TAPESTRY LEARNING PARTNERSHIP

Restrictive Interventions Policy

(including the use of reasonable force, restraint and seclusion)

Department:	Education
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1.0 Aims

This policy sets out Tapestry Learning Partnership's (the Trust's) approach to restrictive interventions, including the use of reasonable force, restraint and seclusion. The Trust recognises that restrictive interventions can have a significant physical and psychological impact on children, young people and staff. They should therefore only ever be used when necessary, proportionate and lawful, and where less restrictive measures have been attempted or assessed as inappropriate in the circumstances.

The Trust is committed to:

- Safeguarding the welfare, dignity and human rights of children and young people.
- Preventing and minimising the need for restrictive interventions.
- Supporting staff to manage behaviour safely and confidently.
- Meeting statutory recording and reporting duties.
- Using data to continuously improve practice.

This policy should be read alongside the:

- School/Academy Behaviour Policy
- Tapestry Safeguarding and Child Protection Policy
- Tapestry SEND Policy
- Tapestry Health & Safety Policy

This policy is informed by:

- Education and Inspections Act 2006 (sections 93 and 93A).
- Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025.
- Equality Act 2010.
- Human Rights Act 1998.
- Health and Safety at Work etc. Act 1974.
- DfE guidance: Restrictive interventions, including use of reasonable force, in schools (April 2026).
- Keeping Children Safe in Education (2025).

2.0 Roles and Responsibilities

The policy outlines that the Trust, its schools and all staff share responsibility for ensuring restrictive interventions are used only when lawful, necessary and proportionate, with a strong emphasis on prevention, de-escalation and safeguarding.

Role	Responsibility
Leaders	• Must ensure staff are appropriately trained.

	• Ensure statutory duties for recording and reporting are followed. • Ensure that incidents are monitored to identify risks, patterns and training needs
Staff	• Are responsible for using professional judgement. • Must maintain the child/young person's welfare and dignity. • Should always consider SEND and vulnerabilities. • Must complete required post-incident actions including welfare checks, debriefs and reviews of support plans.
Trustees	• Provide governance oversight, ensuring compliance with legislation. • Review emerging trends. • Ensure that practice remains safe, proportionate and rights-respecting. • Ensure complaints or allegations are managed through the safeguarding and complaints procedures.

3.0 Definitions

- Restrictive intervention: Any action that prevents, restricts or subdues a pupil's movement, including physical and non-physical interventions.
- Reasonable force: Physical force used by staff to prevent injury, damage, criminal behaviour or serious disorder. It must be the minimum necessary for the shortest time.
- Restraint: A non-disciplinary intervention that immobilises or limits a pupil's movement, with or without physical contact.
- Seclusion: A non-disciplinary safety measure involving keeping a pupil in a place away from others and preventing them from leaving.
- Significant incident: Any incident where force goes beyond everyday physical contact and requires formal recording and reporting.

Where this policy uses the word '**must'**, this indicates a legal requirement. Where it uses '**should'**, this indicates expected practice unless there is good reason not to follow it.

Section 1 - Using restrictive intervention

4.0 Prevention and de-escalation

The Trust prioritises proactive strategies to minimise the need for restrictive interventions, including:

- Positive behaviour support approaches

- Consistent routines and expectations
- Trauma-informed practice
- Environmental adaptations
- Early identification of triggers
- Effective communication strategies
- Strong relationships between staff and children/young people

Individual support may include behaviour support plans, reasonable adjustments, sensory strategies and joint working with parents [1] and external professionals.

Staff Training

The Trust recognises that staff training is a critical component of preventing the need for restrictive interventions and ensuring that, where they are used, they are applied safely, lawfully and proportionately.

In line with the April 2026 Department for Education guidance, staff who are likely to work in situations where restrictive interventions may be required will receive appropriate training in behaviour support, prevention and de-escalation strategies, and the safe and lawful use of reasonable force and other restrictive interventions.

Training will reflect the principles of this guidance and will support staff to assess necessity and proportionality, understand risks to physical and psychological wellbeing, recognise the impact of trauma and SEND, and make defensible professional judgements, including in situations where decisions must be taken quickly.

The Trust will ensure that training needs are informed by its child/young person cohort, patterns and trends in incidents, and risk assessments. As an employer, the Trust will take reasonably practicable steps to ensure the health, safety and welfare of staff, including providing refresher training, access to advice and support, and additional guidance where staff regularly work with children/young people who present a higher level of risk. This means that some school/academies will have at least two staff trained at level two Team Teach and all schools/academies will have a number of staff members tracked at level one Team Teach.

