Farnborough Road Infant School
Positive Handling and use of Restrictive Interventions Policy

"Learning, Caring and Achieving Together"

Introduction

Farnborough Road Infant School recognises that restrictive intervention approaches are always considered within the wider context of relationship-based behaviour support and the promotion of emotional safety for all pupils. Restrictive interventions should only be considered as an absolute last resort, when all other de-escalation strategies and supportive interactions have not been successful, or when there is an immediate risk of harm to the child, other children or staff.

Any decision to use restrictive intervention must be grounded in a thoughtful, individualised risk assessment that considers a child's history, emotional needs, and cues that may be activating or distressing. The aim is always to reduce distress, restore a sense of safety, and preserve the wellbeing of the child, other children and staff.

Legislation and Guidance

The principal legislation to which this guidance relates are:

- The Education and Inspections Act 2006, especially sections 93 and 93
- The Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025
- The Health and Safety at Work etc. Act 1974 and associated regulations
- The Human Rights Act 1998
- The Equality Act 2010
- Restrictive interventions, including use of reasonable force, in schools
  Guidance for schools in England
  April 2026

The guidance states that the use of restrictive interventions, including reasonable force and seclusion, can have a significant impact on the pupils, staff members and parents involved, as well as the wider classroom. However, there are times when the use of restrictive interventions will be lawful and necessary; for example, to keep individuals and the wider school community safe.

The guidance defines;

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

Seclusion as a non-disciplinary intervention involving keeping a pupil to a confined place away from others and prevented from leaving. This should only be used as a safety measure to protect others from harm when the pupil is experiencing high levels of emotional or behavioural dysregulation.

Reasonable Force a term used in legislation which includes physical restrictive interventions. All members of school staff have the legal power to use reasonable force in limited circumstances. Reasonable means using no more force than is necessary for the least amount of time, the application of which will depend on the circumstances.

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

Authorisation

In all cases, the person exercising the restrictive intervention must be authorised by the Headteacher. At Farnborough Road Infant School, all staff have a duty to keep children and adults safe and therefore all staff are deemed authorised. Our approach prioritises the prevention of distress and the creation of emotionally safe environments. Staff will always seek to de-escalate situations through relational, supportive, and non-physical strategies, always with the intention of supporting the child to regain a sense of calm and re-establish emotional regulation.

Strategies to Use Before Restrictive Intervention

These strategies aim to reduce distress, maintain emotional safety, and prevent escalation, reducing the need for restrictive intervention.

Relational and Preventative Approaches

- Use a calm, grounded tone of voice
- Maintain a supportive, non-threatening presence
- Offer connection through co-regulation (e.g., breathing together, modelling calm)
- Recognise early signs of stress or dysregulation
- Acknowledge feelings and validate the child's emotions

Environmental Adjustments

- Reduce noise, stimulation, or crowding
- Offer a quieter or more predictable space
- Adjust lighting or remove stressors
- Allow movement breaks or sensory regulation activities

Choice-Giving and Empowerment

- Offer simple, regulated choices
- Provide time and space for the child to think
- Use language that supports autonomy / agency and avoids shame
- Remind the child of previously successful strategies

De-escalation Techniques

- Use distraction or redirection
- Use humour gently and only if appropriate for the child
- Use simple, minimal language
- Lower demands temporarily
- Use non-verbal cues such as gesture, posture, or visual prompts

Regulation Support

- Provide sensory tools (fidgets, weighted items, deep-pressure activities)
- Encourage grounding strategies (e.g., 5-4-3-2-1 senses technique)
- Model calm breathing or pacing
- Offer a regulated adult to sit with or near the child

Predictability and Safety Cues

- Remind the child of what will happen next
- Use visual cues or non-verbal gestures to reduce cognitive load
- Reassure the child they are safe
- Use familiar scripts or routines that help the child feel secure

Staff-Based Strategies

- Swap in a known or trusted adult
- Ensure adults regulate themselves first
- Step back to reduce perceived threat
- Communicate clearly between staff to avoid overcrowding

