



St Mary's C of E Primary School

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Use of Restrictive Interventions Policy

VISION

Care, grow and flourish in God's loving hands.

MISSION

- Through excellent teaching we will deliver an inspirational curriculum
- We will enable every child to make the very best progress
- We will work in partnership with children and families to further promote confidence and self esteem
- We will prepare children to confidently face the challenges of growing up in the 21st Century
- We will provide children with an understanding of local, national and global communities and faiths
- With St Mary's Church, Brookside Methodist, and other local churches, we will further develop understanding of gospel values in action through worship and across the curriculum

Signed by:

_____ Head teacher Date: _____

_____ Chair of governors Date: _____

Last updated: March 2026

Objectives

At St. Mary's CE Primary School, we are committed to maintaining the safety and wellbeing of pupils and staff. This policy has close links with our Relationships, Communication and Behaviour Policy. It is written to explain our procedures in line with:

- Equality Act 2010: Protects pupils with SEN from discrimination and requires reasonable adjustments to be made.
- Human Rights Act 1998: Requires that actions taken by public authorities, including schools, must be proportionate, necessary, and lawful.
- [DfE's "Use of Reasonable Force in Schools" 2013](#)
- [DfE's 'Restrictive Interventions, including use of reasonable force, in schools'](#)
Effective from 1st April 2026
- Section 93 of the Education and Inspection Act 2006
- British Institute of Learning Disabilities (BILD) Code of Practice
- DfCS Guidance "Use of Force to Control or Restrain Pupils" November 2007
- Joint DfES/DH guidance issued July 2002, "The use of restrictive physical interventions for staff working with children and adults who display extreme behaviour in association with learning disability and/or autistic spectrum disorder"
- Local authority policies
- LA behaviour support plan (for individual pupils)
- Relationships, Communication and Behaviour Policy.
- St. Mary's Child Protection and Safeguarding Policy
- Education Act 1996: Governs the use of force in schools.
- Education and Inspections Act 2006, Section 93: Outlines the legal powers for the use of force.
- [Keeping Children Safe in Education 2025](#)

School Expectations

In our school we create a calm environment to minimise incidents that may require any restrictive intervention. We de-escalate incidents when they do arise. We only use restrictive interventions when the risks involved of doing so are outweighed by the risks of not doing so.

Terminology

Restrictive intervention: a means to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil. This guidance uses 'restrictive interventions' as the umbrella term to describe both physical and non-physical actions aimed to restrain pupils in different ways.

Reasonable force: a term used in legislation which includes physical restrictive interventions. All members of school staff have the legal power to use reasonable force in limited circumstances.

Reasonable means using no more force than is necessary for the least amount of time, the application of which will depend on the circumstances.

Seclusion: a non-disciplinary intervention involving keeping a pupil confined to a place away from others, and preventing them from leaving either by physical obstruction, blocking, or making them believe they will be punished if they try to leave.

Restraint: a term used in legislation referring to a non-disciplinary intervention which immobilises a pupil or limits their movement. This may or may not include direct physical contact. For example, holding a pupil's arms to their sides or removing a pupil's crutches would both be considered forms of restraint.

The various restrictive interventions above have been defined for completeness and should not be construed as an endorsement or otherwise for their use school.

Positive Behaviour Management

All staff and volunteers adopt a positive approach to improving behaviour in order to reward effort and application, and to build self-esteem, and promote a safe environment for pupils and staff. All staff work in partnership with those who know the child to help those concerned:

- Find out why this child behaves as he or she does
- Understand the factors that influence this child's behaviour
- Identify early warning signs that indicate foreseeable behaviours are developing

This approach helps to ensure that early and preventative intervention is the norm. It reduces the incidence of extreme behaviours and makes sure that the use of restrictive intervention is rare.

What is restrictive intervention ('reasonable force')?

The use of force is illegal if the physical circumstances do not warrant it. The force used must always be the minimum needed to regain and ensure safety and control for everyone involved or present. The Use of Restrictive Interventions Policy should therefore be read in conjunction with our Relationships, Communication and Behaviour Policy and our Child protection and Safeguarding Policy.