5.0 When restrictive interventions may be used

Restrictive interventions, including the use of reasonable force, restraint and seclusion, may only be used in **exceptional circumstances** where they are **lawful, necessary and proportionate**, and where other less restrictive

[1] For the purposes of this policy, 'parent' includes carers and any person with parental responsibility, and in relevant circumstances a local authority acting in that role.

measures have been attempted or assessed as inappropriate in the circumstances.

In line with the April 2026 Department for Education guidance, restrictive interventions may only be used to prevent a child/young person from:

- Causing injury to themselves or others
- Committing a criminal offence
- Causing serious damage to property
- Causing significant disorder

The decision to use a restrictive intervention is a matter of **professional judgement** and must always be based on the specific circumstances at the time. Before using, or continuing to use, a restrictive intervention, staff must, wherever practicable, consider the following factors, which are drawn directly from the guidance:

Necessity
Staff should consider whether a restrictive intervention is required to reduce an immediate risk of harm and whether other less restrictive strategies, including de-escalation, redirection or support from other staff, are likely to be effective. Where a restrictive intervention is unlikely to successfully reduce risk or is likely to escalate the situation further or cause more harm than the behaviour itself, it should not be used.

Proportionality
Any restrictive intervention must be the **least restrictive option available**, using the **minimum amount of force** for the **shortest amount of time** necessary to reduce the risk. If an intervention is not reducing risk or is escalating the situation, staff must reconsider their approach and seek to reduce or cease the intervention as soon as it is safe to do so.

Child and young person welfare and dignity
Staff must consider the impact of any restrictive intervention on the child/young person's physical and psychological wellbeing. Where possible, staff should seek to maintain the child/young person's dignity, including consideration of the environment in which the intervention takes place, and should communicate calmly and clearly with the child/young person about what is happening and why.

Vulnerabilities and SEND
Staff must have regard to the individual needs and circumstances of the child/young person, including any special educational needs, disabilities, medical conditions, communication needs, sensory sensitivities, past trauma or other vulnerabilities. These factors may affect how a child/young person experiences an intervention and must inform decision-making before, during and after any restrictive intervention.

Equality implications
Staff must consider relevant duties under the Equality Act 2010, including the need to avoid discrimination, make reasonable adjustments and ensure that responses do not disproportionately impact children and young people who share protected characteristics.

Restrictive interventions must never be used as a punishment, as a disciplinary sanction, or for the purpose of compliance or convenience. They must only be used as a last resort safety measure and must cease as soon as the immediate risk has reduced.

Following any restrictive intervention, staff must ensure that appropriate post-incident actions are taken in line with this policy, including recording and reporting, medical checks where appropriate, reflection and review.

Statutory power to use reasonable force (Education and Inspections Act 2006)
Under Section 93 of the Education and Inspections Act 2006[2], all members of school staff have a statutory power to use reasonable force in limited circumstances to prevent a child/young person from causing injury to themselves or others, committing a criminal offence, damaging property, or causing disorder.

This power applies while staff are lawfully in charge of child/young person and extends to situations both on and off site, including educational visits. Section 93 provides the legal basis for the use of reasonable force in schools, and any such use must be reasonable in the circumstances, meaning that it must be necessary and proportionate to the risks presented at the time.

In addition, Section 93A of the Act places a statutory duty on governing bodies and proprietors to ensure that arrangements are in place for recording and reporting significant incidents involving the use of force. This policy reflects both the legal power under Section 93 and the statutory recording and reporting duties under Section 93A and must be implemented in a way that is consistent with wider safeguarding, equality, human rights and health and safety obligations.

Unacceptable use of restrictive intervention
Restrictive interventions must never be used as a punishment, a disciplinary sanction, or for the purpose of compliance, convenience or to manage behaviour where there is no immediate risk of harm. Any use of force or restrictive practice for these purposes is unlawful.

[2] Education and Inspections Act 2006, Section 93 (reasonable force):

Staff must not use any techniques or approaches that may restrict or interfere with a child/young person's airway, breathing or circulation. This includes, but is not limited to, applying pressure to the neck, throat, chest or abdomen, covering the mouth or nose, or positioning a child/young person in a way that compromises respiration. Such practices present a serious and potentially fatal medical risk and are strictly prohibited.

