



The Diocese of Sheffield Academies Trust

Physical Intervention policy

February 2026

Approved by the Trust Board on:

To be reviewed:

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1. Statement of Intent

The Trust is committed to a culture where restrictive interventions are rare, proportionate, and continually reduced through high-quality teaching, inclusion, relational practice and early intervention.

DSAT aims for every school to '*provide safe, calm, orderly and positive*' environments (DfE 2022: 6) where every child can '*flourish without limits*'.

All staff within the Trust aim to enable positive behaviours and to positively address challenging and unsafe behaviour.

The purpose of this policy is to make clear the position of the Trust with regards to appropriate physical intervention and to safeguard children and staff when a situation or incident requires the use of physical intervention.

Physical intervention and the use of force are only to be used after all attempts to de-escalate a situation have failed or when children, staff or property are at immediate risk.

2. Terminology and Definitions

Behaviour plans are a document drawn up by a team around a pupil (including SENDCO, teaching staff and parents). They are used to support inclusion and minimise episodes of dysregulation.

Emotional dysregulation refers to difficulty in regulating emotions. It can manifest in several ways, such as feeling overwhelmed by seemingly minor things, struggling to control impulsive behaviours, or having unpredictable outbursts.

De-escalation all staff seek to reduce a pupil's emotional dysregulation by consistently using positive strategies to support and enable safe behaviour, in line with the school's behaviour and SEND policies. Specific guidance for some children (including those with SEND) may be included within the child's supporting records and practice.

Positive support the graduated approach of responding to pupils' emotions, learning and behaviour with the intention of protecting pupils and staff. This approach seeks to provide a safe, calm, orderly and positive environment. Further guidance is set out in Section 4.

Physical intervention any situation in which physical contact with a pupil is necessary to manage their conduct to ensure their own or others safety – this includes reasonable force, e.g. to defuse a situation in which a pupil is at risk of harming themselves or others, and safe touch, e.g. comforting a pupil in emotional distress.

Physical Intervention Risk assessment when staff consider that a pupil's actions might necessitate the use of physical intervention, a risk assessment must be completed using the format in Appendix 4.

Reasonable force the broad range of actions that may be used by teachers/pupil facing colleagues that involves a degree of physical contact with pupils. Force is usually used with the purpose to either to control and/or restrain.

Restraint means to physically intervene and hold back or to bring a pupil under control using approved holds (where this is reasonably practicable). It is typically used in more extreme circumstances, for example when two pupils are fighting and refuse to separate without physical intervention.

Safe touch physical contact which, if avoided, would be inhumane, unkind or cause distress to a pupil, e.g. where a pupil is significantly distressed and in need of physical comfort.

Restrictive interventions

Restrictive interventions are any actions that prevent, restrict or subdue a pupil's movement, or limit their freedom, including both physical and non-physical interventions.

Within this policy, restrictive interventions include:

- reasonable force (physical intervention),
- restraint (with or without physical contact), and
- seclusion (as defined in statutory guidance).

Restrictive interventions are not disciplinary sanctions and must never be used as punishment.

Seclusion

Seclusion is a **non-disciplinary safety measure** involving keeping a pupil confined to a space away from others and preventing them from leaving, either through physical obstruction, blocking, or by making the pupil believe they will be punished if they try to leave.

Seclusion must:

- only be used to prevent immediate harm,
- never be used as a punishment,
- be time-limited and reviewed continuously,
- involve **constant supervision**, and
- end as soon as the risk of harm has reduced.

You may also want to clarify how this differs from **removal from class**, to avoid confusion.

3. Positive support: reducing the need for physical intervention

- 3.1 School expects all staff to actively plan for children to learn within safe, calm and orderly environments.
- 3.2 School implements an approach of prevention, to avoid, where possible, all physical intervention. All teaching staff will be trained in:
 - altering the environment to minimise distressing stimuli;
 - adapting planning provision to further reduce escalation recognising warning signs of severe pain or distress and/or aggressive behaviour;
 - communicating empathetically with pupils displaying such signs to aid them in regulating their emotions and de-escalate.

