



Durham Trinity School  
& Sports College

Nurture, Believe, Thrive, Succeed

# Policy and Guidance on the use of Restrictive Interventions

**must** be read in conjunction with the following policies:

Behaviour and Emotional Well-being Policy

Safeguarding Policy

Whistleblowing Policy

**Agreed by Governors 11-3-26.**

**From 1<sup>st</sup> April 2026 DM**

## **1. Policy Statement**

This school is committed to creating a safe, respectful and supportive environment for all pupils. Staff must seek to understand the root cause of all behaviours including sensory and communication needs, as well as considering SEND-related triggers. Our Behaviour and Emotional Wellbeing policy sets out our relational ethos, along with our neuro-scientific and trauma-informed approaches to pro-actively supporting and preventing such behaviours and how staff respond using the neuro-sequential model and restorative practices.

On some occasions when other strategies have been exhausted, restrictive interventions, including the use of reasonable force, restraint and seclusion, may be required as a **last resort, used only when reasonable, necessary, lawful and proportionate, and always for the shortest amount of time required to keep people safe.**

## **2. Legal and Statutory Framework**

From 1 April 2026, schools must follow 'Restrictive interventions, including the use of reasonable force, in schools' guidance.

The principal legislation to which this guidance relates are:

- the Education and Inspections Act 2006, especially sections 93 and 93A
- 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.

## **3. Definitions**

- **Restrictive intervention:** Physical or non-physical actions used to restrict, prevent or subdue movement.

- **Reasonable force:** Physical contact used only when necessary, proportionate, and for the least amount of time.

- **Significant incident:** Incidents that exceed ordinary physical contact and trigger statutory recording and reporting.

- **Seclusion:** A non-disciplinary intervention involving keeping a pupil confined to a place away from others, and preventing them from leaving either by physical obstruction or blocking. **Only to be used only in an emergency, when a pupil poses a risk of harm.**

#### **4. When Restrictive Interventions and Reasonable Force may be used**

All school staff can use “Reasonable force” or “Restrictive Intervention” to prevent or stop a pupil from:

- causing injury to themselves or others
- committing a criminal offence
- damaging property
- causing disorder.

**It must never be used as punishment.**

Durham Trinity School and Sports College does not allow the use of physical equipment to provide restraint, such as the use of reins.

#### **5. Staff Training**

Due to the needs of pupils at Durham Trinity School and Sports College, all staff receive training to understand, prevent and manage situations of distressed behaviour. As there is a greater potential for the need for restrictive intervention, the majority of staff receive accredited training in de-escalation, safe handling and SEND/trauma-aware practices using Team Teach as the training provider.

The school has two Level 3 Team Teach trainers in house, David Matthews (Deputy Head Teacher) and Tracey Seymour (Class Teacher / Curriculum Play Lead). Both are trained and assessed annually, directly by Team Teach, to ensure consistency of training delivery and compliance with national guidelines. Having in house trainers also provides opportunity for ongoing support and direct assistance to staff when needed.

Staff are trained to Level 2, which is adequate for the school’s current level of need, although should this increase, the two trainers can respond and train staff appropriately to the higher level. Level 2 training is also refreshed annually for staff, in line with Team Teach protocol.

Trained staff have a toolkit of strategies and techniques they can use in a **proportionate manner, only when necessary and as a last resort.**

#### **6. Prevention and De-escalation**

As restrictive intervention of any kind is a **last resort**, staff must prioritise early intervention, de-escalation and collaborative work with pupils and families to problem solve situations. More details on this can be found in our Behaviour and Emotional Wellbeing Policy. Any child that has required the use of restrictive intervention, including seclusion, **must have a written behaviour risk assessment** (Appendix C), **agreed and signed by parents**, that sets out individual needs and support required at different stages of dysregulation.

## **7. Recording of Restrictive Interventions**

All significant incidents must be recorded as soon as practicable and staff should endeavor to do this the same day.

The record should contain the following details as a minimum:

- names of pupil and staff directly involved
- any relevant needs or circumstances of the pupil, including whether the pupil involved has an identified special educational need or disability and their SEN status code;
- time, date, location and approximate duration of the intervention
- 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, and (where relevant) what type of reasonable force was applied, the degree of force, and details of any physical injuries sustained
- brief account of why the use of force was assessed as necessary in that instance
- any post-incident support, such details of any medical treatment for injuries or other adverse impacts.

Staff will use the Significant Incident Report Form (Appendix A) to record details of the incident and provide this to either the Deputy Head Teacher or Head Teacher.

## **8. Reporting Significant Incidents to Parents**

Parents/Carers must be informed as soon as practicable and no later than the same day. This is to be done both by phone call **and** by a letter going home with the child that night. Staff will use the Significant Incident Letter (Appendix B).