The use of restrictive interventions carries inherent physical and psychological risk, particularly where they occur on the ground. Ground restraint should therefore be avoided wherever possible. Where a child/young person is unintentionally brought to the ground, staff must take immediate steps to reduce risk by repositioning or releasing holds as soon as it is safe to do so and moving to a safer alternative or standing position.

Any restrictive intervention that presents, or begins to present, a medical risk must stop immediately. Where a child/young person has been restrained, particularly where there has been any impact to breathing, circulation, consciousness or physical injury, staff must seek medical assessment and treatment as soon as practicable.
Staff must also be mindful that restrictive interventions can cause significant psychological distress. Interventions that humiliate, degrade, intimidate, threaten or deliberately cause emotional harm are unacceptable. All responses must seek to preserve the child/young person's dignity and wellbeing, even in high-risk situations.

Any incident involving unacceptable practice, or where there is concern that an intervention may have compromised a child/young person's safety, must be reported immediately in line with the Trust's Safeguarding and Child Protection Policy. Consideration should be given to any other relevant reporting requirements.

Appropriate physical contact
Appropriate physical contact (for example, first aid, comfort, guiding or PE instruction) is lawful and sometimes necessary. Staff must use professional judgement and consider safeguarding context, child/young person age, vulnerability and alternative strategies.

Reasonable force for searching pupils
Under statutory powers[3], the Head and staff authorised by the Head may search a child/young person or their possessions where they have reasonable grounds to suspect that the child/young person is in possession of a prohibited item. Prohibited items are those set out in legislation and include, for example, knives or weapons, alcohol, illegal drugs, stolen items and any article that has been or is likely to be used to commit an offence, cause personal injury or damage to property.

[3] Section 550ZA of the Education Act 1996

Where a lawful search is taking place for a prohibited item, staff may use such force as is reasonable in the circumstances to conduct that search. Any use of force in this context must be necessary, proportionate and for the shortest possible time, and must be consistent with the principles set out in this policy.

Reasonable force must not be used to search for items that are banned only under the school/academy's own rules. Where force is used during a search, this will be treated as a restrictive intervention and must be managed in line with this policy, including consideration of the child/young person's welfare, dignity, vulnerabilities and any SEND or medical needs.

Any significant incident involving the use of force during a search must be recorded and reported in accordance with statutory duties.

All searches must be carried out in accordance with the school's Searching, Screening and Confiscation procedures, and staff involved in searching children/young people will receive appropriate guidance and training.

6.0 Seclusion

Seclusion is defined in statutory guidance as a non-disciplinary, short-term safety measure and may only be used where a child/young person is experiencing high levels of emotional or behavioural dysregulation and there is a serious and immediate risk of harm to the child/young person or to others. Seclusion must never be used as a punishment, a sanction, a planned behaviour management strategy, or as a response to deliberate non-compliance where there is no immediate risk.

Seclusion must only ever be used to reduce an immediate risk of harm and must not be used to coerce, threaten or control a child/young person. It should not be implemented through the threat of punishment or the suggestion that negative consequences will follow if a child/young person attempts to leave.

Where seclusion is used, the place in which the child/young person is confined must be safe, suitable and non-threatening, taking account of the child/young person's age, needs, vulnerabilities and sensory sensitivities. The environment must not present a risk to the child/young person's physical or psychological wellbeing and should allow the child/young person to calm and regain regulation.

A child/young person who is secluded must be continuously supervised at all times by a member of staff. Supervision must be active and purposeful, enabling staff to monitor the child/young person's physical and emotional wellbeing, communicate appropriately, and respond immediately if the child/young person becomes distressed, unwell or at risk.

Seclusion must end as soon as the immediate risk of harm has reduced. It must not continue beyond the point at which it is necessary to manage risk, and children/young people must be supported to rejoin others safely when they are able to do so.

Any incident involving seclusion must be treated as a significant safeguarding event.

All incidents of seclusion must be recorded and reported in line with statutory duties[4].

Following any use of seclusion, appropriate post-incident actions must take place, including welfare checks, reflection, support and review of preventative strategies.

Section 2 – Post Incident

7.0 Record Keeping

The Trust recognises that incidents involving restrictive interventions are **significant safeguarding events**[5].

The Board of Trustees ensures that clear procedures are in place for the recording and reporting of all relevant incidents.

Recording of significant incidents involving the use of force
All significant incidents involving the use of reasonable force must be recorded in writing (an example reporting template can be found at Appendix 1) as soon as practicable after the event, and staff should endeavour to complete records no later than the same day**.**

Records must be completed by the staff member(s) involved and must provide a clear, factual account of the incident. As a minimum, records will include:

- The name of the child/young person and the names of staff directly involved.
- Any additional needs the child may have including medical needs.
- The date, time, location and approximate duration of the incident.
- A brief account of what happened, including any known context, antecedents, triggers and behaviours of concern.
- Details of any preventative or de-escalation strategies attempted prior to the use of force.

