Restrictive Intervention, Restraint and Seclusion Policy

CEO approval:	Sean Kelly	
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Contents

1. Introduction

1.1 The Raleigh Education Trust (the "Trust") recognises its legal and moral duty to promote the well-being of children and protect them from harm. We believe that every child, regardless of age and need, always has, in all situations, a right to feel safe.

1.2 We agree that we have a primary responsibility for the welfare and safety of the pupils in our care. We are committed to delivering quality first teaching and providing an environment where children can flourish, feel safe, and be able to make the most appropriate choices.

1.3 We do, however, recognise that children sometimes are unable to regulate and/or make appropriate choices, often not the fault of the child. On occasions, this may result in a situation requiring restrictive physical intervention from adults. However, a restrictive intervention will always be a last resort, following a dynamic risk assessment, always considering the safety of the individual and others.

1.4 This policy is based upon the following principles, which all adults are expected to always adhere to:

a) All restrictive interventions should be used only as a last resort when all other appropriate strategies have failed.

b) All physical interventions should be the least restrictive method for the shortest possible time.

c) All restrictive interventions must be used in ways that maintain the safety and dignity of all concerned.

d) Medical care/support must be accessed if required, in line with the academy's First Aid policy.

e) All incidents of restrictive interventions (Restraints and Seclusions) must be recorded and reported in line with each academy's procedures, i.e. via CPOMS at the earliest convenience and as an absolute minimum by the end of the school day (Section 5)

1.5 Parent/carers must be informed of each incident of restrictive physical intervention, in line with each academy's procedures and communication, and recorded (Section 6).

1.6 All behaviour is communication and adults (workforce) will endeavour to understand the cause, using pupil information, pupil & family voice, and via team meetings.

1.7 Leaders will reflect on each incident of restrictive intervention and act accordingly. This could include post-incident reflection with individuals/teams, introducing/updating a pupil risk reduction plan/pupil profile, or/and/or assigning an intervention to support the pupil's needs.

1.8 Leaders will use restrictive physical intervention data to inform operational and strategic decisions, including workforce allocation and placement to help mitigate future risk (Section 5).

2. Legislation and Guidance

2.1 Section 93 of the Education and Inspections Act 2006 enables school staff to use reasonable force to prevent a pupil from:

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

b) Causing personal injury or damage to property.

2.2 In accordance with the Department for Education (DfE) guidance, Restrictive interventions, including use of reasonable force, in schools; "*all school staff are permitted to use reasonable force, but only in strictly limited situations. Reasonable refers to applying no more force than is necessary and only for the shortest time required, with the level of intervention proportionate to the specific circumstances*." (DfE, 2026) Physical intervention, restraint or seclusion will never be used as a form of punishment.

2.3 The law states there is no definition of reasonable force. Whether the force used is reasonable will always depend on the circumstances of individual cases. Deciding on whether the use of force is justified will depend partly on the context in which the incident occurs. The test is whether the force used is proportionate to the consequences it is intended to prevent. The degree of force used should be the minimum needed to achieve the desired result. The use of force could not be justified to prevent trivial misbehaviour.

2.4 All members of staff have a legal power to use reasonable force in certain circumstances. To prevent or stop a pupil from:

a) Causing injury to themselves or others

b) Committing a criminal offence

c) Damaging property

d) Causing disorder among pupils at school, whether during a teaching session or otherwise (including visits and off-site learning)

2.5 The judgment on whether to use force and what force to use will depend on the circumstances of each case.

2.6 In the case of pupils with Special Educational Needs or Disabilities (SEND), it will depend on information about the individual concerned. Adults will make a judgment based on:

a) The potential consequences of not intervening are sufficiently serious to justify the use of force.

b) The likelihood of achieving the desired result by other means is low.

c) The risks associated with not using force outweigh those of using force.

2.7 The Trust is committed in its aim to reduce the need for restrictive physical intervention, in line with Ofsted's 'Positive environments where children flourish' guidance. However, the Trust also recognises that the context of the setting will have a significant bearing on the use and frequency of restrictive physical interventions, to keep all pupils, staff and property safe.

3. Definitions and Terminology

3.1 In line with the terminology used by the Department for Education, our schools understand and use the following key terms to mean the same things across all settings:

a) Restrictive Intervention: This is the term the DfE uses for any action, physical or non-physical, that is meant to stop, limit, or guide a child's movement to keep them safe. It covers many different types of intervention. It is different from the term Restrictive Physical Intervention (RPI), which some training providers use to describe specific hands-on techniques (see Appendix 1).

b) Restraint: This means any action that prevents a child from moving freely, even if no one physically holds them. It could involve direct physical contact, but it can also include things like removing a mobility aid, such as taking away crutches, if it is necessary to keep them or others safe.

c) Seclusion: This means keeping a child in a space away from others and stopping them from leaving, for example, by blocking the exit or making them believe they will get into trouble if they try to go. Our schools follow the Trust's guidance on Calm and Sensory Environments (Trust Relationships and Positive Behaviour Policy). A child is never locked in any room or space. The only exception is when there is a serious and immediate risk of harm, such as during formal lockdown procedures.

3.2 To reflect the differing contexts across our academies, schools are able to access de-escalation and physical intervention training through two accredited external providers: Team Teach and the Crisis Prevention Institute (CPI). Both programmes support the Trust's commitment to minimising the use of physical intervention. While terminology may vary slightly between providers, all training aligns with current DfE guidance and statutory requirements. For the specific terminology and definitions used in your child's school, please refer to Appendix 1.

4. Reducing the Need for Restrictive Intervention, Restraint, and Seclusion

4.1 The Trust understands that any form of restrictive intervention, restraint, or seclusion can negatively affect a child's wellbeing. We also recognise how emotionally challenging these situations can be for staff. Because of this, we are committed to continually improving our approaches, learning from health and care specialists, and creating school environments that help reduce the need for such interventions. To support this, our schools focus on:

a) Creating whole-school environments that help children learn, feel calm, and manage their emotions.

b) Providing a broad, balanced, knowledge-rich curriculum that meets children's individual needs.

c) Implementing Teaching & Learning guidance that is tailored to each school's context and supports all adults in delivering high-quality teaching.

d) Putting relationships at the centre of everything we do, making sure we truly know and understand each child.

e) Embedding the Trust's Six Behaviour Principles into everyday school life, policies, and practice.

f) Following a graduated approach; assess, plan, do, review, to ensure children's needs are identified and supported in the right way.

g) Working closely with families and external agencies to provide joined-up support around each child.

h) Providing ongoing professional learning for staff that is trauma-informed and rooted in relational practice (Thinking Differently CPL).

4.2 All adults are expected to:

a) Understand the whole child. Paying careful consideration to pupil voice.

b) Embrace trauma-informed practice and support from the wider system.

c) Be innovative to meet the needs of the pupils.

d) Have high expectations that are considerate of need and offer high levels of support.

e) Be role models.

f) Understand the Six Stages of Emotional Regulation and support the pupils accordingly (Appendix 2).

g) Apply 'flexible' consistency and treat pupils as individuals.

h) Communicate calmly when dealing with challenging behaviour, using non-threatening verbal and body language.

i) Ensure all pupils can see a way out of a situation.

j) Use 'calm scripts', using empathic language and demonstrating unconditional positive regard.

k) Recognise that behaviour is everyone's responsibility.

l) Use 'change of face' effectively. Recognising when 'they' could be the catalyst, despite best intentions.

m) Be sensitive to their strength, body weight and issues of gender.

5. Reporting and Monitoring

5.1 All incidents involving restrictive interventions, including any form of restraint or seclusion, are recorded electronically using CPOMs or another equivalent system used by the school, and align with DfE's 'Recording the use of force' (statutory guidance). When staff record and review incidents, the language must always be factual, clear, professional and free from emotion. (Staff should refer to the CPOMs Toolkit for further guidance.)

5.2 School leaders are responsible for making sure that all uses of restrictive intervention, including any restraint or seclusion, are recorded correctly and reviewed every day as part of our safeguarding practice. This daily monitoring helps the school identify any patterns, trends, or individual children who may need extra help, allowing them to respond early and reduce the need for restrictive intervention wherever possible

5.3 These incidents are also monitored through the Safeguarding Dashboard. The information from this dashboard is shared with each school's Local Governing Body and reviewed by the Trust's School

Improvement Committee, helping the Trust maintain oversight and ensure the safety and wellbeing of all children.

6. Communication with Parent/Carers

6.1 Parents and carers must be informed as soon as possible after any incident involving a restrictive intervention, with the aim that this happens on the same day whenever practicable. Although DfE guidance states that this information should be shared in writing, the Trust has decided that, wherever possible, the first communication should be a verbal conversation. This allows parents and carers to ask questions, share their perspective, and maintain the positive relationships we value.

6.2 If a parent or carer requests a written summary of the incident, this will be provided by email, with the agreement of the Academy Principal.

