Liberty Academy Trust

Restrictive Intervention Policy

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Written By	Director of Safeguarding
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Table of Contents

1. Policy Aims 3
2. Scope 3
3. Purpose 3
4. Physical Intervention and the Law 4
5. Restrictive Intervention: Planned and Unplanned responses 5
6. Terminology and Definitions 8
7. Recording and reporting Restrictive Intervention 10
8. Debriefing 12
9. Training 14
10. Responsibilities 14
11. Complaints 16
12. Whistleblowing 16

1. Policy Aims

1.1. We believe that every autistic person should be able to live the life they choose and be supported to thrive in their community. We have a duty of care towards pupils and staff and work in partnership with our pupils' families.

1.2. The main aims of this policy are:

- To create a safe and caring environment
- To protect the safety and welfare of all pupils
- To protect the safety and welfare of all members of staff
- To protect the safety and welfare of all visitors to the Academy
- To ensure the safe and smooth running of the Academy
- To protect Academy property
- To ensure a commitment by everyone to taking the time to listen to one another
- To create an environment that promotes self-discipline and self-regulation among pupils whereby they are given opportunities to take responsibility for their own behaviour

2. Scope

This policy applies to all Liberty Academy Trust (LAT) schools and staff.

2.1. This Policy is related to the use of restrictive intervention, the use of reasonable force and restraint and should be read, in conjunction with LAT policies including: Behaviour Policy, Safeguarding Policy and Staff Code of Conduct.

2.2. This policy has been developed in line with legislation and statutory guidance including:

- *Keeping Children Safe in Education 2026*
- The Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025.
- Restrictive interventions, including use of reasonable force, in schools (DfE, April 2026).
- *Reducing the Need for Restraint and Restrictive Intervention 2019*
- *Behaviour in schools Advice for headteachers and school staff February 2024*
- *Education Act* 1996
- *The Education and Inspections Act 2006*(Sections 93 and 93A)

3. Purpose

3.1. The purpose of this policy is to make clear the position of the school with regards to necessary physical and non-physical interventions

and to safeguard and promote the wellbeing of students and staff when a situation or incident requires the use of restrictive intervention.

3.2. The use of restrictive intervention is only to be used after all attempts to de-escalate the situation have not worked. It is the objective of Liberty Academy Trust to maintain consistent and safe practices in the use of reasonable force and restraint.

4. Physical Intervention and the Law

4.1. Guidance on the use of reasonable force by is provided by the DfE *Restrictive interventions, including use of reasonable force, in schools 2026.* Page 14 of this document contains statutory guidance from the Department for Education issued under section 93A of the Education and Inspections Act 2006. Trustees and Principals must have regard to this in relation to recording and reporting each significant incident involving the use of force by members of staff. The rest of this guidance is non-statutory.

4.2. Section 93 of the *Education and Inspections Act 2006* allows the use of reasonable force for all adults who are authorised by the Principal to be responsible for students, to use such force as is reasonable to prevent or stop a student:

- causing injury to themselves or others
- committing a criminal offence
- damaging property
- causing disorder among pupils at the school, whether during a teaching session or otherwise

4.3. Staff should not hesitate to act in these situations provided they follow this policy and guidance; however, they should always satisfy themselves that the action they take would be considered justifiable by a wider audience of their professional colleagues. This includes ensuring all other measures are taken to provide effective support and quality teaching and avoid the use of restrictive intervention.

4.4. Restrictive intervention should never be used to achieve compliance - Reasonable force and/or restraint is only justified in law if there is the presence of a clear and immediate danger. The term 'immediate' in this context refers to seconds as opposed to minutes. It does not justify action taken to prevent a possible danger unless incident data clearly shows that a given behaviour or cue quickly results in escalation to a dangerous level, in which case a planned restrictive intervention may be justified in the short term, whilst

further more positive and proactive strategies are developed (See British Institute of Learning Disabilities Code of Practice).