Implementing Restrictive Interventions

In the event of restrictive intervention becoming necessary,

- Before any physical contact, the adult should calmly explain what the child can do to help the situation feel safer and avoid the need for physical intervention.
- Wherever possible and at the earliest possible point, a second adult should be called to assist, providing additional support and helping to maintain the safety of both the child and staff. Their presence also reduces the risk of anyone experiencing harm and ensures that there is an independent witness should any concerns or allegations arise later.
- If implementation of a restrictive intervention is still deemed necessary the adult should explain calmly what they are going to do and why.
- The adult should maintain a calm presence, use gentle eye contact if appropriate, and invite the child to move with them to a quieter or safer space.
- Adults may offer a hand or gentle guidance to support the child, if the child does not respond to the verbal request, leading them to a safe area, such as The Nest or Pet Paradise Room.
- Wherever possible the adults should keep talking to the child, using empathic language, giving them to help the child de-escalate and reduce the need for physical intervention. Any restrictive intervention should only be used for the minimum period needed.
- Stay with the child, either inside the room or outside maintaining a watchful presence.
- The child should be reminded that they can return to class once they feel regulated, connected and ready to re-engage in learning
- If a child runs from the classroom- The adult should enlist the help of an additional adult and maintain a discrete, watchful presence, offering safety without increasing child's stress response.
- If a child leaves the school, we will follow our Children who abscond from school policy

Examples of physical intervention which may be appropriate:

- Physical contact with a young person designed to control the young person's movements, to prevent harm or danger (e.g. holding hands, holding by the arms against the side of the body).
- The holding of a young person's arms or legs to prevent/restrict striking/kicking.
- The use of sufficient physical force – without causing injury – to remove a weapon/dangerous object from a young person's grasp
- Physically preventing a young person from exposing themselves to possible danger for example by leaving the premises.

Pupils should not be placed face down on the floor. Specialist accredited training is necessary for this procedure.

If physical intervention is required for an extended period (for example, more than five minutes), a senior member of staff must monitor the situation closely with a view to safeguarding the child and the staff concerned.

In situations where the member of staff decides that it is not safe or appropriate to intervene physically without support, they should:

- Ensure that other pupils are moved to a place of safety to reduce any risk to them.
- Request assistance from colleagues as soon as possible.
- Let the pupil know that additional adults are on their way to help and support the situation.
- Continue to use calm, verbal de-escalation strategies and offer reassurance, aiming to prevent further escalation until help arrives.
- Contact the police if the situation presents a significant risk that cannot be safely managed by school staff.

Restrictive Intervention & SEN

Farnborough Road Infant School will always consider how our school culture and environment may be experienced differently by pupils with SEND and seek to support pupils to cope with situations that they may find distressing. We will utilise staff who know individual pupils well to help identify and manage risk such as trigger points when challenging behaviour is more likely to occur, and develop proactive strategies to reduce the likelihood of restrictive interventions being used. Staff will work with the child, parents and

other professionals to develop prevention and de-escalation strategies and include these in SEND support plans.

Procedures Following Restrictive Intervention

Immediate Support for the Child

- Ensure physical and emotional safety first. A regulated adult should stay nearby, offering calm presence and reassurance.
- Allow time and space for regulation. The child may need a quiet space, sensory support, or a trusted adult to help them return to a more settled state.
- Acknowledge the child's feelings without judgment or shame.
- Avoid questioning or discussing consequences straight away. A child in a heightened state is not ready for repair or reflection. Repair can only happen once the child and the adult are both regulated enough to think, talk and connect safely.
- Ensure the child's dignity is maintained. Avoid public conversations or anything that could feel shaming.

Restorative, Reflective Conversation (When Ready)

- Hold a supportive 'check-in' once the child is regulated. Use simple, non-leading questions to help the child make sense of what happened.

- Provide opportunities for the child's voice to be heard. Record their views in the post-incident paperwork where appropriate.

- Reassure the child that relationships are intact. Emphasise safety, care, and next steps.

- Identify what may help in the future to build insight and agency for the child: stress activators (triggers), early signs, preferred strategies, trusted adults.

Immediate Support for Staff

- Staff involved should be given time to emotionally regulate. Restrictive interventions can be stressful and dysregulating for all involved.

- A colleague or senior leader should check in with them. Acknowledge the emotional impact, validate feelings and experiences and ensure they feel supported.
- If needed, staff should step away from duties briefly to regain composure before returning to class responsibilities.
- Reassurance should be given that the incident will be reviewed focusing on learning, safety, and support.

Informing Parents/Carers

- Parents should be contacted on the same day where possible.
- The parents/guardians or carers should meet with the Headteacher as soon after the incident as possible.
- Share information (report appendix 1), focusing on safety, care, and next steps and seek parental views/ comments to ensure they feel part of the support plan.