[4] (No. 2) (England) Regulations 2025 and section 93A of the Education and Inspections Act 2006.
[5] In accordance with section 93A of the Education and Inspections Act 2006 and the Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025

- Where relevant, the type of reasonable force used, and the degree of force applied.
- A brief explanation of why the use of force was assessed as necessary at the time.
- Details of any physical injuries, distress or welfare concerns.
- Details of any immediate and ongoing post-incident support, including medical attention where provided.

The requirement to record applies even where the use of restrictive interventions has been discussed or anticipated within a behaviour support plan.

Reporting of significant incidents involving the use of force
Parents must be informed in writing of each significant incident involving the use of force as soon as practicable after the incident and should endeavour to do this no later than the same day, unless a statutory exception applies.

Reports to parents will include, as a minimum:

- The date, time, location and approximate duration of the incident.
- A brief account of why the intervention was assessed as necessary.
- A brief description of what type of force was used and the degree of force applied.
- Details of any physical injuries or welfare concerns, where applicable.

School will normally invite parents to discuss the incident, including any relevant triggers, the effectiveness of preventative strategies, and whether any behaviour support plans or risk assessments require review.

Exceptions to the duty to report apply only where:

- The child/young person is aged 20 or over, or
- It appears that informing a particular parent would likely result in serious harm to the child/young person. In such cases, the incident will be reported to any parent to whom it can safely be reported, or, where this is not possible, to the relevant local authority.

Recording and reporting of seclusion and non-force restraint
All incidents involving **seclusion** or **restraint without physical force** must be recorded and reported[6].

[6] in accordance with the Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025. Where required, incidents will also be reported in accordance with health and safety reporting requirements.

This includes incidents where restrictive interventions are used in line with an agreed behaviour support plan. Records must be completed as soon as practicable and no later than the same day wherever possible.

Where an incident of restraint also constitutes a significant use of force, schools/academies will follow the significant incident reporting procedure set out above.

The same information will not be reported twice. Where an incident involves seclusion or restraint without physical force and does not constitute a significant use of force, the reporting duties under the 2025 Regulations will apply.

8.0 Post-incident support and review

Following any restrictive intervention, schools/academies will ensure that appropriate and timely actions are taken to safeguard the physical and emotional wellbeing of all those involved, to understand what happened and why, and to reduce the likelihood of future incidents.

Immediate welfare and medical checks
As soon as practicable after the incident, staff will check the child/young person and any staff involved for signs of injury, distress or illness. Where appropriate, first aid will be administered and medical assessment or treatment sought. Any injuries or health concerns will be recorded in line with the Trust's health and safety procedures and reported to the Health and Safety Executive where required.

Emotional wellbeing and safeguarding support
The Trust recognises that restrictive interventions can be distressing. Consideration will therefore be given to the emotional wellbeing needs of the child/young person, any staff involved, and any children/young people who may have witnessed the incident. Support may include access to pastoral staff, counselling services, trusted adults or other appropriate support mechanisms.

Reflective debrief and learning
Staff will hold reflective debrief conversations following incidents involving restrictive interventions. These discussions are intended to support wellbeing, enable learning and improvement, and reduce future risk. Where appropriate, debriefs will include:

- A factual review of what happened and why
- Reflection on early warning signs and triggers
- Consideration of what preventative and de-escalation strategies were used and their effectiveness
- Identification of any alternative approaches that may reduce the likelihood of recurrence

Where possible, debriefs should be facilitated by a member of staff who was not directly involved in the incident, and may include the child/young person and their parent where appropriate.

Review of support and risk management
Following any restrictive intervention, staff will review relevant behaviour support plans, risk assessments and reasonable adjustments. Changes will be made where necessary to better support the child/young person, address underlying needs, and strengthen preventative measures.

Repairing relationships and reintegration
Staff are committed to repairing and rebuilding relationships following incidents involving restrictive interventions. Where appropriate, restorative approaches will be used to support the child/young person's reintegration, rebuild trust between children/young people and staff, and promote a sense of safety, dignity and belonging.

Monitoring and escalation
Leaders will monitor incidents and post-incident actions to identify patterns, emerging risks or training needs. Where restrictive interventions occur repeatedly or where concerns arise, this will trigger further review, multi-agency engagement where appropriate, and escalation through safeguarding or SEND processes.

