Restrictive Physical Intervention Policy

(APPROVED BY TRUST BOARD 7TH JULY 2026)

SEN Trust Southend

SEN TRUST SOUTHEND

KINGSDOWN SCHOOL

LANCASTER SCHOOL

ST. NICHOLAS SCHOOL

THE ST. CHRISTOPHER SCHOOL

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1. Statement of Intent & Ethos

At Southend SEN Trust (the Trust) we believe that every child and young person has the right to be treated with respect and dignity, to have their needs recognised, and to receive the right support at the right time. Our schools serve pupils with a wide range of special educational needs and disabilities (SEND), and we are committed to creating environments where all children can learn, thrive, and develop.

We recognise that restrictive intervention is potentially traumatising and can have a lasting impact on the health and wellbeing of the child, adult witnesses, staff, and the wider school community. The risk of trauma is particularly acute for children with learning disabilities, autism spectrum conditions, or mental health difficulties.

The Trust is fully committed to the reduction and elimination of all restrictive intervention. This policy exists to make that aspiration a reality through proactive support, analysis and planning, prevention, and de-escalation. Restrictive intervention will only ever be used as a last resort, where it is reasonable, proportionate, and necessary to prevent significant harm.

The key question for everyone involved must always be:

> **What is in the best interest of the child and/or those around them, in view of the risks presented?**

This policy is aligned with the Therapeutic Thinking Principles of Restraint Reduction and Elimination and reflects the requirements of the DfE statutory guidance published in April 2026.

2. Relevant Legislation and Statutory Guidance

This policy has been written in accordance with:

- Education and Inspections Act 2006, Section 93 – power to use reasonable force
- Education and Inspections Act 2006, Section 93A (inserted by the Children, Schools and Families Act 2009, s.246) – duty to record and report
- DfE Statutory Guidance: Restrictive Interventions, Including the Use of Reasonable Force, in Schools (April 2026)
- DfE Non-Statutory Guidance: Behaviour in Schools – Advice for Headteachers and School Staff (February 2024)
- DfE Guidance: Searching, Screening and Confiscation: Advice for Schools (July 2022)
- Keeping Children Safe in Education 2024 (DfE, September 2024)
- Equality Act 2010 – including duty to make reasonable adjustments for pupils with disabilities
- Special Educational Needs and Disability Code of Practice: 0 to 25 Years (DfE/DoH, January 2015)
- Health and Safety at Work etc. Act 1974 – employer duties to staff
- Children Act 1989 and Children Act 2004

Statutory Obligation: Recording and reporting all restrictive interventions to parents is a statutory requirement under the Education and Inspections Act 2006, s.93A, as reinforced by the DfE statutory guidance (April 2026). This obligation applies regardless of whether the intervention was planned or unplanned, or agreed with parents in advance.

3. Definitions

The following terms are used throughout this policy with the meanings set out below. Consistency in language is essential to reduce the potential for misinterpretation and to ensure staff can work within clear, unambiguous boundaries.

Term	Definition
Child / Pupil	All children and young people under the age of 18. Within the statutory recording duty, this extends to young people to the age of 20.
Parent	All those with parental responsibility as defined in s.576 of the Education Act 1996, including those with a Care Order (s.31 Children Act 1989) or a local authority providing accommodation under s.20.
Non-Restrictive Intervention	A planned or reactive use of touch to support a child's needs, with no intent to prevent, restrict, or subdue movement of the body or part of the body. Does not trigger the statutory recording and reporting duty.
Restrictive Intervention	Any planned or reactive act intending to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil. The umbrella term covering all forms below. Always triggers statutory recording and reporting.
Physical Restraint	A restrictive intervention involving direct physical contact where the intention is to prevent, restrict, or subdue movement of the body, or part of the body, of another person.
Non-Physical Restraint	Restricting a child's independent movement by removing auxiliary aids (e.g. a walking frame, disabling an electric wheelchair) without direct physical contact.
Mechanical Restraint	Immobilising or limiting a pupil's movement by enforcing the use of equipment (e.g. belts, cuffs, harnesses) not universally used for that purpose. Must only be used on written recommendation from a qualified health professional.
Chemical Restraint	The use of medication to prevent, restrict, or subdue movement of the body, or part of the body. Must be specifically prescribed for the individual child by a qualified medical professional.
Seclusion	Keeping a pupil confined to a space away from others to prevent, restrict, or subdue movement, whether by physical obstruction,

Term	Definition
	blocking, or by making them believe they will be punished if they try to leave. Non-disciplinary; must be supervised and time-limited.
Removal	Where a pupil is required, for disciplinary reasons, to spend a limited time out of the classroom. Not seclusion. Parents must be informed on the same day. If achieved through restrictive intervention, that element must be separately recorded and reported.
Separation Space	Where a pupil is taken out of the classroom to regulate emotions because of identified sensory overload, as part of a planned response. Proactive, not reactive.
Difficult/Detrimental Behaviour	Behaviour that does not pose a risk of harm to self, others, or property. Difficult behaviour NEVER justifies the use of restrictive intervention.
Dangerous/Detrimental Behaviour	Behaviour evidenced to cause injury to self or others, damage to property, or constituting a criminal offence. Not all dangerous behaviour automatically justifies restrictive intervention; severity and frequency must be assessed.
Reasonable Force	Force that is reasonable, proportionate, and necessary in the circumstances to prevent injury, damage, or a criminal offence. Always a last resort.
Last Resort	The principle that restrictive intervention may only be used once all proactive, reactive, and de-escalation strategies have been considered and are insufficient to achieve a safe outcome.

Important: Disruption alone, without risk of harm to self, others, or property, does not justify the use of restrictive intervention. Therapeutic Thinking and this Trust do not support the use of restrictive intervention for compliance or for managing disorder that does not meet the threshold of dangerous behaviour.

4. Non-Restrictive Intervention (Physical Intervention)

Schools within the Trust must not operate a 'no touch' policy. Such a policy leaves staff unable to intervene where it is reasonable, proportionate, and necessary to do so, and reduces the range of support available to children.

There are many occasions when appropriate physical contact with pupils is entirely proper and expected. Such contact does not give rise to questions over the use of restrictive intervention, provided it has no intent to prevent, restrict, or subdue movement.

4.1 Examples of Appropriate Non-Restrictive Physical Intervention

- Providing first aid or physical assistance with personal care
- Guiding or escorting pupils when walking around school or on a trip, or supporting them to access a self-regulation space of their own choosing
- Comforting a distressed pupil (where the pupil is comfortable with this)
- Offering a handshake or congratulatory physical contact to praise a pupil
- Demonstrating how to use a musical instrument or exercise technique during PE

4.2 Key Principles for All Physical Contact

Staff must consider the following before initiating any physical contact:

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

Not all children are comfortable with physical touch. Adults must seek the child's views, reflect their wishes within planning, and be sensitive to any signs of discomfort. Where preferences are known, they must be recorded in the child's plan. Non-restrictive intervention must never become a habitual behaviour between a staff member and a child, must never be used against a child's will, must never be used as a punishment, and must never inflict pain.

Physical contact must never involve the child's breasts, genital area, or any other sensitive body area. Where cultural considerations are relevant, guidance must be sought from parents.

All forms of corporal punishment are strictly prohibited.

5. Restrictive Interventions

Restrictive intervention is defined as any planned or reactive act intending to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil. It is not defined by specific trained techniques; any action meeting this definition – whether trained or untrained – is a restrictive intervention and triggers statutory obligations.

5.1 Legal Authority to Use Restrictive Intervention

Under Section 93 of the Education and Inspections Act 2006, school staff authorised by the headteacher may use such force as is reasonable in the circumstances to prevent a pupil from:

- Committing any offence (including behaviour that would be an offence but for the age of criminal responsibility)
- Causing personal injury to, or damage to the property of, any person, including the pupil themselves

This power applies only on school premises or where staff have lawful control or charge of the pupil (e.g. on a school trip). Restrictive intervention will only ever be used when all other strategies have been exhausted and it is justifiable as a last resort.

5.2 Principles Governing All Restrictive Interventions

All use of restrictive intervention within the Trust will be guided by the following principles:

- Restrictive intervention is only used where it is reasonable, proportionate, and necessary to prevent significant harm.
- Restrictive intervention is an act of care and control, never punishment, and will never be used to force compliance.
- Staff will take all available steps to avoid the need for restrictive intervention through dialogue and diversion.
- The child will be warned, at their level of understanding, that restrictive intervention will be used unless the risk of harm ceases.
- Staff will use the minimum force necessary to achieve a safe outcome, for no longer than is necessary.
- Every effort will be made to secure the presence of other staff to act as assistants or witnesses.
- As soon as it is safe to do so, the restrictive intervention will be reduced, relaxed, and stopped to allow the child to regain self-control.
- Escalation before, during, and after a restrictive intervention will be avoided at all costs.
- The age, understanding, capacity, and competence of the individual child will always be considered.
- Where possible, appropriately trained staff will carry out the intervention.

5.3 Circumstances Justifying Restrictive Intervention

Restrictive intervention will only be used where it is a reasonable, proportionate, and necessary response to prevent the risk of serious harm under one or more of the following circumstances:

- Causing injury to themselves or others
- Committing a criminal offence
- Serious damage to property

Note on Disorder: The DfE guidance (April 2026) suggests restrictive intervention may also be used when a child is causing disorder. The Trust does not support the use of restrictive intervention for disorder alone. Only where disorder is causing injury to self or others, damage to property, or the committing of an offence can restrictive intervention be justified. The term 'disorder' is undefined in DfE guidance and is dangerously subjective. Schools must document their threshold clearly in individual planning.

5.4 Planned vs Unplanned Interventions

Planned Interventions

Where it is known that a child may require a restrictive intervention, a proactive risk assessment and individual plan will be completed through the Therapeutic Thinking Planning Portal. The plan will be co-produced with the child where appropriate, their parents/carers, and relevant professionals. The plan will specify the threshold at which restrictive intervention may be used as a last resort, the techniques to be employed, and safeguards to minimise risk.

Unplanned Interventions

In an emergency – for example, a child running into a road or attacking a member of staff – staff may need to make a dynamic risk assessment and act without a formal plan. Staff should exercise professional judgement based on what is reasonable, proportionate, and necessary. An unplanned restrictive intervention must trigger an immediate review and the development or revision of an analysis and planning document (APDR).

5.5 Types of Restrictive Intervention

Where a restrictive intervention is necessary, staff must consider which form represents the least restrictive and most proportionate response for the individual child. Planning should justify the selection of one form over another.

- Physical restraint – direct physical contact
- Non-physical restraint – indirect restriction, e.g. removing mobility aids
- Mechanical restraint – equipment-based restriction (requires written recommendation from a qualified health professional such as an Occupational Therapist)
- Chemical restraint – medication-based (requires prescription from a qualified medical professional; subject to the school's medication policy)
- Seclusion – confinement to a space, non-disciplinary, supervised, and time-limited

5.6 Use of Reasonable Force in Searches

The headteacher and authorised staff have a statutory power under the Education and Inspections Act 2006 to search a pupil where there are reasonable grounds to believe they have a prohibited item. Reasonable force may be used to search for legally prohibited items only (not items banned solely under school rules). Staff must follow the DfE Searching, Screening and Confiscation guidance (July 2022). Any use of force during a search is a restrictive intervention and must be recorded and reported accordingly.

6. Assessing and Managing Risks

A risk assessment is required before any restrictive intervention. Where the need is foreseeable, this will be a proactive, documented assessment within the child's individual plan. Where the need is unforeseen, staff will conduct a dynamic risk assessment based on their professional judgement and training.