Further guidance and advice is provided in Appendix 1 and Appendix 2 and is to be used as a basis for regular staff training (see Section 7).

- 3.3 The school's SENDCO will support staff by actively planning for risk. This will involve working with children, parents and staff to establish positive behaviour plans and Physical Intervention Risk Assessments for identified children who may become dysregulated.
- 3.4 Teaching staff will be made aware of the medical conditions, behavioural patterns and levels of need of pupils in their class and will ensure that incidents of disruptive or aggressive behaviour in the classroom are handled in line with individual pupils' needs.
- 3.5 Staff will *not* resort to use physical intervention and force without first questioning whether:
 - There are actions that can be taken to remove triggers from pupils, e.g. dimming the lights and encouraging quiet where a pupil goes into crisis/becomes dysregulated in response to sensory overstimulation.
 - The pupil can be removed from the situation without physical intervention, e.g. if they will follow a member of teaching staff out of the classroom.
 - Verbal de-escalation can be attempted, using positive language.
 - The pupil has a condition or support needs that mean physical intervention would be inherently more dangerous, e.g. asthma which may be made worse by restrictive holds or sensory issues where physical touch would contribute to sensory overload and may provoke aggressive behaviour.
 - They have the ability, training and adequate support to physically intervene safely without causing unnecessary harm to the pupil or themselves.

4. Supporting children with SEND and medical conditions

4.1 The school will have due consideration to the risks posed by the additional vulnerability of pupils with SEND and additional medical needs in terms of physical intervention and reasonable force.

The school's SENDCO will ensure that the stipulations of the Equality Act 2010 are adhered to in relation to reasonable adjustments, non-discrimination and the Public Sector Equality Duty.

4.2 The school's SENDCO will work with appropriate staff to ensure that they are aware of children who may have experienced adverse childhood experiences (ACEs) and/or trauma.

4.3 To reduce the occurrence of challenging behaviour that could result in the use of physical intervention the SENDCO will establish Behaviour Plans and Physical Intervention Risk Assessments for pupils with SEND and, where appropriate, for those who may have previously experienced ACEs and/or trauma.

4.4 The school's SENDCO will ensure that all staff that come into regular contact with pupils with medical conditions, and Individual Health Care Plans, are aware of the ways in which their needs can be met without physical intervention.

4.5 The Trust recognises evidence that pupils with SEND may be disproportionately subject to restrictive interventions.
Leaders will regularly review data to identify:

- disproportionality by SEND, disability, or vulnerability,
- repeat incidents involving the same pupils,
- whether reasonable adjustments are effective in reducing risk.
- If concerns are identified through data analysis, then SEND Support Plans for specific pupils should be reviewed as part of the process

5. Reasonable force and the law

5.1 Guidance on the use of reasonable force by is provided within: Use of reasonable force: Advice for head teachers, staff and governing bodies (Department for Education, 2013).

For the purpose of this policy, the term 'reasonable force' covers the broad range of actions that may be used by staff that involves a degree of physical intervention with pupils.

5.2 All members of school staff are legally allowed to use reasonable force. Section 93 of the Education and Inspections Act 2006 allows the use of reasonable force for all adults who are authorised by the Headteacher/Executive Headteacher/Head of School to be responsible for pupils, to use such force as is reasonable to prevent a pupil:

- Causing personal injury, injury to others or damage to property;
- Engaging in any behaviours prejudicial to maintaining good order and discipline;
- Committing a criminal offence (or for younger children that which would be an offence).

5.3 All staff should not hesitate to act in the situations above (5.2), provided they implement this policy and as long as all appropriate adaptations and approaches have been undertaken (such as those outlined in Section 3) including:

- providing effective support (including the approaches set out within a risk assessment or additional support documentation);
- ensuring effective quality first teaching

Where possible, those colleagues in receipt of higher-level training should be called upon in the first instance if this is possible/circumstances allow.

