Positive Behaviour Support & Restrictive Physical

Intervention Policy – October 2025

Ratified by the Local Governing Body	
Signed by the LGB	**Date: 17.11.2025**
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1. Introduction and aims

The policy takes cognisance of relevant legislation, regulations and guidance including the most recent examples from the Department for Education, Department of Health and the Health and Safety Executive.

The policy has been prepared to support all staff who will come into contact with children, to explain the school's arrangements for care and control. The purpose is to give good staff the confidence to act in the best interests of the child. This policy should be made available to parents and pupils upon request. Within this policy there will be references to the most current government guidance and legislation and includes a glossary for reference.

At any particular time, the key question for everyone involved with children and young people whose behaviour challenges should be: "What is in the best interests of the child and/or those around them in view of the risks presented?" (DfE 2019)

2. Changes

Description	Date	Page	Section
New Policy			17/10/2025

3. Duty of Care

All staff have a duty of care towards the children and young people they look after, their colleagues and others, under Health and Safety Legislation. They have a responsibility to familiarise themselves with policies and risk assessments and participate in necessary training. They should look out for obvious hazards and reduce foreseeable risks wherever possible. Failure to exercise that duty of care includes omitting to take action when there is evidence that significant harm might occur. Employers also have a duty of care to employees to ensure that their working environment is safe and where risks are identified that appropriate guidance is offered. (Management of Health and Safety at Work Regulations 1992). DfES Guidance (2013) advises that schools should not have a 'no contact' policy which could place a staff member at risk of breaching their duty of care towards a pupil.

The Children Act 1989 makes clear that in any decision involving a child the paramount consideration must be the child's welfare. Paramount means it should be the first thing people think about and it should take precedence over all over considerations. For that reason, staff need to carefully consider what is in the **best interest** of the child, both in the short term and the longer term.

In exceptional circumstances, staff may need to act in the best interest of the child and the use of reasonable force may be required to achieve this. A member of staff needs to demonstrate that they have considered alternatives and that not acting could result in greater harm. Lea hall Academy acknowledges that physical interventions which use varying

degrees of reasonable force are only a small part of a whole setting approach to behaviour management.
It is useful when considering a Restrictive Physical Intervention to think about what the intervention may look like to others and how we would hope others would respond if it were a member of our family (social validity) i.e. What would I want somebody to do in similar circumstances if this was my child?'
Every effort will be made to ensure that all staff in this school/setting:

(i) Understand their responsibilities in the context of their duty of care

(ii) Understand that the paramount consideration is the welfare of the individual child

(iii) Understand that 'reasonable' force means that it is necessary and proportionate

(iv) Are provided with appropriate training to manage risk and this training is maintained at an appropriate level.

4. Legal Justification

The Education and Inspections Act 2006 gives examples of the types of circumstances in which use of reasonable force may be legally defensible.

- self – injuring
- Causing injury to other children, staff, parents, and visitors.
- Causing significant damage to property

The Children Act 1989: **The paramount consideration is for staff to work in the best interests of the child**. Reasonable force will only be used when no other effective alternatives are available. Any force used must be 'reasonable and proportionate' to the situation.
Reasonable adjustments need to be made for disabled children and those with Special Educational Needs.
The expectation is that staff act in good faith with the best intentions.

5. Risk Assessments

It is not always possible to predict all risks relating to a specific behaviour of a child. When an unforeseeable risk presents itself a **'dynamic risk assessment'** can be undertaken. This means that staff do a mental risk assessment and then act in the best interests of the child. Once a risk has been identified, or if the risk is already

known, then a **planned risk assessment** needs to be put in writing. All pupils at Lea Hall Academy will have a Risk Reduction Plan in place, recorded by staff who work closely with the child, using their knowledge of the child's behaviour and the environment they are working in and regularly reviewed and updated based on changes in the child's behaviour or the environment.

Assistance can be sought from other members of staff to help reduce the risk. Physical intervention is seen as a proactive response to meet individual pupil needs and any such measures will be most effective in the context of the overall ethos of the school, the way that staff work together as a team, share their responsibilities and the holistic behaviour management strategies that are used.

6. Physical contact

There are a range of circumstances in which positive physical contact occurs between staff and pupils in order to support equal opportunities to access to a broad and balanced curriculum such as using PE equipment. Examples of physical contact covers a wide range of positive physical interactions ranging from light touch to firm pressure. Physical contact is necessary to provide provision of care, to give comfort, convey communication, reassurance, and safety. Physical contact should be considered positive and part of the adult role-modelling what good touch or contact is. The purpose of any physical contact should be to meet the needs of the child. Due to early childhood trauma, some pupils at Lea Hall Academy may react defensively to low level contingent touch. Where necessary, individual requirements should be detailed in a personal plan such as a Risk Reduction or health. Staff must consider the young person's age and level of understanding, individual characteristics and history, as the location – not in private.