6.1 Unacceptable Outcomes

Any restrictive intervention resulting in any of the following is unacceptable and may constitute negligence or abuse:

- Negative impact on the process of breathing
- The child feels pain as a direct result of the technique used
- The child experiences a sense of violation

6.2 Elevated-Risk Techniques

The following interventions carry elevated risks and are associated with restricted breathing, pain, or a sense of violation. They must be avoided within the Trust's schools:

- Restricting movement with belts or straps (misuse of standing frames or other ancillary aids)
- Holding a person face-down on the floor (or lying on their chest or back)
- Pushing on the child's neck (including from behind)
- A flat hand against the chest or abdomen
- Hyperflexion (leaning a child forward and restricting their breathing)
- Basket-type holds (wrapping arms, clothing, or other materials around the stomach, diaphragm, or chest)
- Extending or flexing joints (pulling/dragging a child by an outstretched arm, wrist, or hand)

6.3 High-Risk Situations to Avoid

The following situations carry a significant risk of injury and must be avoided wherever possible:

- Physically forcing a child up or down stairs (including single steps)
- Physically moving a child from a confined space (such as from under a table or from a vehicle)
- Lifting and carrying (children who are mobile should be supported to walk; this applies even to smaller children)

6.4 Pupils with SEND

Pupils with SEND – including those with learning disabilities, autism spectrum conditions, and mental health difficulties – are at disproportionately elevated risk from restrictive interventions. Staff must take particular care, ensure individual planning addresses specific vulnerabilities, and seek relevant medical advice about the safest approach for each child.

6.5 Medical Assessment Following Restrictive Intervention

Any pupil or staff member showing evidence of physical injury following a restrictive intervention must receive a medical assessment and appropriate treatment as soon as possible. All injuries must be recorded in line with the school's procedures and, where applicable, reported to the Health and Safety Executive.

7. Prevention, De-escalation and Analysis & Planning

The most effective way to reduce the use of restrictive intervention is through proactive analysis and planning, embedded within a Therapeutic Thinking Graduated Approach. The aim is to understand the experiences, feelings, and communication underlying detrimental behaviour, and to develop personalised, co-produced strategies that prevent escalation.

7.1 De-Escalation

Before considering any restrictive intervention, staff must consider the following:

- Is the intervention necessary? Are there other, less restrictive, more effective ways to manage the situation?
- Is it proportionate? Will the degree of force used be the minimum necessary for the minimum time necessary?
- Is it likely to be safe and will it reduce the risks, rather than escalate them?
- Will restrictive intervention cause more harm than the behaviour itself?

De-escalation strategies include, but are not limited to:

- Calm talking and verbal advice and support
- Offering choices and options (limited choice)
- Distraction, diversion, and negotiation
- Reassurance and humour (where appropriate)
- Taking a non-threatening body position
- De-escalation scripts tailored to the individual pupil
- Informing the pupil of consequences at a level they can understand
- Offering the support of another staff member
- For pupils with communication difficulties or English as an additional language: using verbal and non-verbal strategies and allowing adequate time to process information

7.2 Individual Analysis and Planning

Where a child presents a frequent risk that may require restrictive intervention, the school must complete an individual plan via the Therapeutic Thinking Planning Portal (or in the equivalent Word/PDF format where the Portal is not in use). Where possible this plan will be co-produced with the child, their parents/carers, and relevant professionals.

The plan should usually include:

- A full APDR (Assess, Plan, Do, Review) document
- A risk calculator assessing severity, frequency, and nature of risk
- Analysis of dysregulation and values/beliefs, with resulting differentiation and adaptations
- Anxiety analysis identifying triggers (staff, peers, activity, location, etc.)
- A Predict, Prevent, Progress plan with evidence of APDR
- A Therapeutic Tree exploring the links between experiences, feelings, and behaviours
- A full Risk Reduction (Therapeutic) Plan with evidence of APDR
- A Restrictive Intervention Audit of Need (Annex D of this policy)

- A communication plan, including for non-verbal pupils
- Identification of key staff, training needs, and unresolved risk factors
- Any relevant medical advice about the safest approach for the individual child

7.3 Pupil and Staff Support After an Incident

Following any restrictive intervention, the Trust expects all schools to:

- Evaluate the incident as soon as practicable to understand why it occurred, its impact, and how future incidents might be prevented
- Ensure any injuries are medically assessed and treated immediately
- Where possible hold a restorative conversation or activity, to facilitate reflection and post-incident learning – ideally facilitated by a staff member who was not involved in the incident
- Review and, where necessary, update analysis and planning documents
- Monitor the ongoing wellbeing of the pupil and staff involved, providing additional support as needed (e.g. counselling, further follow-up conversations)
- Provide appropriate support to any pupil who witnessed the incident and was distressed

8. Recording and Reporting (Statutory Requirement)

Recording and reporting all restrictive interventions is a statutory obligation under the Education and Inspections Act 2006, s.93A, and reinforced by DfE statutory guidance (April 2026). This duty applies to all restrictive interventions, including seclusion, and is not affected by whether the intervention was planned, agreed with parents, or involves physical restraint.

> **Trust Position:** The Trust has adopted the position of recording and reporting ALL restrictive interventions, including the rare occasions that do not involve physical restraint or seclusion. This approach prioritises statutory compliance over administrative convenience and will be revised as case law develops.

8.1 Recording

All restrictive interventions must be recorded as soon as practicable and no later than the same day. If a same-day record cannot be completed, the reason must be clearly stated on the record (e.g. 'the member of staff with relevant information was hospitalised and unavailable').

The minimum statutory recording requirement includes:

Minimum Statutory Recording Requirements
✓ Names of pupil and all staff directly involved
✓ Any relevant needs or circumstances of the pupil, including identified SEN/disability and SEN status code
✓ Time, date, location, and approximate duration of the intervention
✓ Duration of the restrictive intervention itself (separate from the duration of the incident)
✓ Brief account of the incident, including what led up to it, identified or potential triggers, any preventative or de-escalation strategies used
✓ Type of restrictive intervention applied and degree of force used
✓ Details of any physical injuries sustained
✓ Brief account of why the use of force was assessed as necessary in that instance
✓ Details of any post-incident support provided, including medical treatment

Minimum Statutory Recording Requirements
✓ Names of any pupil and adult witnesses
✓ Adult witness verification of the account
✓ Record of when and how parents were notified

The Trust also expects schools to record the following, in line with best practice:

- Gender, age and SEND status.
- Primary de-escalation techniques used
- What harm was prevented
- Why restrictive intervention was necessary (clear justification)
- Why the duration was justified (especially in relation to seclusion)
- Process and outcome of post-incident learning

8.2 Reporting to Parents

All restrictive interventions must be reported to parents no later than the same day. If same-day reporting is not achievable, the reason must be clearly stated on the record. The report must be made in writing (i.e. in a form that provides an evidenced record, such as email, letter, or a documented Class Dojo message).

Minimum Information to Be Included in the Parent Report
✓ Time, date, location, and approximate duration of the intervention
✓ Brief account of why the intervention was assessed as necessary in that instance
✓ Brief account of what type of force was applied, and the degree of force
✓ Details of any physical injuries sustained, if applicable

Following the initial report, parents should be invited to a follow-up meeting if they would like one to discuss:

- Any triggers or warning signs of the incident
- The de-escalation strategies used and their effectiveness
- What might be done differently in the future

8.3 Exceptions to Reporting

The duty to report to parents does not apply where:

- The pupil is aged 20 or over, or
- Reporting to a specific parent would be likely to result in significant harm to the pupil (a safeguarding concern). In this case, the school must report to any parent(s) to whom reporting would not create significant harm, or – if there are none – to the relevant local authority.

Safeguarding Exception: Where safeguarding concerns exist, the incident must be reported immediately to the relevant Designated Safeguarding Lead (DSL), who will advise on next steps. The normal parent reporting process will be suspended pending DSL guidance.