5.4 Reasonable force can be appropriate to *control* a dangerous situation.

Control means either:

- passive physical contact, such as standing between pupils or blocking a pupil's path, or
- active physical contact such as moving or guiding a pupil.

5.5 All physical intervention (whether active or passive) must be reasonable and proportionate to the circumstances and age of the pupil.

5.7 In some circumstances, a failure to take reasonable action to prevent foreseeable harm could result in allegations of negligence.

5.8 Physical intervention will never be used as a substitute for effective, positive behaviour management in accordance with the school's behaviour policy.

6. Appropriate use of physical intervention

6.1 All members of staff are permitted to use physical intervention where they deem it to be appropriate, as long as all necessary adaptations and precautions are in place.

6.2 As set out above (5.2), staff may physically intervene to prevent pupils:

- Causing personal injury, injury to others or damage to property;
- Engaging in any behaviours prejudicial to maintaining good order and discipline;
- Committing a criminal offence (or for younger children that which would be an offence).

6.3 Wherever possible, staff should use the training they have received when physically intervening. However, in an emergency situation where an intervention is still urgently needed (to prevent harm to self and/or others/damage to property) untrained staff may still physically intervene. Staff must follow the legal principles set out within Section 5 and provide a reasonable and proportionate response to the situation they are presented with, only when all other options and adaptations have been explored where and when possible. This does not replace the Trust's expectation that staff will receive appropriate training where their role context indicates a foreseeable risk.

6.4 Staff will always communicate calmly the reasons for their actions to the pupil(s) when intervening.

6.5 The degree of force used whilst physically intervening will depend on the pupil's circumstances (including age, identified SEND and medical conditions).

6.6 All physical intervention will be reasonable and proportionate. This means using no more force than is needed and for no more time than is necessary. As with all issues related to caring for, developing and teaching the pupils, the decisions made will be in light of the best available knowledge at the time.

6.7 All incidents of physical intervention will be:

- Recorded, analysed and reported as outlined in section 8;
- Followed by post-incident support as outlined in section 9;

6.8 Unacceptable practice (unacceptable use of force and restraint)

The following practices are prohibited:

- **any force used as punishment or to secure compliance,**
- **restraint that restricts breathing, circulation or airway,**
- **pressure to the neck, chest or abdomen,**
- **covering the mouth or nose,**
- **deliberate prone (face-down) restraint,**

- restraint on the ground except in unavoidable, emergency circumstances, and only for the shortest possible time.

If a pupil is unintentionally brought to the ground, staff must reposition or release as soon as it is safe to do so and seek medical assessment where appropriate.

7. Training for all staff

- 7.1 All staff working in school should be trained on this policy. Ongoing training on this policy should be undertaken at least annually, alongside the locally agreed behaviour policy.
- 7.2 Specific training on positive handling/physical intervention will be determined by the Headteacher/Executive Headteacher at least annually based upon the contextual needs of the school(s) for which they are responsible for.
- 7.3 All staff should continue to seek advice from the school's SENDCO and ensure that they are aware and able to effectively provide all planned approaches.

8. Reporting and monitoring incidents

- 8.1 All incidents of physical intervention should be recorded on the Incident reporting Form (Appendix 1) or, where possible, recorded on the school's secure safeguarding system. It is the responsibility of the intervening member of staff to report the incident on the day that the intervention took place and to inform the school's leadership team.

Schools using CPOMS:

Under the category 'Physical Intervention', identify which interventions were used, and submit to the DSL and Headteacher/Executive Headteacher/Head of School.

- 8.2 The report of the incident must be thorough and include as much detail as possible as to identify:
 - What happened before the incident.
 - What happened during the incident.
 - What happened after the incident.
 - What injuries, if any, were sustained. If injuries were sustained, the appropriate accident record forms must be completed.