Restrictive interventions may include:

- Bodily contact - where the physical presence of one or more people is used to control a pupil, e.g. physically interposing between pupils; blocking a pupil's path; holding or 'shepherding' a pupil; using agreed, approved restricted holds
- Environmental – where a change is applied within the environment for example shutting a door or the use of locks or key pads to prevent access to a particular area.

In what circumstances can restrictive interventions be used?

- To prevent a pupil causing, or being at risk of causing, injury or damage to themselves or others, whether by accident, rough behaviour or by misuse of materials or objects
- To prevent a pupil committing a criminal offence
- To prevent a pupil committing deliberate serious damage or vandalism
- To prevent a pupil from attacking a member of staff or another pupil

- To prevent behaviour which is prejudicial to the maintenance of good order and discipline

The decision to use restrictive interventions will be taken in the context of the level of risk presented by the behaviour, the seriousness of the incident and the relative risks of the use of restrictive intervention compared with any available alternative. The use of restrictive intervention will take into account the characteristics of the pupil, including their age, gender, SEN, physical needs or disability, developmental level or cultural issues.

Seclusion

Seclusion - a non-disciplinary intervention involving keeping a pupil confined to a place away from others and prevented from leaving - must only be used as a safety measure to protect others from harm when a pupil is experiencing high levels of emotional or behavioural dysregulation. In such circumstances, the pupil is not acting with intent. Seclusion must not be implemented by staff through threat of punishment. The place to which the pupil is confined must be safe and not feel threatening or intimidating to the pupil. The pupil must be supervised at all times during the period of seclusion. As soon as the immediate risk of harm has reduced, the pupil must be allowed to leave. An incident involving the use of seclusion must be recorded and reported in accordance with the procedures outlined in the section on 'Recording and reporting duties'. Seclusion, as defined in this guidance, is not a disciplinary response to deliberate or wilful misbehaviour. There are disciplinary measures that are similar, such as removal from the classroom.

The Last Resort Principle

At St. Mary's we pro-actively foster positive relationships and only use reasonable force when there is no realistic alternative. This means that staff would assess the risk at the time and choose the safest alternative.

We expect staff to think creatively about any alternatives to physical intervention which may be effective.

There will be times when school staff may need to use restrictive interventions, and they should know this option may be available to them. The decision on whether it is reasonable to use a restrictive intervention depends on the individual circumstances of each situation. To make this assessment, the member of staff must consider the following:

Is it necessary?

- Staff must consider whether there are other more effective, less restrictive ways to manage a situation.
- Staff must assess whether a restrictive intervention is likely to successfully reduce the relevant risks, or whether its use would escalate the situation further or cause more harm than the behaviour itself.
- Where possible, staff must communicate with other staff members to understand any broader risks in the environment.

Is it proportionate?

- Staff must use the least amount of force or least restrictive intervention necessary for the least amount of time required to reduce the relevant risks.
- If the intervention itself is escalating the situation, staff must reconsider their approach and attempt an alternative strategy.
- Staff must consider the personal circumstances of the pupil such as medical conditions, special educational needs or other vulnerabilities, their characteristics such as age and size, and must consider relevant equality implications under the Equality Act 2010.

Have you considered the pupil's welfare?

- Staff must consider the impact on the pupil's overall welfare, balanced against any actions taken. For example, pupils who have experienced an adverse life event, with diagnosed or undiagnosed medical conditions or sensory impairments, past trauma or neglect, communication difficulties, or other needs, may find the use of restrictive interventions particularly distressing.
- Staff must seek to maintain respect for a pupil's dignity. This may include, where possible, considering the location and environment where any intervention is used, such as in front of their peers.
- Where possible, staff must clearly and calmly communicate to the pupil what is happening, why, and explain what the pupil needs to do.
- For pupils with difficulties with speech, language and communication, or with English as an additional language, verbal and/or non-verbal strategies must be used to ensure the pupil understands what is happening and has adequate time to process information and respond.
- Staff must seek to understand how the pupil is feeling and use this information to determine whether the restrictive intervention should be, or continue to be, applied, reduced or stopped.

This list of factors is not exhaustive, and staff must also take into account other relevant considerations. Training on the use of restrictive interventions should equip staff to judge when it is appropriate to use restrictive interventions, including in situations where quick decisions are needed. It should also help staff understand how to assess whether their response is reasonable under pressure.