## **9. Pupil and Staff Support**

Pupils and staff involved in incidents of physical restraint, must be provided with access to a first aider if required, along with appropriate emotional support. Staff must also have the opportunity to debrief with other trained staff or leaders, to support their

development and the reduction of future incidents requiring physical restraint (Debrief form Appendix D).

All pupils, where appropriate and possible, require supported “post incident reflection” to identify potential triggers and aid the development of strategies to manage emotions or request support, to ensure the safety of everyone.

## **10. Use of Seclusion and Other Non-Force Related Restraint**

In guidance, seclusion is defined as a non-disciplinary intervention involving keeping a pupil confined to a place away from others, and preventing them from leaving either by physical obstruction, blocking, or making them believe they will be punished if they try to leave. Seclusion must **only be used in emergency situations, when necessary to prevent harm and never as punishment**. All incidents must be recorded on CPOMS, using the “seclusion” tab, with that written record being available to parents/carers through subject access request if required. Parents/carers must be informed as soon as practicable and no later than the same day by telephone or in person that their child required the use of seclusion in order to keep them or others safe. After any initial emergency situation, potential further use of seclusion **must be agreed with parents and recorded on the individual behavioural risk assessment for the child and signed by parents**.

Removal of a child’s walking aid or repositioning of their wheelchair away from others or facing in a particular direction are also examples of non-force related restraint, they should only be used in emergency situations and must also be recorded on CPOMS using the “non-force restraint” tab, with parents informed as above. After any initial emergency situation, potential further use of non-force related restraint **must be agreed with parents and recorded on the individual behavioural risk assessment for the child and signed by parents**.

The use of restrictive clothing to maintain dignity or to prevent self-injurious or safeguarding risks to a pupil or others must be in line with a child’s needs, agreed by SLT and then with parents. **It must be recorded on the individual behavioural risk assessment for the child and signed by parents**.

## **11. Monitoring, Governance and Data Use**

Significant Incident Report forms are recorded in a bound book and filed by the Deputy Head Teacher. The **Head Teacher** will monitor any use of Restrictive Interventions by examining and signing off all written documentation.

The Head Teacher must ensure that:

- any use of restrictive intervention is reasonable, proportionate and necessary

- the need to use Restrictive Physical Intervention is minimised
- restrictive interventions are used only in appropriate circumstances
- the School's Governing Body receive adequate, termly information around restrictive interventions.

Governors should monitor the use of Restrictive Interventions within the school ensuring that:

- the incidence of the use of Restrictive Physical Intervention is reported to them termly
- incidents comply with school policy
- they understand training needs and provision
- trends are recognised
- action is taken to reduce the use of restrictive interventions.

### **13. Complaints and Allegations**

The Head Teacher will ensure that each incident of the use of restrictive intervention is reviewed and investigated further as required. If an allegation is made in relation to a member of staff, this will be pursued through the appropriate procedures in line with our safeguarding policy.

The availability of a clear policy about restrictive interventions and early involvement of parents should reduce the likelihood of complaints but may not eliminate them. Any complaints will be dealt with under the School's Complaints Procedure as set out on the school's website.

### **14. Policy Review**

This policy is reviewed annually and updated in line with legislation and safeguarding updates.

**APPENDIX A**

**DURHAM TRINITY SCHOOL - SIGNIFICANT INCIDENT REPORT**

Please ensure all parties involved sign document as true recording

**Name of Pupil:**

**SEN Status: EHCP**

**Report Compiler:**

**Role:**

**Day & Date:**

**Time:**

**Location:**

**Names of those involved:**

Pupils:

Staff:

**Names of others present:**

Pupils:

Staff:

**Antecedents and relevant circumstances:** (a description of the events leading up to the incident/behaviour, as well as anything significant that is currently impacting the child)

**Behaviour:** (how did the pupil respond, describe what actually happened).

**Action Taken:** (how did staff intervene, how did the child respond, and how was the situation resolved).

**Parents/Carers informed? Yes / No (delete as applicable)**

**Parents comments:**

**Signature(s) of those involved, or witnesses with date:**

**Compiler:**

**Pathway Leader reported to:**

**Time:**

**Date:**

**SLT reported to:**

**Time:**

**Date:**

**Justification for use of Physical Controls:**

Prevent/interrupt a criminal offence.