6.3 During the conversation, staff will share the following information:

a) The time, date, location, and approximate duration of the intervention

b) A brief explanation of why the intervention was considered necessary at that moment

c) A brief description of the type and degree of force used (if any)

d) Details of any physical injuries that may have occurred, if applicable

6.4 In-Person Parent/Carer Meeting

6.5 School Leaders should arrange an in-person meeting with parents or carers for any of the following reasons:

a) If a child begins to require restrictive interventions more frequently, a meeting should be arranged to review the situation, understand underlying needs, and plan additional support.

b) If a child is involved in a significant incident that is not typical for them, and further information is needed to understand what happened and how best to support them going forward.

c) If a parent or carer asks to discuss an incident or pattern of behaviour in more detail, a meeting will be arranged to ensure they have the opportunity to talk through concerns and ask questions.

7. Roles and responsibilities

7.1 Board of Trustees

7.1.1 The Trustees are responsible for the ratification of this policy and to ensure the Central Executive Team implement the policy across the Trust.

7.2 Trust

7.2.1 The Trust is responsible for ensuring all academies adopt the policy and that it is reviewed regularly.

7.3 Academy Principal

7.3.1 The Principal is responsible for the implementation of the policy, tracking and quality assuring the use of restrictive interventions.

7.4 Local Governing Body

7.4.1 The LGB is responsible for monitoring the implementation of the policy across its relevant academy(ies).

7.5 Workforce

7.5.1 All adults are responsible for ensuring they fully understand the policy and adhere to all principles and procedures.

8. Complaints and allegations

8.1 All complaints the academy receives will be taken seriously. All matters will be dealt with in line with the Trust Complaints Policy and/or Whistleblowing Policy. A copy of which is available on request.

8.2 If a complaint is made following an incident where physical intervention was deemed to be necessary, the complaint will be managed by the Academy Principal or member of the school leadership team.

8.3 If the case relates to the Principal, the enquiry will be carried out by a member of the Trust. In most cases, the enquiry will be in collaboration with the Local Authority Designated Officer (LADO).

8.4 Where an allegation is made that a member of the workforce has used force inappropriately or unlawfully, the Academy will follow the Trust Disciplinary Procedure Guidance.

9. Monitoring arrangements

9.1 This policy will be monitored and reviewed on an annual basis, or in the event of national and local developments.

10. Linked policies

10.1 This policy is linked with the following;

a) Safeguarding and Child Protection Policy

b) Relationships & Positive Behaviour Policy

c) Special Educational Needs & Disabilities Policy

d) Concerns & Complaints Policy

e) Disciplinary Procedure Policy

f) Whistleblowing Policy

11. Appendices

Appendix 1

Key Definitions and Terminology

Key Term	Definition
Guide	This type of approach is not considered a restrictive intervention. An example might be gently placing a hand on a child's shoulder to guide them in a particular direction. At no point is the child prevented from moving freely or leaving the situation if they choose to. This kind of light physical contact can help strengthen the connection between an adult and a child, showing warmth, reassurance, and kindness. Because it is not restrictive in nature, this type of intervention may not be recorded by the school or shared with parents/carers.
Escort	This approach is considered a semi-restrictive intervention. It may involve an adult safely guiding a child away from a situation using an approved technique. The child is still able to walk on their own, but there is a level of guidance or restriction to stop them, for example, from running off or moving into an unsafe area. The aim is always to keep the child safe while allowing them as much independence as possible.
Restrictive Physical Intervention (RPI)	This approach is a restrictive physical intervention, sometimes called a "hold." It is only used when a child is highly unregulated or in crisis, and when their safety, or the safety of others, is at immediate risk. This type of intervention is always a last resort and is carried out for the shortest possible time needed to keep everyone safe. During this kind of intervention, a child may not be able to leave the situation until it is safe to do so. For example, trained adults might hold a child safely while they sit in a chair to prevent harm and provide co-regulatory support.
*Front Ground Recovery – ***Team Teach specific only***	*This is a more advanced type of physical intervention that is only used when guiding a child to the ground in a controlled, carefully monitored way is the safest option to protect them or others from harm.* *It is carried out by trained staff and only when absolutely necessary to keep everyone safe.*
Disengage ment Skills – ***Crisis Prevention Institute only*	*This is an approach using one of the three principles: Block and Move, Pull/Push and Lever. The purpose is to disengage from a hold (such as a strike, grab or bite) reasonably and proportionately.*

11.1.1 For further information on Team Teach, please refer to their website

11.1.2 For further information on Crisis Prevention Institute (CPI), please refer to their website

Appendix 2

Six Stages of Emotional Regulation

In line with Team Teach's approach to behaviour, the Raleigh Education Trust has adopted its own version of the 'Six Stages of Emotional Regulation'. Understanding emotional regulation in stages helps adults recognise early signs, respond with empathy, and provide the right support at the right time. It also ensures that recovery and repair are given the same importance as the response itself, helping children feel safe, understood, and able to move forward.

