and every incident involving seclusion or restraint, will be recorded in writing as soon as practicable. Staff should endeavour to complete the record on the same day and before leaving the school wherever reasonably possible.

The requirement applies even where the possible intervention was included in an agreed behaviour support plan.

The record should include:

- pupil and staff names;

- relevant needs and circumstances, including SEND status where applicable;
- date, time, place and approximate duration;
- antecedents, known or possible triggers;
- preventative and de-escalation strategies attempted;
- why intervention was assessed as necessary;
- type and degree of force or restriction used;
- any injuries or adverse effects;
- medical assessment or treatment;
- pupil, staff and witness accounts where appropriate;
- parent notification;
- immediate support and follow-up actions; and
- review of the risk assessment or support plan.

CPOMS or another safeguarding/behaviour platform may be used and will capture all of the above statutory fields in order to generate reports for governance scrutiny. The DSL will review the record and determine whether the incident meets the threshold for a safeguarding concern.

Post-Incident Support

Following the incident the school will provide ongoing emotional support for the pupil and engage them in restorative conversation where appropriate. Parents must be informed in writing as soon as practicable after a significant use of force, seclusion or restraint. The school will provide this information on the same day.

The written notification will include:

- time, date, location and approximate duration;
- why the intervention was considered necessary;
- the type and degree of force used; and
- any injury sustained.

As soon as practicable following an incident, the school will:

- assess whether the pupil or staff member requires medical examination or treatment;
- record and respond to any injury;
- offer the pupil an opportunity to explain their experience in a communication method suited to them;
- provide separate reflective support for the staff involved;

- consider support for pupils or staff who witnessed the incident;
- facilitate a follow-up conversation, ideally led by a staff member not directly involved;
- review whether preventative strategies, reasonable adjustments and support plans were effective;
- consider whether any safeguarding, complaints, staff-conduct, health and safety or external-reporting procedure is required; and
- monitor the ongoing wellbeing of the pupil and staff.

Staff will be given a full de-briefing and any further multi-agency support that may be required for any high risk children, will be requested via referral from the Designated Safeguarding Lead.

Oversight, Monitoring, and Quality Assurance

The DSL and Headteacher will conduct termly analysis of patterns, frequency, and disproportionate impact and Governors will receive anonymised reports for greater scrutiny. If any concerning patterns are uncovered this will trigger a formal review.

There will be an annual audit of restrictive intervention practice and training will be regularly received by all staff.

Training

All staff will receive annual training in de-escalation and safe restrictive intervention. Any staff that are working with high-risk pupils will receive enhanced training and support. Any new member of staff will receive induction training before supervising pupils.

Data Protection and information Sharing

All records are processed in line with UK GDPR and the school's Data Protection Policy. In line with the statutory information-sharing duty effective from 30 September 2026, the school will share relevant information about restrictive interventions with the local authority, health partners, and other safeguarding agencies when it is necessary to protect a child or support statutory children's social care functions. This includes sharing records of incidents, risk assessments, behaviour plans, and any concerns that restrictive practice may indicate unmet needs, trauma, or risk of harm. Information will be shared promptly, accurately, and securely. Parental consent is not required where sharing is necessary to safeguard a child or to support statutory intervention. The DSL will oversee all information-sharing decisions and ensure that concerns about confidentiality never prevent timely sharing where a child may be at risk of harm.

Complaints and allegations

Complaints about the school's use of restrictive intervention will be managed under the school's complaints procedure.

Where there is an allegation that a member of staff used inappropriate, excessive, punitive or deliberately harmful force, the school will follow KCSIE and Staff Behaviour/Code of Conduct procedures for concerns or allegations about adults working with children. The Headteacher or Chair of Governors, as appropriate, will consult the LADO where the relevant threshold may be met.

No-contact requests

The school will listen carefully to concerns expressed by pupils, parents and staff about physical contact. However, it will not operate a blanket “no contact” policy or agree arrangements that would prevent staff from taking reasonable action to protect a pupil or another person in an emergency.

Governance data

Governors will receive a termly report from the Headteacher regarding the use of any restrictive interventions.

Reports will analyse:

- number and type of incidents;
- repeat incidents and pupils;
- use by location, time and staff group;
- duration;
- injuries;
- seclusion;
- SEND status;
- protected characteristics and other vulnerability;
- parent notifications;
- complaints or allegations;
- effectiveness of support plans; and
- completed improvement actions.

This policy should be read in conjunction with:

- Child Protection Policy
- Behaviour Policy
- SEND Policy

- Supporting Pupils with Medical Conditions
- Educational Visits Policy
- Staff Code of Conduct