4.5. **Duty of Care** – staff have a duty of care towards the children and young people they support, which requires the organisation to take reasonable care to avoid doing something or failing to do something which results in harm to another person. There are situations where some action must be taken and it is a matter of choosing the course of action that would result in the least harm.

4.6. **Best Interest** - The principle of best interest applies. A member of staff must demonstrate that in the presence of a clear and immediate danger they have considered all available alternatives, acted in the best interest of the child or young person in their charge, have considered that not acting could result in greater harm, and does not use unreasonable or excessive force, then the action can be defended in law.

4.7. **Reasonable, Proportionate and Necessary** - Any force used must be 'reasonable, proportionate and necessary', reasonable in that it is the least amount of force or least restrictive intervention required to prevent injury, proportionate in that it is not excessive given the seriousness and likely harmful consequences of the person's behaviour and necessary; following staff dynamic risk assessment, considering whether the use of reasonable force and/or other restrictive interventions is likely to successfully reduce the relevant risks, or whether its use would escalate the situation further or cause more harm than the consequences of the behaviour that it intends to address. As with all issues to do with caring for, developing and teaching the children and young people we support, decisions need to be made on the best available knowledge at the time.

5. Restrictive Intervention: Planned and Unplanned responses

5.1 All children and young people in our schools who require any form of behavioural intervention will have an Individual behaviour support plan (IBSP) that provides detailed information relating to all aspects of the child/young person's behaviour and how best to support them.

5.2 The plan is person centred in its approach, setting out details about the individual's behaviours including hypotheses about the functions of a particular behaviour, known as contributory

environmental factors, antecedents, triggers, as well as how known behaviours should be recorded when they occur. The plan will be produced in collaboration with the child/young person, their parents and where appropriate, other agencies. The plan described the proactive and reactive strategies that are to be followed by those supporting the individual to improve the person's quality of life and reduce the risk of harm to themselves or others.

5.3 Part of this individual behaviour support plan may include risk assessment and restrictive interventions where necessary and deemed in an individuals' best interest.

5.4 Restrictive interventions can take several forms. Our staff are trained in physical intervention and de-escalation techniques through Team Teach Ltd. Our staff are not however trained in other restrictive practices and **will therefore not use any form of chemical restraint, mechanical restraint or environmental restraint, such as the holding of doors or blocking access by use of a person (also referred to as seclusion)**.

5.5 Restrictive interventions can be categorised as planned or unplanned practices:

5.5.1. **Planned Restrictive Intervention -** pre-arranged interventions based on Risk Management and risk reduction are clearly recorded in Individual behaviour support plans (IBSP's). These interventions should be Team Teach techniques for which staff will be fully trained to carry out. Specific Team Teach techniques will be agreed as in an individual's best interest and as the least restrictive intervention and used for the least amount of time possible (when the present and immediate danger has passed). **The time frame for reporting the use of a Planned Restrictive Intervention is as soon as practicable and on the same day as the intervention took place**.

5.5.2. **Unplanned/Dynamic Restrictive Intervention -** an action used in response to unforeseen hazardous events such as a person supported is about to run out in front of a car and there is no other alternative. The time frame for reporting the use of an Unplanned Restrictive Practice **is as soon as practicable and on the same day as the intervention took place**.

5.5.3. Wherever possible, an unplanned response should still be a Team Teach trained technique. However, in an emergency situation if this was not practicable, but an intervention is still urgently needed to prevent harm to self and/or others, staff must follow the

legal principles laid out at the start of this policy and provide a reasonable, proportionate and necessary response to the situation they are presented with, only when all other options have been explored where and when possible.

5.5.4. Where unplanned or unintentional incidents of restrictive practices occur, they should always be recorded, opportunity given to debrief, followed by a Post incident analysis/reflective session to ensure learning and continuous safety improvements.

5.5.5. If monitoring shows that an unplanned restrictive intervention is required on more than one occasion in a 4-week period, the Individual Behaviour Support Plan and risk assessments should be amended to include planned restrictive intervention, along with proactive measures to reduce the need for such interventions over time.

5.6 Unacceptable **and dangerous intervention –**

There are a number of interventions that are either unacceptable, dangerous and often both – these are:

- Prone restraint – Chest on floor / other surface
- Supine restraint – Back on floor / other surface
- Any restraint using the locking of joints
- Any restraint using pain to achieve compliance
- Any restraint that involves forcing the head forward onto the chest area.

It is illegal to use force as punishment.

5.7 **The above interventions should be avoided even in emergency situations** unless the situation is life threatening. Particular care should be taken with any Physical Practice involving a person with underlying health problems such as swallowing, obesity or heart problems.

5.8 When assessing the needs of any individual that requires the use of a restrictive intervention as part of their support plan, it is essential that advice is sought from the relevant medical professionals around the use of such practices for the individual when underlying medical conditions are diagnosed and/or apparent.

5.9 The following processes should be applied and followed;

- Underlying medical issues identified at assessment stage
- Advice sought as part of any proposed offer of service around the use of Restrictive Practice and the how this may influence any potential regression, relapses or risks to the person

- A risk management plan developed including input and guidance from the relevant professionals around the diagnosis and safe uses of agreed restrictive practices.
- Risk Management plans of this nature should not be carried out without external support from medical services (Consultants etc.).
- Comprehensive post incident analysis and guidance around ensuring any potential effects from the use of such practices have been monitored, recorded and reported to the relevant professionals.
- Where a child or young person with underlying medical issues does not yet have a plan in place, this must be produced internally and the relevant professionals contacted in order to implement the strategies and documentation to support policy expectation.

5.10 Medical attention should be sought if a Restrictive Physical Intervention has been used to support someone with underlying health issues.

6. Terminology and Definitions

6.1. **Restrictive Intervention:** An umbrella term describing physical and non physical actions aimed at preventing, restricting, or subduing the movement of a pupil. Restrictive interventions may or may not involve the use of reasonable force. Strategies may be planned or unplanned.

6.2. **Reasonable Force:** The use of physical restrictive intervention to control or restrain a pupil. Reasonable means using no more force than is necessary for the least amount of time, the application of which will depend on the circumstances. Any use of reasonable force is an example of a restrictive intervention and may or may not involve the use of restraint.

6.3. **Restraint:** A non-disciplinary intervention that immobilises a pupil or limits their movement. Crucially, this **may or may not include direct physical contact (e.g., holding a pupil or removing a pupil's crutches or walking aid).** Restraint may or may not involve the use of force. Restraint should only be used in order to actively prevent a child from causing *significant harm to themselves, others or seriously damaging property.

*Significant harm would include actual or grievous bodily harm, physical or sexual abuse, risking the lives of, or injury to, themselves or others by wilful or reckless behaviour, and self-poisoning. It must be shown on any occasion where physical

restraint is used there were strong indicators that if action had not been taken, significant harm would have followed.

6.4. **Significant Incident:** Any incident where the use of force **goes beyond "appropriate physical contact**". A significant incident is defined as any instance where the use of force goes beyond "appropriate physical contact" between staff and pupils. This also specifically includes any situation where physical force is used to implement a non-physical restrictive intervention

6.4.1. To determine if an incident is significant, it must be weighed against what is considered "appropriate physical contact," which generally includes:

- Providing first aid.
- Guiding or escorting a pupil (e.g., holding a hand to lead them to assembly or guiding to a self-regulation space).
- Comforting a distressed pupil.
- Praising or congratulating a pupil (e.g., a handshake).
- Demonstrating techniques for physical education or musical instruments.

If a non-restrictive Team Teach guiding technique is used, this is to be recorded on CPOMS such as the use of caring C guide under 'Non-restrictive intervention'.
If the physical contact exceeds these types of everyday interactions and involves force to control or restrain a pupil, it is deemed a **significant incident** and should be reported under Restrictive intervention category within CPOMS.