Review and Learning

- A short, reflective debrief should take place with staff within 24 hours, led by the Headteacher or a Senior Leader.
  The purpose is to reflect upon:
  - what worked
  - what escalated things
  - what early cues were seen
  - what adaptations may help the child feel safer next time
- Update risk assessments / support plans if required.

- Identify additional training needs or environmental adjustments that may reduce the likelihood of future incidents.

Restoring Connection and Routine

- Support the child to return to learning when they feel more regulated.
- Offer predictable routines and warm relational cues to reassure the child that they are safe and valued.
- Maintain an empathic and compassionate stance.

Recording

- After the incident, when restrictive intervention is required, it is vital that a full report is completed by all concerned within 24 hours (see Appendix 1, Record of Restrictive Intervention) in order to support the child, the members of staff involved, any other children involved and the parents.
- Record the child's verbal or non-verbal views once they are ready to share them.
- Copies of the form will be added to CPOMS and sent to parents.
- If anyone involved has incurred an injury, this must be reported immediately to the headteacher or a member of the senior leadership team. The usual procedures regarding this will be followed and an accident form will be completed.

If restrictive intervention is required on more than one occasion to support a child's regulation, it is appropriate to develop or adapt Relational Support Plan, Pupil Passport or SEN Support Plan as appropriate.

It is also necessary to compile an individual risk assessment in discussion with all staff, parents and any relevant outside agencies.

In the case of a child with an EHCP, there will be opportunities to reflect on and better understand behaviours that may be communicating unmet needs during annual review meetings. Where needed, an early or interim review can be arranged in response to emerging concerns, ensuring responsive, and supportive planning around the child's experiences.

Looked-After Children will have a Personal Education Plan (PEP) which features planning and strategies to to understand and respond to behaviours as communication of need, where appropriate.

If the incident that requires restrictive intervention leads to the child receiving a fixed term exclusion, Parents and the Local Authority will be informed.

Child Protection Issues

If, after receiving the report of an incident where restrictive intervention has occurred, and the Headteacher considers the school's policy has been seriously breached the incident will be investigated further. If the investigation finds that the school's guidelines have been breached, the Headteacher will contact the LADO for advice and advise the staff member to consult their professional association.

This policy will be reviewed every 3 years or in line with any changes in legislation.
April 2026

Signed Date Headteacher

Signed Date Chair of Governors

Appendix 1: Reporting and Recording Proforma

RECORD OF RESTRICTIVE INTERVENTION	
Date of incident:	Time of incident:
Pupil Name:	D.o.B:
Member(s) of staff involved:	Adult witnesses:
Pupil witnesses:	Where the incident took place:

Reason for Physical Intervention: (Describe using calm, factual, non-judgmental language)

Primary safety concern: (e.g., risk of harm to self/others, significant property risk)

Immediate risks identified:

Why physical intervention was considered the safest option at that moment:

Early Signs and Triggers / Stress activators:

Observed indicators of distress/dysregulation:

Environmental or situational factors that may have contributed:

Known sensitivities or needs relevant to the incident:

De-escalation and Support Strategies Used: (Tick relational and non-physical strategies attempted)

- Validation/acknowledgement of feelings
- Calm tone, supportive presence
- Space, time or movement breaks offered
- Sensory support
- Distraction or redirection
- Reduced demands
- Choice-giving
- Support from another adult
- Please add any other strategies used:

Outcome of these strategies:
(e.g., partially successful, increased distress, no change, momentary reduction)

Description of Restrictive Intervention:

- Type of physical intervention used:
- Duration:
- Staff involved and role of each person:
- How dignity and safety were maintained:
- Child's responses (verbal and non-verbal):

Description of any injury(ies) sustained by pupil or member of staff and any subsequent treatment:

After the Intervention

Immediate Care

- Emotional regulation support offered to the child:
- Environment provided (quiet space, trusted adult, sensory tools):
- Any first aid required:

Support for Staff

- Opportunities for staff to regulate/debrief:

Date parent/carer informed of incident:

- Date and time parents were informed:
- Method (call, meeting, email):
- Key information shared (focused on safety and support):
- Parent/carer comments:

Staff Reflection

- What helped in the situation:
- What escalated the situation or didn't help:
- What could support the child more effectively next time:
- Additional guidance/training needed:

Planned Adjustments:

- Risk assessment updated: Yes / No
- Relational Support plan / SEN plan/ passport updated: Yes / No
- New strategies added:

• Follow-up meeting planned with: (child, parents, staff):
Signature of staff completing report: Date: Signature of Head/ SLT: Date:
Brief description of any subsequent investigation/complaint or action: