

[illegible]

1. Purpose and Ethos

This policy sets out the principles, expectations, and procedures for the safe use of physical interventions within our SEN provision.

Our approach is grounded in:

- Trauma-informed practice
- Positive behaviour support
- Relational safety and co-regulation
- Team Teach's 95% de-escalation model
- The belief that every child communicates a need

Physical intervention is always a last resort, used only when necessary to keep a child or others safe.

2. Legal and Regulatory Framework

This policy aligns with:

- Education and Inspections Act 2006
- Use of Reasonable Force (DfE)
- Keeping Children Safe in Education
- Children and Families Act 2014
- SEND Code of Practice
- Team Teach accredited guidance and training standards

3. Definitions

3.1 Physical Intervention

Any intentional contact used to guide, support, or restrict movement for safety.

3.2 Reasonable Force

The minimum force, for the shortest time, to prevent harm.

3.3 Restrictive Physical Intervention

A hold or action that limits a child's movement.

Used only when:

- There is immediate risk of harm
- All other strategies have been exhausted
- It is reasonable, proportionate, necessary and in the child's best interests

4. Principles of Practice

4.1 Prevention First

Staff prioritise:

- Relationship-based practice
- Predictable routines

- Sensory regulation
- Personalised risk reduction plans
- Early identification of dysregulation

4.2 Team Teach Approach

Staff use:

- 95% de-escalation
- Guided holds only when essential
- Techniques appropriate to their training level
- Techniques that maintain dignity and communication

4.3 Child-Centred Decision Making

Interventions must:

- Protect the child's emotional and physical wellbeing
- Avoid pain, humiliation, or punitive intent
- Consider sensory needs, trauma history, and communication style

5. When Physical Intervention May Be Used

Only to prevent:

- Serious injury to the child or others
- Significant damage to property
- A child running into danger
- Behaviour that poses an immediate safeguarding risk

Physical intervention is never used for:

- Compliance
- Punishment
- Convenience
- Low-level disruption

6. Types of Physical Intervention

6.1 Non-Restrictive

- Open hand guidance
- Blocking or redirecting
- Offering physical support for stability

6.2 Restrictive (Team Teach Approved)

- Two-person holds
- Single-person supportive holds
- Escorts
- Cradle or wrap techniques (only where risk assessed and trained)

No unapproved techniques may be used.

7. Staff Training and Competency

- Only staff with current Team Teach accreditation may use restrictive interventions.
- Training is refreshed every 12–24 months.

- New staff receive induction on relational practice, de-escalation, and policy expectations.
- Leaders ensure staff feel confident, supported, and emotionally safe.

8. Risk Reduction Plans (RRPs)

Every child with foreseeable risk has an RRP including:

- Known triggers
- Preferred regulation strategies
- Communication needs
- Medical or sensory considerations
- Approved interventions
- Post-incident support preferences
- Parent/carer involvement

RRPs are reviewed termly or after significant incidents.

9. Incident Management

9.1 During an Incident

Staff must:

- Use calm, low-arousal communication
- Offer choices and co-regulation
- Monitor breathing, colour, and distress
- Work as a team with clear roles
- End the intervention as soon as safe

9.2 After an Incident

- Provide reassurance and regulation
- Offer space and time
- Avoid blame or shame
- Restore relationships

10. Recording and Reporting

All restrictive interventions must be recorded immediately and include

- Antecedents
- De-escalation attempts
- Type and duration of hold
- Staff involved
- Child's voice
- Injuries (if any)
- Follow-up actions

Parents/carers are informed same day where appropriate.

11. Post-Incident Review

A structured reflection takes place involving:

- Staff debrief
- Child's voice (in a developmentally appropriate way)
- Review of triggers and strategies
- Updates to RRP

- Consideration of environmental or curriculum adjustments

The aim is learning, not blame.

12. Oversight and Governance

- SLT monitors patterns and frequency of interventions.
- Governors receive anonymised termly reports.
- Safeguarding and SEND leads collaborate to ensure safe practice.
- External agencies (e.g., EP, OT, CAMHS) may be consulted where patterns emerge.

13. Supporting Staff Wellbeing

We recognise that physical interventions can be emotionally demanding.

Staff are offered:

- Debrief
- Supervision
- Access to wellbeing support
- A culture where asking for help is normal

14. Review Cycle

This policy is reviewed annually or sooner if:

- Legislation changes
- Team Teach updates guidance
- Incident analysis indicates a need