Section 3 – Leadership and Management of Restrictive Intervention

9.0 Governance

The Board of Trustees recognises that the use of restrictive interventions is a significant safeguarding matter and will provide appropriate oversight to ensure that practice across the Trust is lawful, proportionate and focused on prevention.

In line with statutory duties and the April 2026 Department for Education guidance, the governing body/proprietor will ensure that suitable arrangements are in place to support the effective implementation of this policy and the associated recording and reporting requirements.

In fulfilling this responsibility, the Board of Trustees will:

- Ensure that this policy is implemented and reviewed regularly.
- Assure itself that statutory recording and reporting duties are being met.
- Receive and consider information about the use of restrictive interventions, including emerging patterns or trends.
- Be mindful of any disproportionate impact on children/young people with special educational needs and disabilities or other identified vulnerabilities.

- Use information from incidents to inform discussion about prevention, training and support.
- Ensure that staff are appropriately supported and trained.
- Ensure that learning from incidents contributes to the ongoing development of practice.

Oversight of restrictive interventions will form part of the Board of Trustees wider safeguarding and pupil wellbeing responsibilities.

10.0 Complaints

Any complaints raised in relation to the use of restrictive interventions will be managed in accordance with the Trust's complaints procedure.

Where an allegation is made that a member of staff has used restrictive interventions inappropriately, unlawfully or in a way that may have placed a child/young person at risk, the matter will be managed in line with Keeping Children Safe in Education (2025) and the Trust's safeguarding and allegations management procedures.
Where appropriate, schools/academies will work with external agencies to ensure concerns are managed in accordance with statutory guidance. This includes consideration of whether the concern meets the threshold for referral to the Local Authority Designated Officer (LADO) and whether any immediate safeguarding or risk management actions are required.

The Trust will ensure that allegations are considered objectively, based on the available evidence, and that appropriate support is provided to all parties involved.

Learning arising from complaints and allegations will be used to inform training, policy review and preventative practice.

Appendix 1 – Restrictive Physical Intervention

Use of reasonable force and other restrictive interventions (RPI) form

This form is designed in accordance with recording and reporting requirements stipulated within DfE guidance: Restrictive interventions, including the use of reasonable force, in schools (April 2026)

Name of pupil receiving the RPI		**Pupil's class and teacher**	
Please identify the pupil's SEND status: (*EHCP / SEN Support / No SEN/LAC)*			
Medical needs			
Specific locations that the incident began/finished		**Date of incident:**	
Name and role of person using the RPI and completing this form		**Date form completed:**	
Names of any other staff members present			

Start time of incident *(use 24-hour clock)*	**Duration of incident** *(from start to return to planned activity)*	**Duration of restrictive physical intervention (make explicit any gaps and timings of different holds)** *(if there were any intervals during support please specify)* *(offered / accepted and outcomes)* **Hours- Minutes:**
:	**Hours: Minutes:**	

Medical checks *(Were any physical injuries sustained by the pupil. Please outline any medical treatment or care provided)*
Factual account of the incident *(provide an objective and factual account including environmental factors and triggers if known – Who, What, Why, When and How?) You must state the type of RPI that was used during the incident)*
What happened before the incident ?
What happened during the incident ?

What happened after the incident ?

Why was the restrictive physical intervention necessary? *(describe your dynamic risk assessment and why you honestly believed that the measure you chose was in the best interests of the pupil).*

Diversion, distraction and de-escalation attempted *(please circle / highlight any technique attempted)*

• Verbal advice • Clear directions • Negotiation • Limited choices	• Distraction • Reassurance • Planned ignoring • Change of adult	• CALM talk/stance • Withdrawal offered • Withdrawal directed	• Humour • Reminder of consequences • Success reminder • Other (Please state)

Graded and gradual response	**Restrictive physical intervention used** *(please circle / highlight any technique used)*	
• Show and Go • Caring C guide • Help Hug • Turn, gather, guide • Half shield	• Two person single elbow • Single person Double elbow • Two person Double elbow • Figure of 4	• Two-person single elbow to chairs • Small child beanbag response • Other – Please state

Seclusion and non-force related restraint *(please circle / highlight any technique used)*

- Seclusion *(a non-disciplinary intervention involving keeping a pupil confined to a place away from others and prevented from leaving)*
- Other – Please state *(for example removal of a walking aid, the use of mechanical restraint such as strapping a child in a wheelchair)*
-
-