There might be some situations in which the need for a restrictive intervention is immediate and where there are no equal effective alternatives (a child is about to run into the road). However, in many circumstances there are alternatives such as the use of assertiveness skills:

- Use a distracter, such as a whistle or loud bell to interrupt the behaviour long enough for other methods of verbal control
- Withdrawal of attention(audience) e.g. if an action such as damage to property is threatened
- Other techniques designed to defuse a situation, such as the avoidance of confrontation, or use of humour, in which case the incident could be dealt with later when emotions are running less high

- The employment of other sanctions consistent with St Mary's Relationships, Communication and Behaviour Policy.

Where restrictive interventions are needed to prevent injury to the pupil, other pupils or staff, or to prevent serious damage, these must be for the minimum length of time possible and using the least possible force. All staff must consider whether they are using reasonable force.

In all circumstances, other methods must be used if appropriate and effective restrictive interventions must be a last resort. When a restrictive intervention becomes necessary:

DO

- Tell the pupil what you are doing and why
- Use the minimum force necessary
- Involve another member of staff if possible
- Tell the pupil what s/he must do for you to remove the restraint (this may need frequent repetition)
- Use simple and clear language
- Hold limbs above a major joint if possible e.g. above the elbow
- Relax your restraint in response to the pupil's compliance

DON'T

- Act in temper (involve another staff member if you fear loss of control)
- Involve yourself in a prolonged verbal exchange with the pupil
- Attempt to reason with the pupil
- Involve other pupils in the restraint
- Touch or hold the pupil in sexual areas
- Twist or force limbs back against a joint
- Bend fingers or pull hair
- Hold the pupil in a way which will restrict blood flow or breathing e.g. around the neck, lying face down or pulling arms across the child's chest (Appendix A)
- Slap, punch, kick or trip up the pupil

For further information, follow the links in Appendix A

Consideration for pupils with special educational needs and/or disabilities (SEND)

Some children and young people with SEND may react to distressing or confusing situations by displaying behaviours which may be harmful to themselves and others. Triggers may include pain, sensory overload, unfamiliar situations or environments or feelings of fear and anxiety. In particular, pupils who are non-verbal or find verbal communication challenging may express their needs, discomfort or confusion through actions. This can lead to pupils with SEND being disproportionately subject to the use of restrictive interventions.

Staff will seek to understand the underlying triggers of challenging behaviour so that they can provide proactive support, create an inclusive environment and consider the impact of school policies on pupils with SEND. For example, the SENCo, class team and Senior Leadership Team will consider how the school culture and environment may be experienced differently by pupils with SEND and seek to support pupils to cope with situations that they may find distressing.

School will utilise staff who know individual pupils well to help identify and manage risk such as trigger points when challenging behaviour is more likely to occur, and develop proactive strategies to reduce the likelihood of restrictive interventions being used. They will also work with the pupil, parents and other professionals to develop prevention and de-escalation strategies. See section below on Communication, Relationship and Behaviour Support Plan.

Depending on the circumstances, examples of strategies may include:

- removing stimuli that may be causing distress
- changing body language, facial expression, and/or tone of voice
- supporting the pupil to express their emotions before getting overwhelmed
- engaging the pupil in an activity which can help them manage their feelings of anxiety
- distracting the pupil in something that interests them or by introducing familiar objects and activities to redirect their attention

Where appropriate, school staff will work with pupils with SEND and their parents in the co-production of any necessary Communication, Relationship and Behaviour Support Plans which will outline any adjustments, such as to address aspects of the school environment which the pupil finds challenging and ways for pupils to communicate their needs effectively (see section below for further detail).

Communication, Relationship and Behaviour Support Plans will detail circumstances where it may be appropriate for staff to have increased physical contact with a pupil. This will be discussed in conjunction with the relevant people, such as teachers, parents, the pupil, SENDCo or health professionals, and parameters around its use stated clearly in the plan. Where there is an identified risk, such as increased likelihood in the need to use reasonable force and/or other restrictive interventions, school will have risk assessments in place and where possible, mitigate risks such as through training and prevention strategies.

Whether the use of restrictive interventions is appropriate will depend on the circumstances, irrespective of whether it has been considered as part of a Communication, Relationship and Behaviour Support Plan. Any plan will be reviewed with the pupil and their parent periodically and following any significant incident, so that changes can be made based on evidence of what has worked and what has not worked in practice for the individual pupil.