Prevent/interrupt injury to pupil/pupils/staff/others.	
Prevent/interrupt serious damage to property.	
Prevent/interrupt behaviour that is causing disorder	



**What de-escalation techniques were used prior to physical intervention and effectiveness rating?**  
**( 1 = Not effective 10 = Very effective )**

Verbal advice and support		Reassurance		Success reminded	
Distraction		Reminder of appropriate behaviour		Contingent touch	
Time out offered		Praise		Listening	
Time out directed		Supportive Language		Social space	
Transfer adult		Options offered		Negotiation	
Choices		Planned ignoring		Reflection time	
Other		Please specify:			



**Nature of Physical Control Used:**

Sequence (1,2,3 etc)	Technique (Two-person single elbow etc)	Staff Initials	Position (standing, sitting, kneeling, prone, supine)	Duration

**What would have been the risks had restrictive physical intervention not been used:**

**Post Incident Learning or interaction with Child:** (if appropriate)

**Details of any resulting injury:** (to whom, and action taken as a result, e.g. medical treatment).

**Any other relevant information:**

**HEAD TEACHER'S MONITORING**

**COMMENT:** (including details of any follow up action taken as a result of the physical control)

**SIGNATURE OF HEAD TEACHER:**

**DATE:**

## APPENDIX B



**Durham Trinity  
School and  
Sports College**

Dunholme Close Aykley Heads Durham DH1 5WB  
Tel: 0191 386 4612

E: [durhamtrinity@durhamlearning.net](mailto:durhamtrinity@durhamlearning.net)  
W: [www.durhamtrinity.co.uk](http://www.durhamtrinity.co.uk)

Headteacher:  
Rachel Grimwood B Ed. NPOH

Date:

Dear

I am writing to inform you that Restrictive Physical Intervention was required today with your child during a significant incident. The intervention was necessary in order to:

- Prevent/interrupt a criminal offence.
- Prevent/interrupt injury to themselves/a pupil/pupils/staff/others.
- Prevent/interrupt serious damage to property.
- Interrupt behaviour that was causing disorder.

The Restrictive Physical Intervention took place in \_\_\_\_\_ and was required for \_\_\_\_\_ seconds/minutes. Your child was held in a \_\_\_\_\_ position by \_\_\_\_\_ member/s of staff.

Our Physical intervention policy complies with the "Restrictive interventions, including use of reasonable force, in schools" guidance for schools in England, April 2026.

- It was checked that your child was not hurt
- They were seen by our First Aider.
- Your child was checked and sustained \_\_\_\_\_.  
Medical attention was sought.

Please feel free to contact us if you wish to discuss the incident further.

Yours sincerely

R Grimwood.  
Head Teacher



## APPENDIX C

### Behaviour Support Plan and Risk Assessment

Name:	Class:	Date:
Staff Names:		
<b>Background information</b>		
<b>Required Provision</b>		
<p><b>Specific motivators:</b></p>		
<u>Presentation during low-level dysregulation (Reason/Relate)</u>	<u>Level 1 Strategies</u>	
<u>Presentation during mid-level dysregulation (Relate/Regulate)</u>	<u>Level 2 Strategies</u>	
<u>Presentation during high-level dysregulation (Regulate)</u>	<u>Level 3 Strategies</u>	
<b>Recovery/Depression/Restoration procedure</b>	<b>Communication required following level 3</b>	

Identification of Risk	Potential/Actual	Who is affected? Staff / Pupil / Pupils
Risk 1 -		
<b>Assessment of Risk</b>		

In which situations do the risks usually occur	Risk 1:
How serious? Mild / moderate/ serious	Risk 1:
What kinds of injuries or harm are likely to occur?	Risk 1:

<b>Risk Reduction Options</b>		
<b>Risk 1:</b>		
<b>Stage 1: Proactive measures to reduce and manage early risk</b>		
<b>Stage 2: Progressive measures to manage risk</b>		
<b>Stage 3: Reactive interventions to respond to adverse outcomes</b>		
<b>Communication of Behaviour Management Plan and School Risk Management Strategy</b>		
<b>Plans and strategies shared with:</b>	<b>Communication method</b>	<b>Date actioned</b>
Parents		
Class Staff		
All Staff (if appropriate)		
Other		

<b>Staff Training Issues</b>		
<b>Identified training needs</b>	<b>Training provided to meet needs</b>	<b>Date training completed</b>
Plans and strategies evaluated and understood by:		
<b>Staff</b>		
Print:	Print:	Print:
Sign:	Sign:	Sign:
Date:	Date:	Date:
Print:	Print:	Print:
Sign:	Sign:	Sign:
Date:	Date:	Date:

**APPENDIX D**



## Post Incident Debrief Form

Date:	Time:
Present:	
What led up to the Significant Incident?	
What approaches/strategies were used prior to RPI?	
What techniques were used during RPI and how successful?	
What would we do again or differently?	
Any agreed actions:	