Post incident support with pupil *(please specify the reflection process and outcome with pupil)*

Pupil voice

Communication with parent /carer *(please specify how, and when specifically, the parent/carer was informed of this incident)* *Schools must communicate this information to parents in writing. For example, via email or online messaging system. Best practice would include inviting parents to have a follow-up discussion about the incident where appropriate.*
Controlling risk *(describe any current plans in place for this child such as a behaviour support plan, positive handling plan or risk assessment, and / or any changes you will now make to routines, personnel or the environment to reduce risk of reoccurrence of this incident) debrief documentation*

Record keeping *(how has this incident been recorded? Please add detail below regarding any of the following which apply)*	
Myconcern/CPOMS incident log number	
Bound book log number	
Accident book	
Medical tracker	
RIDDOR	
Inform internal school and or external professionals	

Post incident support and reflections of staff members involved in the incident
Leadership review undertaken by Headteacher / Team Teach Tutor *(please outline any review comments, learning and or additional activity undertaken)*

Signed *(Name and role)*		**Date**	

Appendix 2 – Behaviour Support Plan

Behaviour Support Plan for …… **Date:**		
Stages of Distress and Support	**Need / Support Strategies**	**Review Date:**
Window of tolerance:	***Need for trusted adults, predictable routine, co-regulation, scaffolding etc***	
*What the child does, says or looks like that shows they are relaxed, calm, responsive and able to learn.**	*Strategies to keep child regulated and in their window of tolerance as much as possible*	
Anxiety / Trigger	***Need for diversion, support and reassurance:***	
What does the child do, say or look like that shows he is/or could be becoming distressed or anxious	*Strategies to stop the situation escalating outside of the child's window of tolerance*	
Defensive/ Escalation:	***Need for diversion, reassurance, clear limits, boundaries and choices***	
What does the child do, say and look like when their brain and body is mobilising.	*Strategies to manage the situation and prevent unnecessary distress, injury and destruction. Returning the child to their window of tolerance as quickly as possible e.g. non-restrictive guides*	
Crisis	***Possible need for restrictive physical intervention appropriate for the individual*** ***Any planned Restrictive Physical Intervention must be recorded here***	
What does the child do, say and look like during their highly distressed behaviour	*Rapid, dynamic risk assessment of environment, presence of others e.g. restrictive interventions Beanbag, help hug, half shield*	

Recovery	***Need for support and reassurance***	
What does the child do, say and look like when they are able to respond using words or actions	*Strategies to support the child to become more calm, less anxious and distressed*	
Depression	***Need for observation, support, and monitoring - recover and repair***	
What does the child do, say and look like when their distressed behaviour has been controlled	*Strategies to support the child to regulate physiologically, relationally and/ or cognitively so they are able to return to their window of tolerance*	
Restoration	***Need for repair, reflection and restoration***	
What does the child do, say and look like when they are ready and able to think more clearly	*Strategies to support the child and adults repair ruptures to relationships, building trust and resilience*	

** Delete italics as each cell is completed*

Parent:…… **Planned review date:……**

Key person:……..

Senior leader:……..

When a restrictive intervention has been used it must recorded, and shared with parents in line with TLP Restrictive Physical Intervention Policy

Appendix 3 – Restrictive Physical Intervention (staff risk assessment)

Name of Staff Member:
Nature of Risk: In undertaking the role of [insert job role], there is an increased likelihood of working with pupils who may display dysregulated or dangerous behaviour that could require restrictive physical interventions in order to preserve the safety and wellbeing of themselves or others. In undertaking these interventions, there is an increased risk of the staff member being harmed by a pupil displaying such behaviours and harming the pupil, which may result in an allegation being made against them.
Date of Risk Assessment:
Review Date:
Signed by Headteacher:

Context: [Staff member name] works as a [insert job role] at [insert school name]. This role may involve responding to incidents where pupils exhibit behaviour that poses a risk of harm to themselves or others. As an employer of choice, we take a proactive approach to support the welfare of our staff. We recognise that, whilst sometimes these incidents are not preventable, there are measures that we can take within our schools to make them the safest environment possible for everyone in the school community.

What is the risk?	Who might be harmed?	Risk Rating before Controls – High/Medium/Low	Current Control Measures to Reduce Risk	What Further Action is Necessary?	Who is responsible for implementing this measure and by when?	Risk Rating after Controls – High/Medium/Low
Physical harm to staff member whilst implementing a restrictive physical intervention on a dysregulated pupil (e.g. scratches, bites or impact injuries)	Staff		• Staff member has received accredited up-to-date training on deescalation and positive handling techniques. • Staff member receives training to support their understanding of the DFE statutory guidance and MAT Policy on Restrictive Intervention • Staff are aware of the procedures to follow if a pupil displays dangerous behaviour. Staff will be supported by senior leaders to deescalate the situation. • Individual pupil risk assessments and bespoke support plans are in place for pupils who display dangerous			

			behaviour. All staff working with these pupils are briefed on the known triggers, de-escalation strategies and other control measures that are in place. Risk assessments and plans are reviewed regularly, including after any incidents, to ensure the control measures remain appropriate. • Post-incident support prioritises welfare of both staff and pupils involved, including medical assessment of any injuries sustained. • Recording and reporting procedures ensure that effective review takes place after each incident to enable learning and consideration of risk reduction measures. • Historical records from Myconcern/CPOMS, behaviour management systems, suspensions and exclusions data will be used to identify patterns and risk factors in restrictive intervention incidents. This may consider individual pupils, but also locations, days and times which are higher risk, so enhanced supervision can be put in place. • Staff deployment is reviewed following a significant incident to determine whether any			

			reasonable adjustments are required to support them.			
Staff member physically harms pupil whilst implementing a restrictive physical intervention, which may result in an allegation being made against them	Staff Pupil		• Staff member has received accredited up-to-date training on deescalation and positive handling techniques. • Staff member receives training to support their understanding of the DFE statutory guidance and MAT Policy on Restrictive Intervention. • Staff are aware of the procedures to follow if a pupil displays dangerous behaviour. Staff will be supported by senior leaders to deescalate the situation. • Individual pupil risk assessments and bespoke support plans are in place for pupils who display dangerous behaviour. All staff working with these pupils are briefed on the known triggers, de-escalation strategies and other control measures that are in place. Risk assessments and plans are reviewed regularly, including after any incidents, to ensure the control measures remain appropriate. • Post-incident support prioritises welfare of both staff and pupils involved, including medical assessment of any injuries sustained.			

			• Recording and reporting procedures ensure that effective review takes place after each incident to enable learning and consideration of risk reduction measures. • Staff deployment is reviewed following a significant incident to determine whether any reasonable adjustments are required to support them. • Parents/Carers are informed about any restrictive intervention in line with policy to ensure transparency. • Historical records from CPOMS, behaviour management systems, suspensions and exclusions data will be used to identify patterns and risk factors in restrictive intervention incidents. This may consider individual pupils, but also locations, days and times which are higher risk, so enhanced supervision can be put in place. • MAT Managing Allegations and Low-Level Concerns Policy sets out clear procedures to follow in response to any allegation against a member of staff, prioritising transparency and fairness.			
Emotional harm to staff member because of	Staff		• Staff member has received accredited training on			

implementing a restrictive physical intervention on a dysregulated pupil			deescalation and positive handling techniques. • Staff member receives training to support their understanding of the DFE statutory guidance and MAT Policy on Restrictive Intervention. • Individual pupil risk assessments and bespoke support plans are in place for pupils who display dangerous behaviour. All staff working with these pupils are briefed on the known triggers, de-escalation strategies and other control measures that are in place. Risk assessments and plans are reviewed regularly, including after any incidents, to ensure the control measures remain appropriate. • Post-incident support prioritises welfare of both staff and pupils involved, including emotional wellbeing support and signposting to employee assistance programme. • Staff member is given opportunity to contribute to post-incident review to ensure their voice is heard. • Staff deployment is reviewed following a significant incident to determine whether any reasonable adjustments are required to support them.			

			• Restorative meeting is facilitated with pupil (where appropriate) to rebuild the relationship and reduce the risk of retaliatory practice and countertransference.			
Retaliatory practice and countertransference could occur where a pupil has harmed a staff member, which may lead to an allegation being made against them	Staff Pupil		• Staff member is given opportunity to contribute to post-incident review to ensure their voice is heard. • Staff member accesses reflective supervision opportunities with an appropriate colleague • Restorative meeting is facilitated with pupil (where appropriate) to rebuild the relationship • Staff deployment is reviewed following a significant incident to determine whether any reasonable adjustments are required to support them.			

Appendix 4 – Pupil Risk Assessment 2026

Name of child	
Date of birth	
School	
Year group	
SEN stage	
Medical needs	

Agencies involved		**Sources of information for risk assessment**	
TLP support		Child/Y.P. (one page profile)	
CAMHS		Family members	
Social services		School reports	
Health		Case notes	
Police		Social services	
		Behaviour Support	
ASD Outreach (C&I team)		Educational psychologist	
SEN nurse			
Behaviour Support / STIP team		EHCP or Non-statutory plan	
Virtual School			
Other (specify) Include any previous settings (Nursery, previous school)			

	Date	**Link to older documents**
Current risk assessment		
1st assessment		
2nd assessment		
3rd assessment		
Suggested frequency of review	*e.g. half- termly (unless significant behaviour change)*	

1. Pupil Voice: Link to one page profile

2. Parent and External Agency Role in supporting child.

Strategies to ensure the child starts and finishes their school day well

3. History and Contextual Factors

Past history: reported and observed behaviours and concerns expressed These may have been reported from previous setting	

Environmental factors: e.g. housing, social and cultural variables, peer groups and areas around the school/establishment	
Type, duration and frequency of the behaviour: e.g. goal directed, demand avoidance, daily/weekly event, degreeof predictability.	
Where and when the behaviour is most likely to occur.	
Known triggers for the behaviour	
Mental or psychological factors known to trigger behaviour (e.g. anxiety, anger)	
Physiological factors which contribute to the behaviour (e.g. Autistic Spectrum Disorder, ADHD)	
Is there anything about the person's overall condition/history that you want more information about?	

4. Link to Behaviour Support Plan
For stages of distress, strategies, planned physical intervention, restoration etc.

5. Strategies that have been tried and DO NOT work for child or young person.
See previous risk assessments

6. Assessment of risk

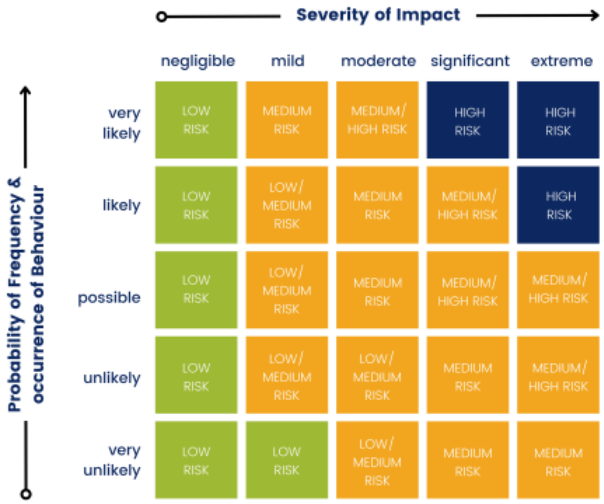
a) Worst reasonable outcome if current controls fail.

Outcome	Self	Peers	Adults	Public
Negligible: No injury to anyone				
Mild: Very minor injury not requiring first aid				
Moderate: Minor injury which may require first aid				
Significant: Major injury requiring emergency medical treatment				
Extreme: Major injury leading to permanent physical or psychological harm. Fatality.				

b) How likely is that outcome?

Likelihood	Self	Peers	Adults	Public
Very unlikely: close to zero				
Unlikely: could conceivably happen				
Possible: occurs sometimes				
Likely: not surprised when it occurs				
Very likely: frequent, occurs repeatedly				

c) Use the matrix below to calculate level of risk in the event of the worst reasonable outcome.



d) Record below by ticking relevant risk level.

Low	Low/Medium	Medium	Medium / High	High

7. Co-produced and agreed with:

Printed Name	Relationship to child	Signature	Date
	Parent 1		
	Parent 2		
	Headteacher		
	SENDCO / Inclusion Lead		
	Other (please specify)		

8. Action Plan

Actions required	Timescale	Person Responsible	Outcome
e.g. buy specific resources, training, adjustments to the environment			*This column is for use during review*

9. Communication of Behaviour Support Plan

Plans & Strategies shared with:	Communication Method	Date actioned
Parents Class teacher(s) Teacher assistants Midday Supervisors Sports Coach Others (please specify)	*e.g. hard copy, email, shared doc*	

10. Review

Evaluation of Behaviour Support Plan and Risk Assessment		
Measures set out	Effectiveness in supporting the child	Impact on risk
What have we implemented?	*What has worked well?*	*Has the risk been reduced?*

Actions for the future:

11. Reviewed and agreed with:

Printed Name	**Relationship to child**	**Signature**	**Date**
	Parent 1		
	Parent 2		
	Headteacher		
	SENDCO / Inclusion Lead		
	Other (please specify)		