Communication, Relationship and Behaviour Support Plans

Risk management is regarded as an integral part of behaviour management planning. All pupils who have been identified as presenting a risk will have a Communication, Relationship

and Behaviour Support Plan (see Appendix B). The plan details any strategies which have been found to be effective for that individual, along with any particular responses which are not recommended. These include Primary strategies (What helps me stay in the Green Zone?); Secondary strategies (What helps me when I have been triggered and feel like I am in the Yellow Zone or Blue Zone?); Tertiary strategies, including non-restrictive and restrictive interventions (What will help me when I am in the Red Zone?) and strategies after an incident (things that help me after I have been in the Red Zone). If particular physical techniques have been found to be effective they should be named, along with alerts to any which have proved ineffective or which caused problems in the past. Communication, Relationship and Behaviour Support Plans should be considered alongside any other planning documents which relate to the pupil. They should take account of age, gender, level of physical, emotional and intellectual development, special need and social context. Communication, Relationship and Behaviour Support Plan could result from multi-professional collaboration and be included in a SEND support Plan. The plans will also include further actions to help build a child's 'Window of Tolerance'. This could include external therapy sessions and/or small group or individual tasks. The plans will be written using as much of the pupil voice as possible. It will also include potential triggers and a section detailing what it might look like when that particular child becomes dysregulated.

Staff Training

It is the policy of this school that all staff working closely with pupils are trained in the pro-active and responsive restrictive, non-restrictive and de-escalation strategies and, to complement the behaviour management approaches and strategies reflected in our Relationships, Communication and Behaviour Policy. In cases where a Communication, Relationship and Behaviour Support Plan is in operation, selected staff will be trained in any non-restrictive or restrictive interventions to be used. These staff will be trained by an accredited provider and will be the only staff authorised to use the intervention. All non-teaching staff and senior leaders/designated safeguarding leads (DSLs) (including deputy DSLs) have been PRICE (Protecting Rights In Caring Environments) trained using approaches that promote de-escalation techniques. It taught de-escalation strategies, which can be used when managing difficult or challenging behaviours (see Appendix C). All staff have also had Safer Handling training.

General Advice for Staff

- Be sure that you are aware of and complying with the school Relationships, Communication and Behaviour policy and restrictive interventions, non-restrictive and de-escalation strategies.
- It is better to de-escalate and defuse situations wherever possible, as this prevents them from escalating to a level where reasonable force is necessary
- Send for the assistance of another member of staff as soon as possible, using the agreed call-out protocol (Red cards)
- All those involved must be de-briefed after incidents to explore more positive/effective responses to future difficult situations

Responding to Unforeseen Emergencies

Even the best planning systems cannot cover every eventuality and the school recognises that there are unforeseen or emergency situations in which staff have to think on their feet. It is

not enough to thoughtlessly apply rules without thinking through the likely consequences. The key principles are that any physical intervention must be:

- In the best interest of the child
- Reasonable and proportionate
- Justifiable
- Intended to reduce risk
- The least intrusive and restrictive of those options available which are likely to be effective.

Whenever a restrictive intervention has to be made, there should be a verbal warning. Where possible, staff must always attempt to use diversion or diffusion in preference to restrictive interventions. They must only use the techniques and methods approved for use in this school.

Recording

Whenever a restrictive intervention is used, the incident **must** be recorded on our secure school system, CPOMs. All staff have access to this system. All staff involved in an incident must contribute to the record, which will be completed within 24 hours. The details recorded on the system are kept confidentially. Parents/carers must also be notified and this is to be recorded as an 'action' on CPOMs.

Staff must:

- Inform a member of SLT as soon as possible
- Complete an incident report on CPOMs, our secure school recording system for any behaviour or safeguarding incidents
- Take time to think about what actually happened and try to explain it clearly
- Include all names in full (of any children and staff involved)
- Ensure all dates and times are accurate on the CPOMs entry

Post-Incident Support

Incidents that require use of restrictive physical interventions can be upsetting to all concerned and could result in injuries to the child or staff. After incidents have subsided, it is important to ensure that staff and children are given emotional support and basic first aid treatment for any injuries. Immediate action must, of course, be taken to ensure that medical help is accessed for any injuries that require other than basic first aid. All injuries must be reported and recorded in accordance with school procedures. The school must take action to report any serious injuries to staff or pupils in accordance with LA guidelines (see First Aid and Medicines Policy and Practice).