Physical Contact is never used as a punishment or to inflict pain.

7. Restrictive Physical Intervention

Restrictive intervention should only be used when absolutely necessary, in accordance with the law and clear ethical values and principles which respect the rights and dignity of children and young people, and in proportion to the risks involved. (DFE 2019)

There needs to be a gradual and graded approach from staff when considering the use of reasonable force. Examples of low-risk physical interventions could be guiding or escorting a child to a safer place. Medium to high-risk physical intervention could be separating a fight or using a standing or seated restraint.

Restrictive Physical Interventions:

Use the minimum degree of force for the shortest period of time necessary to achieve the desired result.

The scale and nature of any physical intervention must be reasonable and proportionate to both the behaviour of the individual and the nature of the harm they might cause.

Techniques are intended to ensure the safety and wellbeing of the child, maintain dignity for both adult and child and allow for communication.

8. Restraint

Restraint involves the restriction of freedom and movement in circumstances in which the child is resisting. The DfE (2019) acknowledge that sometimes restraint is necessary 'Staff must have reasonable grounds for believing that restraint is necessary in order to justify its use.' (DFE/DHSS 2019). It is reasonable to use proportionate force when there is a significant risk to children, staff, or property. It should only be used as a last resort when no effective alternatives are available. All incidents involving restraint must be recorded and reported. The level of force and/or positive handling techniques used towards the child determines whether or not it is classified as restraint.

Staff need to reassure and comfort pupils whilst involved in restraint to try to calm, comfort and divert attention to manage and reduce the duration of restraint. Restraint is a safeguard, not a sanction.

9. Planned and Unplanned interventions

Restrictive Physical Interventions can be categorised as a planned response, unplanned response or in an emergency.

Planned – based on risk assessments that have been clearly recorded on Risk Reduction Plans.
Unplanned (Dynamic Risk Assessments) – an action used in response to unforeseen hazardous events where there is no alternative. DFE/DHSS (2017) advise clear distinction between planned and unplanned interventions.
Emergency – where staff may consider the use of a non-Team-Teach response due to immediate risk of significant injury or potential loss of life.

Consideration must be made to clarify the distinction between:

Time Out: This is a planned positive behavioural approach that needs to be part of the child's Risk reduction Plan. This method usually involves a child accessing a safe space/place, usually with less intense adult supervision but always monitored. Time out is not to be considered as a punishment for the child.
Withdrawal: This strategy is implemented to support a child during a situation which may be causing anxiety or distress with continuous adult supervision/observation, which allows the child to resume the activity, task, or routine at a later time.

10. Staff Training and Authorised Staff

The Headteacher is responsible for ensuring that all staff have access to accredited training from a provider and for which staff authorisation has been given to use restrictive physical interventions. The Headteacher must consider the training needs for all staff and then retain a list of all staff that have been trained and when the training needs to be refreshed. This list is reviewed within a regular time-frame and consideration given to new members of staff and to supply staff.

Training for all staff will be made available and will be the responsibility of the Headteacher. Training needs should be assessed in relation to foreseeable risks. Training that contains physical interventions should be accredited.

Records should be kept about which staff have been trained and in which techniques. Staff training undertaken will require staff to demonstrate competence in techniques. DFE/DHSS (2017)

11. Reporting and Recording

Records of restraint should be clear and accurate. Whenever a restraint has been used a record of the incident needs to be kept and needs to be recorded on Behaviourwatch. It should be considered reasonable and good practice for staff to collaborate when recording an incident in order to ensure the most accurate and honest record possible. If staff do not agree on details of an incident, they should write separate reports. The aim is to promote clear, accurate, honest, and concise records.

Records should be completed within 24 hours, but the welfare of those involved takes precedence over paperwork. If this is not possible the Headteacher needs to be informed as soon as possible with the reason for the delay. School records should be kept for at least 25 years. Parents/carers of the child need to be informed following the use of reasonable force. A record of this communication should be kept.

A Health and Safety Accident/Incident Form will be completed by a first aid trained member of staff in situations where injury has occurred to either members of staff or pupils. Where staff have been involved in an incident, they should be given time to recover and have access to support such as counselling and debriefing. Debriefing must be given to the child who has been restrained in line with their Risk Reduction Plan.