6.5. **Seclusion:** A **non-disciplinary** safety measure where a pupil is confined alone and prevented from leaving. Prevention can occur **via physical obstruction or by making the pupil believe they will be punished if they try to leave (known as psychological seclusion).**

6.5.1. The reason for seclusion might be because the person is highly aroused, agitated, overactive, aggressive, is making serious threats or gestures towards others, or is being destructive to their surroundings, when other therapeutic interventions have failed to support or de-escalate the behaviour.

6.5.2. The Human Rights Act (1998) sets out important principles regarding protection from abuse by state organisations or people working for these institutions. It is an offence to lock an individual in a room without recourse to the law (even if they are not aware that they are locked in) except in an emergency.

6.5.3. The right to liberty and personal freedom is enshrined in Article 5 of the Human Rights Act (1998) and is protected by the criminal and civil law. **For these reasons the use of seclusion outside the Mental Health Act should only be considered in extreme circumstances and should always be proportional to the risk presented by the child or young person.**

6.5.4. Under the Children Act 1989 any practice or measure, such as 'time out' or seclusion, which prevents a child from leaving a room or building of his/her own free will, may be deemed a restriction of liberty. Under this Act, **restriction of liberty of children is only permissible in very specific circumstances, for example when the child is placed in secure accommodation** approved by the Secretary of State or where a court order is in operation.

6.5.5. **Seclusion must not be implemented through the threat of punishment this is known as psychological seclusion** – staff should not threaten children and in respect of seclusion should not threaten what might happen to a child if they choose to leave, such as a sanction. Instead, staff should be aware of the child's IBSP and planned strategies to support regulation – which may include leaving the classroom or going to a specific place to support regulation.

7. Recording and reporting Restrictive Intervention

7.1. All incidents where staff have deemed it necessary to use restrictive intervention, should be recorded into the Child Protection Online Management System (CPOMS) under the appropriate category, identifying which interventions were used, and submitted to the DSL and Principal.

It is the responsibility of the intervening member of staff to complete the record log as soon as practicable, on the day that the intervention took place and informing the leadership team. The requirement to record applies even if the use of reasonable force and other restrictive interventions in certain circumstances, is agreed with parents and part of a pupil's behaviour support plan.

Under the 2025 Regulations, schools have a legal duty to record and report all instances of seclusion and restraint (including non-force related restraint).

7.2. The restrictive intervention record should include the following details as a minimum:

- names of pupil and staff directly involved

- any relevant needs or circumstances of the pupil
- time, date, location and approximate length of time the intervention was used
- brief account of the incident, including what led up to the incident, identified or potential triggers if known, any preventative or de-escalation strategies used, what type of reasonable force was applied, the degree of force, and details of physical injuries sustained, if applicable
- brief account of why the use of force was assessed as necessary in that instance
- any post-incident support, such as details of any medical treatment for injuries or other adverse impacts
- This record must also include the pupil's SEN status code.

Schools may also wish to record additional details to support their evaluation of incidents to identify best practices and areas for improvement. For example, the pupil's and/or witnesses' accounts of what happened, when and how parents were notified, and what follow-up has taken place.

7.3. A member of the school leadership team such as the DSL will as necessary, inform any agencies/authorities (eg. LADO) of the physical intervention in accordance with DFE and LA guidance.

7.4. The Principal or reporting staff member (as delegated by the Principal) will ensure that parents/carers are appropriately informed (via phone call) on the day the intervention was used, as soon as practicably possible following the incident, and ideally before the end of the school day, except where it appears that in doing so would be likely to result in significant harm to the pupil. This includes all forms of abuse and neglect. In this instance, the reporting staff member must report the incident to the local authority within which the student is ordinarily resident.

Once a parent/carer has been informed on the phone, the school should then provide this information in writing (e.g., email or online messaging) also.

7.5. A report of the incident to parents should include the following details as a minimum:

- time, date, location and approximate length of time the force was used
- brief account of what type of reasonable force was applied, and the degree of force
- details of any physical injuries sustained, if applicable

- brief account of why the use of force was assessed as necessary in that instance

  Parents must be informed if there were any injuries caused during the incident, by a staff member who was not involved in the incident.