- 8.3 A member of the school leadership team will, as necessary, inform any agencies, including the Trust Safeguarding Lead of the physical intervention after considering guidance (see Appendix 5).
- 8.4 Records must include reference to any first aid required following an incident. A separate accident record should be completed if there is any injury caused to staff or the pupil during the incident.
- 8.5 The Headteacher, Executive Headteacher or Head of School will ensure that parents/carers are appropriately informed on the day the intervention was used, as soon as practicably possible following the incident, and ideally before the end of the school day. Parents must also be informed if there were any injuries caused during the incident.
- 8.6 The Headteacher, Executive Headteacher or Head of School will review the number and types of incidents in which physical intervention have been necessary at least every term.

This will be used to:

- Identify any patterns of behaviour resulting in use of physical intervention;
- Review levels of staff confidence and compliance with the policy;
- Inform staff training needs (see Section 6);
- identify possible further adaptations and improvements to practice within school.

- 8.7 The DSL will report to the CEO the data received on physical intervention annually by 1st July. This will then be reported to the Trust Board.
- 8.8 The Trust complies with:
 - section 93 of the Education and Inspections Act 2006 (recording and reporting use of force), and
 - relevant statutory guidance and safeguarding requirements relating to the recording and reporting of restrictive interventions.
- 8.9 **Records must include (as a minimum):**
 - pupil and staff names,
 - SEND status and relevant vulnerabilities,
 - date, time, location and duration,
 - triggers and de-escalation attempted,
 - justification for necessity and proportionality,
 - description of intervention used,
 - injuries or adverse impact,
 - post-incident support provided,
 - date and method parents were informed.

9. Post-incident support for children, parents and staff (de-briefing)

- 9.1 Following an incident of physical intervention, all pupils and staff members involved will be given any necessary first aid to treat injuries as soon as possible, followed by post-incident support.
- 9.2 Wherever physical intervention is used, all staff members and pupils involved in incidents will be given separate opportunities to receive post-incident support. This will enable all parties to discuss the emotional impact of the incident and ensure all are supported to move on from the incident. This will take place as soon as possible after the incident, ideally the same day, although leaders will need to consider each person's emotional regulation, ensuring all have had time to regulate emotions.
- 9.3 Post-incident support differs from the review of physical intervention.
- 9.4 For the safeguarding of both staff and student, any subsequent post incident review or investigation of the situation/incident should be led by a member of staff, not involved in the physical intervention.
- 9.5 Where developmentally appropriate, pupils should be supported to share their views following an incident once they are emotionally regulated.

Pupil voice should be:

 - recorded sensitively,
 - used to inform future support planning,
 - never gathered in a way that feels punitive or interrogative.

10. Complaints

- 10.1 Parents/carers or children and young people have the right to offer comments and refer to the Trust's complaints policy in the case of any disagreement in the use of physical intervention.

Appendix 1 – Advice for all staff

Physical intervention of any kind should be the last resort in effectively managing positive behaviour within schools.

In the majority of cases, de-escalation and diffusion are the safe and appropriate methods of dealing with situations that might result in a threat to the health and safety of any individuals.

On extremely rare occasions it may be appropriate for staff to physically intervene with or between pupils. These rare occasions include:

- Injury, or risk of injury, to another pupil
- Injury, or risk of injury, to a member of staff
- Serious damage to property

- ✓ Any physical intervention should be a last resort and be proportionate, reasonable and appropriate, and be done with the aim to reduce not provoke.
- ✓ All staff have an active duty of care to pupils. To take no action, where the outcome is that a pupil injures him/herself, or another, including staff, could be seen as negligence.
- ✓ Members of staff facing confrontational situations with pupils are reminded that the following behaviours can either reduce or inflame incidents, and that a brief moment of risk assessment may allow the time to decide on the appropriate action necessary.
- ✓ Staff are strongly advised not to physically stop pupils from leaving their room (also known as restrictive control). Staff should calmly provide a clear choice but, unless there is a risk of injury, should never block a pupil's exit.
- ✓ Remaining calm – the ability to try and remain calm and appear relaxed is less likely to provoke. A relaxed posture and a non-threatening (CALM) stance, i.e. not toe-to-toe, are recommended.
- ✓ Awareness of Space – try to be aware of the space around you and avoid stepping into another individual's personal/intimate space. Try to take a step back outside the circle of danger.
- ✓ Pacing and Chasing – angry people often pace around in tense situations and staff should try to avoid the temptation to follow as they attempt to help them calm down. This can be counter-productive as it may trigger an animal chase response and drive

the other person away. Where possible it is preferable for the staff member to stand still, speaking calmly, clearly and confidently – or even sit down.

- ✓ Intonation - when people are anxious or angry they tend to talk faster, higher and more loudly.

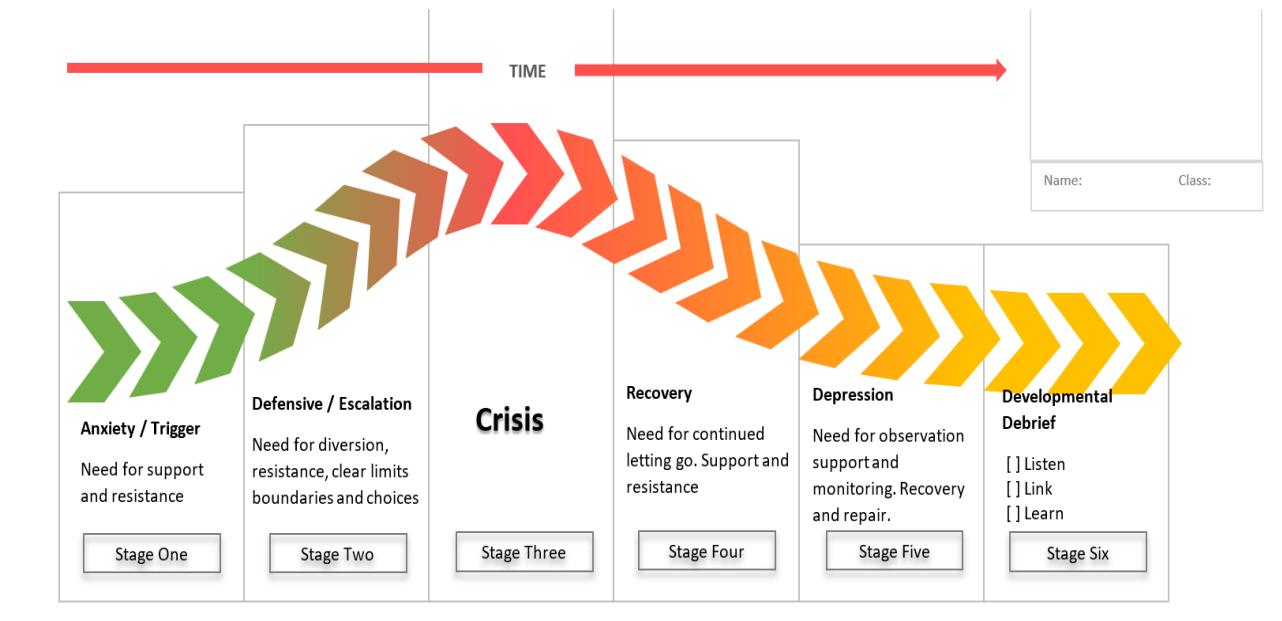
In a potential crisis situation staff need to deliberately speak slower, lower and more quietly

- ✓ Sideways stance, step back
- ✓ Intermittent eye contact
- ✓ Relaxed body posture
- ✓ Palms open

Think of the values of stepping back from a situation, both physically and emotionally:

- ✓ Allows a more considered response
- ✓ Time to make a 'dynamic' risk assessment and seek assistance
- ✓ Allows other person 'take up' time to make their own choices