12. Support for staff and children after an incident

The Headteacher / member of SLT will ensure that each incident is reviewed and take action as necessary, such as:

Reviewing the child's risk assessment.

Reviewing curriculum access.

Reviewing staffing levels.

Considering the Involvement of outside agencies

Reviewing provision.

The priority after a significant incident is to look after the people involved.

13. Listening and Learning

Incidents provide opportunities for teaching and learning. Staff should explain the reasons for any use of reasonable force according to the level of understanding of the child. They should clearly distinguish between restraint, which is designed to keep people safe, and sanctions or consequences. Staff should reinforce simple messages:

We hold children to keep them safe from harm.

We hold children to prevent them doing something they will regret.

We care about children too much to let them be out of control.

What would I want somebody to do in similar circumstances if this was my child?'

14. Complaints

The availability of an accessible policy about physical interventions and early involvement of parents should reduce the likelihood of complaints but may not eliminate them.

All allegations need to be investigated thoroughly; however, it is the responsibility of the person making the allegation/complaint to prove any inappropriate actions by the staff member.

Staff members who have allegations made against them need to receive comprehensive support from the Headteacher.

15. Glossary

Child: In this policy the legal definition of "child" to mean a person up to and including the age of 18 years. However, the current age range of the school is up to 14 years of age.

Controls – the positive application of reasonable force to overcome moderate resistance, guiding and directing a person's movement.

Positive Behaviour Supports: the full range of Team-Teach strategies used to remove identify triggers, remove stress, calm, de-escalate and divert attention in order to prevent hazardous behaviour.

Risk assessment: The process of identifying and controlling potential hazards. Risk assessments consist of a simple process rather than elaborate paperwork. It is a process to determine a level of risk. Once a risk has been observed, staff need to make a formal plan to reduce it. Dynamic risk assessments allow staff to consider the risk in real time that requires an urgent response in the best interests of the child.

Guides or prompts: The use of assertive touch to move or direct a child usually in a low risk situation. The positive application of reasonable force to overcome minimum resistance prompting and encouraging a person's free movement.
Restraint: The use of force to overcome rigorous resistance; completely directing, deciding, and controlling a person's free movement in order to keep people safe.

Risk Reduction Plans – a balanced approach to reducing risk, restraint, and restriction wherever possible.

16. Reference

Legislation

The Children Act 1989 and 2004

The Education and Inspections Act (2006) Section 93. (90 91)

The Equality Act (2010)
Part 6 - Education

The Human Rights Act 1998 (European Convention on Human Rights Article 3)

Health and Safety at Work Act (1974)

The Mental Capacity Act (2005). Amendment 2019

HSE Management of Health & Safety at Work Regulations 1999.pdf

HSE: The Management of Health and Safety at Work (Amendment) Regulations 2006.pdf

Guidance (updated Jan 2020)

DFE (2013) Use of Reasonable Force. Advice for headteachers, staff and governing bodies

DFE (2014) The Equality Act 2010 and Schools Departmental advice for school leaders, school staff, governing bodies, and local authorities

DFE (2016) Behaviour and Discipline in Schools (updated 4th May 2022)

DFE (2017) Exclusion from maintained schools, academies, and pupil referral units in England Statutory guidance for those with legal responsibilities in relation to exclusion

DFE (2020) Keeping Children Safe in Education (Statutory)

DFE/DOHSS (2019) Reducing the Need for Restraint and Restrictive Intervention - Children and Young People with Learning Disabilities, Autistic Spectrum Disorder and Mental Health Difficulties (non-statutory)

National Institute for Health Care and Excellence (2015), Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges

National Institute for Health Care and Excellence (2018) Learning disabilities and behaviour that challenges: service design and delivery

Management of Health and Safety at Work Regulations (1999) Approved Code of Practice & guidance.pdf

Other reading

Allen, B. (2012) The Legal Framework for Restraint. Steaming Publishing.

Allen, B. (2012) Risk Assessment for Behaviour. Steaming Publishing.

Allen, B (2015) Physical Contact Care, Comfort, Reassurance and Restraint. Steaming Publishing

BILD (2006) Guidance on the Use of Seclusion.

HSE (2007) 5 Steps to Risk Assessment. Health and Safety Executive.

Team-Teach Ltd (2018) Team-Teach workbook v2021

Ofsted (2018) Positive environments where children can flourish - A guide for inspectors about physical intervention and restrictions of liberty (updated 2021)