7.6. 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 child/young person during the incident. Body maps should be used in CPOMS if any injuries are identified.

7.7. For the safeguarding of both staff and student, any subsequent post incident review or investigation of the situation/incident should be lead by a member of staff, not involved in the physical intervention and may include review of CCTV where available.

7.8. A follow up meeting with parents may be convened to discuss the incident, where appropriate. This may involve a discussion about any behavioural triggers, any warning signs of an impending incident, whether any agreed support plans were followed, what de-escalation strategies were used and how effective they were, and what might be done differently in future.

7.9. Section 93A of the Education and Inspections Act 2006 does not require schools to record and report instances of restrictive interventions where force was not used. However, it is best practice for schools to apply the same recording and reporting policy to restrictive interventions where force is not used.

8. Debriefing

8.1. It is essential that all schools make good use of the systems in place for staff debriefing and support where they are working with autistic children and young people, who have been involved in a restrictive physical intervention. Please see LAT Behaviour policy and handbook.

8.2. The school leadership will ensure staff are made aware of how to access debrief following an incident, on the same day as the incident.

8.3. For reference, debriefing in the context of this document, is giving the opportunity to an individual after an incident has occurred to discuss the emotional impact the incident has had on them. It allows the person to speak freely and openly about how the incident has made them feel and be supported to move on from the incident.

8.4. The debriefing session should always remain confidential and not be used to influence changes to behaviour support guidelines or used as an opportunity to analyse or reflect on the individual's practice.

8.5. Reflective Supervision or Incident Analysis are two other forms of post incident processes, which offer the opportunity to reflect, analyse and where possible, improve on practice, and should only take place after the debrief has been offered/completed.

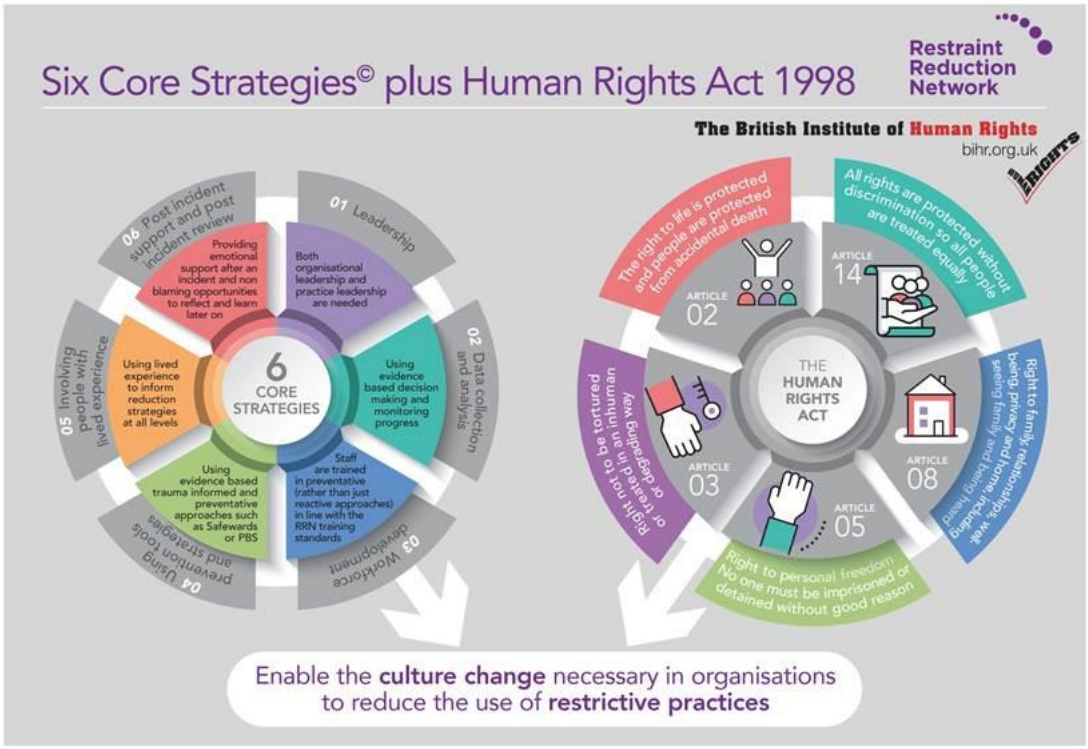
8.6. When a Debrief session and/or post incident analysis has taken place, it is logged as part of the incident recording on CPOMS.