We need to consider:

- thoughts, feelings, emotions,
- emotional 'first aid'

Stage 1 – Immediate 'Are you ok?' This must occur before people leave to go home.

Stage 2 – De-briefing must check whether people have adjusted to an emotionally difficult event. This must occur within 48 hours.

Stage 3 – Counselling: formal support. When a member of staff requests formal support, senior leaders will seek this support for the individual. Support is never imposed.

Post Incident Review

Focus on actions and behaviours:

- Who did what, when, why, how?
- What was the outcome?
- What does it tell us about what we already know about the young person?
- What have we learnt and what or how does this inform our practice? Adapt their Communication, Relationship and Behaviour Support Plan if we feel it is necessary.

Monitoring use of Restrictive Interventions

Use of restrictive interventions in school is monitored in order to help staff learn from experience, promote the well-being of children in their care, and provide a basis for appropriate support. Monitoring can help the school to determine what specialist help is needed for children and to assess the appropriateness of the child's placement at the school. The use of restrictive interventions is monitored and evaluated regularly at Senior Leadership Team meetings. Individual pupil risk assessments are reviewed annually.

Guidance for governing bodies and proprietors on using data

The governing body will take all reasonable steps to ensure that the school's procedures for recording and reporting the use of force and seclusion and restrictive interventions are complied with. The governing body will regularly review and interrogate data on restrictive interventions to ensure school leaders:

- identify and implement improvements to policies and practices, particularly if approaches have been used for some time but have not been effective.
- identify areas of learning and development for school staff, supporting specific teachers to improve understanding and practice.
- understand pupils' repeat patterns and triggers to interrogate the effectiveness of pupil support measures, share this information with teachers who work with those pupils to better support them and, where appropriate, their parents, to establish an individualised plan for the pupil
- identify any disproportionate use of restrictive interventions in relation to pupils who share protected characteristics, have SEN, or other types of vulnerability.

The governing body will consider the limitations of data and what can be inferred from it. Analysis will be proportionate and avoid over-interpreting small subgroups of people.

Responding to Complaints

The use of restrictive interventions can lead to allegations of inappropriate or excessive use. In the event of a complaint being received by a school in relation to use of force

by staff, the matter must be dealt with in accordance with LA guidelines and agreed procedures for handling allegations against members of staff (see our Child Protection and Safeguarding Policy).

Policy Review and Evaluation

This policy has been developed in liaison with school staff and governors. It will be reviewed annually, or when relevant national or local guidance indicates additional need.

Other Relevant Policies

This policy should be read in conjunction with:

- Communication, Relationship and Behaviour Policy
- Health & Safety Policy
- Child Protection and Safeguarding Policy
- Anti-Bullying Policy and Practice
- Volunteer Policy

Appendix A

YES



NO



For more information, follow these links:

- [Fight club](#) - Breaking up fights
- [A walk in the park](#) – Removing people from classrooms or up and down stairs
- [Weights and measures](#) - Comparing teamteach and other providers' techniques under pressure
- [That's not a knife?](#) - Searching pupil
- [No pain no gain](#) - The dangers of banning the use of pain in children's homes and schools
- [The really wild show](#) - Dealing with biting, spitting and headbutting
- [Accident prone](#) - Why floor restraints can often be avoided
- [The bigger they are](#) - Using force with smaller or larger people
- [Mr Grey will see you now](#) - What is reasonable force
- [Have I got Human Rights for you](#) - Absolute and qualified human rights (taken from our [live DVD filmed at Cheshire Police HQ](#))