Appendix 2 The 6 stages of crises



Stage description	Need for	Behaviours	Positive handling responses
1. Anxiety/Trigger	Diversion, support and reassurance.	Low Level Shows signs of anxiety, hiding face in hands, bent over/under table, becoming red in the face, rocking or tapping, withdrawing from group, refusing to speak or dismissive, refusing to co-operate, using a fixed stare.	Low Level Distraction. Offer a change of scenery or a special job to do. Read the body language and the behaviour, intervene early, communicate; display calm body language, talk low, slow and quietly, offer reassurance, including positive physical prompts, assess the situation, divert and distract introducing another activity or topic. Remind about token or reward that is being worked for.
2. Defensive/Escalation	Diversion, reassurance, clear limits, boundaries and choices.	Medium Level Displays higher tension, could be abusive, making personal and offensive remarks or swearing, talking louder, higher, quicker, adopting aggressive postures, changes in eye contact, pacing around, breaking minor rules, low level destruction, picking up objects which could be used as weapons, challenges; 'No I wont...', 'Go away' etc. May try to run/escape.	Medium Level Continue to use level one strategies + state desired behaviours clearly, , offer alternatives and options, offer clear but limited choices – A or B, give a get out with dignity, assess the situation and consider making the environment safer and getting help, guide towards safety using a 'big gesture'.. Give him/her space. Remove audience.
3. Crisis	Possibly for physical intervention.	High Level Shouting and screaming, crying, spitting, biting, head banging, scratching pulling hair damaging property, picking up objects which can be used as weapons, hurting self, grabbing or threatening others, hurting others, kicking, slapping, punching.	High Level Continue to use level 1 and 2 de=escalation responses + make the environment safer, Reduce your use of language, move furniture and remove weapon objects, guide assertively, hold or restrain if absolutely necessary, ensure face, voice and posture are supportive, not aggressive., use fresh face if needed. Ensure privacy. No unnecessary people present.

Stage description	Need for	Behaviours	Positive handling responses
4. Recovery	Co-ordinated letting go and reassurance.	Recovery behaviours May cry, go into a confined space, curl up into a ball. Can easily be confused with anxiety stage. People may sit quietly in a hunched position, the difference is they can revert to extreme violence without the build up associated with the normal escalation in stage 2.	Recovery positive handling responses Support and monitor, this may not be a good time to touch as it may provoke a reversion to crisis, give space, look for signs that the person is ready to talk.
5. Depression	Observation, support and monitoring.	After a serious incident people can become depressed, they may not want to interact.	Depression positive handling responses Support and monitor, respond to any signs that the person may want to communicate, show concern and care but do not attempt to resolve residual disciplinary issues at this stage.
6. Follow up	Listening and learning.	Follow up Listening and learning, recording, reporting and communicating, planning to avoid similar events in the future.	<ul style="list-style-type: none"> • Listen to views of child • What can be learned from this? • Keep appropriate record of incident and responses • Share reports as appropriate – child's file • Appropriate professionals meet to discuss plan/risk assessment/care and control plan.

Appendix 3 – Suggested de-escalation techniques

Do	Don't
<ul style="list-style-type: none"> ✓ appear calm and relaxed 	<ul style="list-style-type: none"> ✗ appear afraid and unsure of yourself; ✗ appear bossy, arrogant.
<ul style="list-style-type: none"> ✓ keep in contact with colleagues 	
<ul style="list-style-type: none"> ✓ keep the pitch and volume of your voice calm. 	<ul style="list-style-type: none"> ✗ raise your voice.
<ul style="list-style-type: none"> ✓ feel comfortable with the fact that you are in control ✓ project a calm assured feeling that you will support de-escalation 	<ul style="list-style-type: none"> ✗ invade the pupil's personal space (unless they are at risk of harming them self or others)
<ul style="list-style-type: none"> ✓ talk <u>with</u> the pupil if you assess that they are able to listen without becoming further dysregulated ✓ Disengage, and stay silent, if you feel this would help the pupil regulate their emotions. 	<ul style="list-style-type: none"> ✗ give commands; ✗ make demands
<ul style="list-style-type: none"> ✓ be very matter of fact if the pupil becomes agitated; ✓ be sensitive and flexible; ✓ be flexible yet consistent; ✓ be aware of body language; 	<ul style="list-style-type: none"> ✗ make threats (Especially any that you are not able to carry out); ✗ maintain continuous eye contact (as this could lead to further dysregulation); ✗ gesticulate (this may be perceived as aggressive and provoke confrontation).
<ul style="list-style-type: none"> ✓ Maintain appropriate distance to the pupil so you both you and the pupil are safe. 	<ul style="list-style-type: none"> ✗ invade the pupil's personal space ✗ fully leave the pupil in a stage of crisis.
<ul style="list-style-type: none"> ✓ be patient; ✓ be prepared to spend a considerable amount of time supporting de-escalation and the pupil/staff safety. 	<ul style="list-style-type: none"> ✗ display emotions (other than calmness); ✗ argue; ✗ corner the pupil physically or psychologically (i.e. do not look to prove a point whilst the pupil is dysregulated).
<p>if a pupils agitation increases to the verge of attack:</p> <ul style="list-style-type: none"> * Acknowledge his/her feelings; * Continue with a calm, patient manner; * Always leave the pupil an avenue of escape 	
<ul style="list-style-type: none"> ✓ where possible, remain seated as long as the pupil. ✓ avoid crowding 	<ul style="list-style-type: none"> ✗ get up and move towards the pupil (this could lead to further dysregulation).
<ul style="list-style-type: none"> ✓ stay appropriately close and to one side; ✓ give the pupil more space if appropriate control 	<ul style="list-style-type: none"> ✗ feel you're on your own. Ask colleagues for support and help.

Appendix 4

Physical Intervention Report Form

We believe that any physical intervention should only be used when absolutely necessary. With this in mind, this form has been created to ensure that all incidents of this type are recorded. This form should be completed and uploaded to CPOMs under the tab 'physical intervention'.

Name of staff member:	
Name of pupil:	
Date:	
Time:	
Location:	
Name(s) of staff member(s) who witnessed the incident:	
Informed parties (parents, social workers, police, etc.):	
Circumstances prior to the incident (including adaptations):	
Please include attempts to defuse the situation:	
Details of the incident:	
NB: Please include pupil views/pupil voice (discuss and record with pupil after the incident, once regulated)	
Details of any negative impact on other pupils:	

Reason(s) for physical intervention (please tick):

Danger to self

Danger to others

Significant damage to property

Details of the intervention:

Any additional action taken:

Injuries (if any) to staff members, the pupil concerned or other pupils:

Has it been necessary to complete a first aid note? Yes/No

Damage (if any) to property:

Recommendation(s) to further support positive inclusion:

Headteacher/Executive Headteacher/Head of School signature:	Date:
Signature of staff member concerned:	Date:

Appendix 5 – Physical Intervention Risk assessment

School Logo	Name of child:	Date of Birth:
	Triggers	Medical Information: (that need taking into account before physically intervening)

Stage of Crisis:	Topography of behaviour (Describe what the behaviour looks/sounds like)	Preferred supportive/intervention (Describe strategies that should be attempted at each stage, including critical friends to mitigate risk)
(Describe common behaviours/situations which are known to have led to positive handling being required)		
Anxiety		
Defensive/Escalation		
Crisis		
Recovery		
Depression		
Follow Up		

Additional information/Preferred handling: (Describe preferred holds, standing, sitting stating numbers and names of preferred staff and useful 'get outs' that can be used when holding)
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Plan agreed by	
Name (child)_	<u>Signed</u> If appropriate
Name (parent/carer)_	<u>Signed</u>
Name (School staff)_	<u>Signed</u>

Appendix 6: Legal Framework

This policy applies to all schools within DSAT and all staff.