8.7. Debrief should be offered or sought out as soon after the incident as is possible.

8.8. Staff should ensure that pupils have a meaningful debrief at their level of understanding after being part of or witnessing incidents wherever suitable and possible. This will be individual to the person, focusing on returning to a positive state. Staff must monitor those in their care for the need to debrief, and offer it in the most appropriate manner. Reference should be made in IBSP for the individual's needs.

8.9. LAT has a commitment to demonstrate the reduction of restrictive practices, in line with the Restraint Reduction Networks Training Standards 2019, as well as recent government guidelines. Please see LAT policy and procedure on Anti-Bullying, Admissions, Exclusion

Policy.



9. Training

9.1. All staff working in schools should be trained on this policy and ongoing refresher training on this policy and the Behaviour policy should be arranged on an at least annual basis.

9.2. LAT school staff are trained in Team Teach positive behaviour support, Level 2, which must be renewed at least every 12 months.

9.3. The Team Teach approach provides a holistic method to supporting our pupils within the Trust, building strong relationships and transforming challenging situations into positive outcomes. With a focus on teamwork and communication, this approach fosters supportive working practices, recognising the needs of distressed individuals and working collaboratively with pupils, parents and staff to plan and implement behaviour and pastoral support whilst keeping safeguarding, particularly risk management and risk reduction in focus at all times.

10. Responsibilities

10.1. **Trustees**

- Trustees review of policy on the use of Restrictive Physical intervention.

- Trustees will monitor the use of Restrictive Practices within the Education and Standards committee.

10.2. **Director of Safeguarding**

- Monitoring of implementation of this policy
- Monitor the use of Restrictive Practices on a regular basis – analysing data and identified trends.
- Ensuring the allocation of internal and external resources (including clinical and counselling) to address the needs of individuals we support and staff with regard to the implications of serious challenging behaviour

10.3. **Principals**

- Enforcing the implementation of this policy in their school
- Maintaining a comprehensive recording and reporting process relating to the use of restrictive practices in accordance with this policy
- Ensuring relevant staff undergo training in the use of restrictive practice, with regular refreshers; currently provided by Team Teach
- Supporting staff teams in developing risk assessments and behaviour support and care plans with regard to restrictive practices – with particular reference to calling for external or internal expert opinion as required.
- Ensuring plans are shared with parents/carers, other agencies, and where appropriate with the child or young person concerned, recognising the importance of consent in terms of the fundamental issues of respect and dignity.
- Regular monitoring of such plans.
- Monitor the quality of teaching and pupil support to ensure it addresses individuals needs and reduces the likelihood of restrictive physical intervention being required.
- 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.

10.4. **All Staff**

- Working always in the best interests of the child or young person.
- Taking part in training provided in the use of restrictive physical intervention and De-escalation and 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 as necessary.

- Using Support, debrief & Supervision 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 plans, and good practice.
- Ensure the quality of teaching and pupil support addresses individuals needs and reduces the likelihood of restrictive physical intervention being required.

11. Complaints

11.1. Parents/carers or children and young people have the right to offer comments and refer to the schools complaints policy in the case of any disagreement in the use of restrictive practices.

12. Whistleblowing

12.1. Employees of Liberty Academy Trust have a duty to voice any concerns over staff practice.

12.2. Please refer to the Whistleblowing Policy and Safeguarding Policy, contacting the school Principal in the first instance where concerns arise.

12.3. If the concern is in relation to the Principal, the concerned staff member should contact the Director of Safeguarding directly.