Appendix B



Care, Grow and Flourish in God's Loving Hands

Our Three Fundamental Rights

The right to be respected

The right to learn

The right to be safe

Communication, Relationship and Behaviour Support Plan

Name:		Class:		Date set:		Review date:	
Potential Triggers: What things make me feel dysregulated?				What does it look like when I am becoming dysregulated?			
<u>Primary Strategies</u> What helps me stay in the Green Zone		<u>Secondary Strategies</u> What helps me when I have been triggered and feel like I am in the Yellow Zone or Blue Zone.		<u>Tertiary Strategies</u> What will help me when I am in the Red Zone		<u>Strategies After an Incident</u> Things that help me after I have been in the red zone.	
				<u>Non – Restrictive</u>	<u>Restrictive</u> There may be rare occasions when we need to use positive handling strategies. This will be only be done in line with our policy		
Further Actions to help build my Window of Tolerance							
This section could include external therapy sessions Small or individual group tasks							

Appendix C



Handout - De-escalation & Defusion: Components of Effective De-escalation Strategies

The following table highlights specific elements of each of the five recognised components of effective de-escalation. As with all approaches to supporting individuals who may display behaviours of concern, this is not an exhaustive list and not all elements are necessary/ appropriate in every specific situation. They provide a starting point to discuss during training and for participants/ practitioners to use to inform their future practice and development.

Safety	Self-Regulation	Assessment	Communication	Actions
Risk assessment – proactive and dynamic	Remain calm	Assess the current situation – in the context of past incidents and wider knowledge of the pupil as well as the ‘here and now’	Connect through relationship	Distract/ redirect – change of activity
Space/ proximity/ touch – should we increase or decrease proximity? Touch or don’t touch?	Be patient	Assess risk to pupil, others and the environment	Avoid closed questions	Set limits/ boundaries (respectfully and sensitively)
Environment – exits/ room layout/ furniture/ obstacles	Recognise your own feelings (Anger? Anxiety? Fear? Disgust? Confusion? Sadness? Despair?)	Assess their emotional state – consider neurological/ cognitive processes	Offer choices/alternatives	Change posture/body language/ proximity (e.g. sit down, stand up, move towards, move away)
Seek support – witnesses, co-regulate	Non-judgmental	Observe early signs of aggression and increase/ decrease in dysregulation	Try to problem solve – seek solutions/ resolution	Change of staff support/ ‘change of face’
Seek support – witnesses, co-regulate	Non-judgmental	Observe early signs of aggression and increase/ decrease in dysregulation	Try to problem solve – seek solutions/ resolution	Change of staff support/ ‘change of face’
Make others aware of the situation or rising levels of dysregulation	Be assertive	Assess anticipated trajectory of the incident – based on previous knowledge, experience, and patterns of behaviour (refer to Stages of an Incident model)	Identify causes (of the dysregulation)	Change the environment – go inside/ go outside, change noise levels, light levels, temperature
Remove potential dangers – weapons, other pupils, property	Avoid aggression – shouting, consider body language, ‘threats’ (e.g. “if you carry on I’ll ...?”)	Assess when to intervene – Who? What strategy?	Reminders of behavioural expectations	Change of stimulus – increase or decrease

Safety	Self-Regulation	Assessment	Communication	Actions
	Avoid passivity (ineffectiveness)	Use all your senses in the assessment – including your 'gut feeling'	Develop rapport – may share own feelings (in regulated manner)?	Meet basic needs – hunger, pain, too hot/ too cold
	Reflective practice (will link to Schon's model – "on action, in action, for action")	Reflect – what worked well? What didn't help this time?	Acknowledge the pupil's feelings/ situation	Apply the IBSP
	Take responsibility for own attitudes, actions and behaviour	Review the IBSP/ Distress Management Plan	Redirect to another topic or conversation	Remove triggers
	Post-incident debrief – reflection, time out		Use clear, concise language – be brief	Debrief work
			Paraphrase/ summarise the pupil's communications – demonstrates and ensures understanding of their point of view	Update the IBSP
			Use of humour?	Medical attention
			Be honest	Restore the environment
			Avoid – jargon, threats, indecisive language, "maybes..."	
			Reassurance of safety	
			Don't argue	
			Don't patronize	
			Show professional concern	
			Active listening	
			Tone of voice	
			Body language	
			Eye contact	
			Facial expressions	
			Touch	
			Silence	
			Cultural awareness – diversity	

Adapted from:

Hallett, N., & Dickens, G. (2017). De-escalation of aggressive behaviour in healthcare settings: concept analysis. *International Journal of Nursing Studies*, 75, 10-20. <https://doi.org/10.1016/j.ijnurstu.2017.07.003>