This policy is related to the use of physical intervention and should be read in conjunction with existing policies and frameworks including:

- Complaints policy;
- Staff Code of Conduct;
- Whistleblowing policy.

As well as with the school's locally agreed:

- Behaviour policy (statutory)
- Low level concerns policy
- SEND policy (statutory)
- Child Protection and Safeguarding Policy

This policy has been developed in line with statutory guidance including:

- DfE 'Keeping Children Safe in Education'
- DfE (2013) 'Use of reasonable force in schools: Advice for Headteachers, staff and governing bodies.'
- DfE (2018) 'Working Together to Safeguard Children'
- DfE (2022) Behaviour in schools
- HM Government (2019) 'Reducing the Need for Restraint and Restrictive Intervention'
- The Education and Inspections Act 2006

This policy has been developed in line with statutory guidance including due regard to all relevant legislation including, but not limited to, the following:

- Children Act 1989
- Education Act 2011
- Equality Act 2010

Appendix 7: Roles and responsibilities

Trust Board

- Review of the policy on the use of Physical Intervention.
- Evaluating on an annual basis the instances of physical intervention to analyse how and when reasonable force is used and identify any trends.
- Ensuring that analysis of restrictive intervention data informs:
 - policy revision,
 - staff training priorities,
 - SEND provision and environmental adjustments,
 - safeguarding assurance to the Trust Board.

Headteacher/Executive Headteacher or Head of School

- Enforcing the consistent implementation of this policy in school;
- Ensuring all staff undergo annual refresher training, alongside the school's Behaviour policy;
- Ensuring relevant staff undergo training in the use of restrictive practice, with regular refreshers, including reviewing the strategies outlined in this policy.
- Maintaining the records of the use of reasonable force and evaluating on a termly basis how reasonable force and physical intervention is used.
- Supporting staff in developing risk assessments and behaviour support and care plans with regard to restrictive practices;
- Regular monitoring of such plans (with reference to the school's SEND policy).
- Monitor the wellbeing of staff and access to debriefs, particularly for those who may be regularly involved in incidents.
- Monitor the wellbeing of children and young people and ensure they access debriefs.
- Report the CEO by 1st July analysis of use of physical restraint.

The named SENDCO within school is responsible for:

- Providing, facilitating and organising training to members of staff on how to handle the identified needs of pupils with SEND.
- Ensuring all staff understand how pupils with SEND may react differently to reasonable force.
- Ensuring that staff understand the additional vulnerability of pupils with SEND or medical conditions.
- Supporting and maintaining individual risk assessments for pupils with SEND or medical conditions that are agreed with the pupil's parents, and ensuring teaching staff are aware of these.
- Ensuring plans are shared with parents/carers, other agencies, and where appropriate with the pupil or young person concerned, recognising the importance of consent in terms of the fundamental issues of respect and dignity.

- Ensuring that staff understand how reasonable force principles may need to be adapted for pupils with medical conditions.
- Evaluating on a termly basis how reasonable force and physical intervention is used with regard to pupils with SEND, in collaboration with the Headteacher/Executive Headteacher or Head of School.

All staff within school are responsible for:

- Working always in the best interests of the pupil or young person.
- Taking part in training provided in the use of de-escalation and physical intervention and consistently applying the principles and strategies taught.
- Satisfying themselves that they are clear on what they may and may not do in terms of restrictive practices, seeking clarification from the school's SENDCO and Headteacher/Executive Headteacher or Head of School as necessary.
- Familiarising themselves (as appropriate) with the specific risk assessments, Individual Health Care Plans and guidance (Appendix 1 and 2).
- Using post-incident support sessions to confirm their understanding of this policy and to seek further explanation or personal development as necessary.
- Following the recording and reporting procedures.
- Contributing to the development of behaviour support or care plans, and good practice.
- Ensuring the quality of teaching and pupil support addresses individuals needs and reduces the likelihood of restrictive physical intervention being required.