Levels 1 and 2: Noticing Early Signs and Staying Curious

Recognising early, low-level signs and triggers is an important part of the Trust's Six Stages of Emotional Regulation. Taking a calm, curious ('enquiry-based') approach helps adults understand what a child may be communicating through their behaviour.

For example, something as simple as a child pulling up their hood may be a sign that they are feeling overwhelmed or anxious. By noticing these early cues, asking gentle questions, and offering the right support, adults can help prevent a situation from becoming more difficult.

We work from the belief that all behaviour is communication, and it is important for adults to approach children with the following mindset:

- Empathise, not sympathise (Brené Brown on Empathy vs Sympathy - YouTube)
- Connection before correction. Connect with the child before attempting to correct the behaviour.
- Consider if the behaviour(s) have to be addressed at that moment, or would planned ignorance be more appropriate.
- The use of 'calm scripts' and therapeutic language (W.I.N):
    - I'm wondering if…you are able to tell me what you are feeling?
    - I imagine that…(show understanding and empathy).
    - I notice that…(verbalise what emotions you can see).
- Remain calm as the child will mirror your emotions and behaviour.
- Consider the importance of body language and facial expressions.
- Ensure all pupils can see a way out of a situation. Clear boundaries, but always allow pupils to have a choice.

Level 3: When a Child Is in a State of Crisis

When a child reaches a crisis point and their safety, or the safety of others, is at risk, all staff have a duty of care and may use restrictive or physical intervention if needed. However, whenever possible, staff who are trained in specific techniques should use those trained approaches first.

Advanced interventions, such as Front Ground Recovery (Team Teach), must never be planned in advance. They should only be used when absolutely necessary, following a dynamic (moment-by-moment) risk assessment, and only by staff who are fully trained to use them safely.

Restrictive interventions must always be used for the shortest possible time. During an intervention, staff will use a range of supportive strategies to help the child return to a calmer, more regulated state as quickly as possible. These strategies may include:

- A change of face, where another adult steps in to help

- Using silence to reduce stimulation
- Offering a distraction, such as calming words or an object
- Reducing triggers by removing peers or other distractions (while always preserving the child's dignity)
- Releasing the child into a safe, quiet space when appropriate

Staff should avoid saying phrases like *"Calm down",* which can escalate emotions in crisis. Instead, they use therapeutic, supportive language that promotes safety, connection, and regulation.

Levels 4 and 5: Recovery and Time to Process

When a child begins to move out of crisis and into recovery, it is important that any restrictive intervention ends as soon as it is safe to do so. At this stage, the focus is on offering reassurance, helping the child feel safe again, and giving them space and time to process what has happened.

First aid: *Both the child and any staff involved should be offered the chance to be seen by a first aider. Any injuries must be recorded properly, and parents/carers will be informed, in line with the school's First Aid Policy*.

During this time, a child may need:

- A safe space to settle
- A sensory activity to help regulate
- A change of face, where another trusted adult steps in to offer calm and support

It is important not to address or analyse the behaviour at this stage. Conversations about what happened and what support is needed moving forward should take place during Level 6 (Repair). There is no set timeframe for when a child will be ready for this. In some cases, the repair stage may need to wait until later in the day or even the following day, depending on the child's needs.

Level 6: Repair

When a restrictive intervention has taken place, it is always a difficult and distressing experience for a child, even when it was necessary to keep them or others safe. Because of this, the focus during the Repair stage is on reconnection, understanding, and rebuilding trust. This is not about 'giving in' or persuading a child, but about showing unconditional positive regard, making sure the child knows they are valued, cared for, and supported.

Restorative Practice:
During the Repair stage, adults use restorative language and approaches to guide calm, reflective conversations. These conversations help the child understand what happened, how their behaviour may have affected themselves and others, and what can be done differently next time. The aim is to support emotional learning, strengthen relationships, and ensure the child feels safe and respected.

Logical Consequences:
In some cases, the behaviour that led to a Restrictive Intervention may require a logical consequence. Any consequence must always be fair, proportionate, and in line with the academy and Trust policies.

If a member of staff is unsure about the most appropriate consequence, they should seek guidance from the school's Senior Leadership Team (SLT) to ensure consistency and support.