8.4 Governance and Data Review

The Local Governing Body of each Trust school must ensure that statutory recording and reporting procedures are complied with. Governors and Trustees will regularly review and interrogate data on restrictive interventions to:

- Identify and implement improvements to policies and practices
- Identify areas of learning and development for staff
- Understand pupils' repeat patterns and triggers
- Identify any disproportionate use of interventions in relation to pupils sharing protected characteristics, with SEN, or with other vulnerabilities

Each Trust school will nominate a Governor for restraint arrangements.

9. Training and Development of Staff

All staff at Trust schools must be adequately trained in relational practice using Therapeutic Thinking resources and in line with agreed Trust protocols. Staff who are likely to be required to use restrictive intervention must receive training in the safe and lawful use of restrictive intervention through the Therapeutic Thinking Restraint Reduction and Elimination programme.

Training will include:

- Awareness of this policy and the statutory framework
- The Therapeutic Thinking Graduated Approach and analysis and planning
- Prevention and de-escalation strategies
- The safe and lawful use of specific restrictive intervention techniques
- How to assess risk dynamically and in advance
- Recording and reporting obligations
- Post-incident support and restorative practice

Additional training will be tailored to the specific needs of the children and young people in each school, and to the role and responsibilities of individual staff members. Training records will be maintained and training will be refreshed at intervals determined by the nature of the role and the level of risk presented by the pupils supported.

10. Roles and Responsibilities

Trust Board

- Reviewing and approving this policy
- Holding Trust leaders to account for its implementation across all schools
- Ensuring a senior board-level lead is nominated for restraint arrangements
- Monitoring data on restrictive interventions at a Trust-wide level

CEO

- Ensuring all Trust schools implement this policy consistently
- Ensuring all schools maintain statutory compliance with recording and reporting
- Reviewing Trust-wide data on restrictive interventions

Headteacher (each school)

- Reviewing and applying this policy at school level
- Authorising which staff may use restrictive intervention
- Ensuring all staff understand the principles and procedures of this policy
- Ensuring appropriate training is provided and maintained
- Reviewing data to ensure no groups of pupils are disadvantaged
- Ensuring statutory recording and reporting takes place on the same day

Senior Leaders

- Supporting colleagues to implement this policy and reflect on their practice
- Analysing patterns of behaviour and restrictive intervention
- Ensuring analysis and planning is up to date for all identified pupils
- Contributing to the induction of new staff

All Members of Staff

- Understanding and applying this policy
- Using the minimum necessary force and only as a last resort
- Completing records on the same day as any restrictive intervention
- Reporting incidents to parents on the same day
- Contributing to post-incident reviews and restorative conversations
- Maintaining their own physical and emotional wellbeing and supporting colleagues

Parents and Carers

- Collaborating with schools in the co-production of analysis and planning
- Engaging with the school's approach and reinforcing it at home where appropriate
- Informing the school of any changes in circumstances that may affect their child's behaviour
- Engaging in follow-up discussions following any incident of restrictive intervention

11. Complaints

Any complaints regarding the use of restrictive intervention will be dealt with in accordance with the school's normal complaints procedure.

If an allegation of inappropriate use of force and/or other restrictive intervention is made against a member of staff, the procedures set out in Keeping Children Safe in Education (DfE, September 2024) must be followed, including provisions regarding the suspension of staff.

Staff who have concerns about the practice of another member of staff should raise these with the headteacher. Where concerns relate to the headteacher, they should be raised with the Chair of Governors or Trustees. Where the headteacher is the sole proprietor of an independent school, allegations should be reported directly to the local authority's designated officer (LADO).

All staff and volunteers must feel able to raise concerns about poor or unsafe practice. There will be no detriment to any member of staff who raises a genuine, good-faith concern.

12. Review of This Policy

This policy will be reviewed every three years by the Trust Board, and following any significant incident, legislative change, or updated statutory guidance. The review will involve consultation with school leaders, staff, parents/carers, and pupils where appropriate.