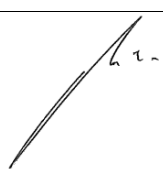


Beaucroft Foundation School & College



Behaviour, Touch and Restrictive Intervention Policy

Combined policy aligned to interim guidance on reducing the need for restrictive interventions in schools, April 2026

Date Adopted: 06/10/2026
Review term: One year
School Lead: Emma Wood
Linked Governor: Noel Harrison
Signed By: 

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1. Purpose and scope

This policy replaces and combines Beaucroft Foundation School & College's Behaviour Policy, Physical and Restrictive Interventions Policy and Touch Policy. It provides one clear framework for behaviour support, appropriate touch, non-restrictive physical contact, and restrictive intervention.

The policy applies to all staff, volunteers, governors and adults working with pupils at Beaucroft School and Beaucroft College, including educational visits and community activities where staff have lawful control or charge of pupils.

It should be read alongside the Staff Code of Conduct, Child Protection and Safeguarding Policy, Intimate Care Policy, Health and Safety Policy, Medical Needs Policy, Complaints Policy, and Searching, Screening and Confiscation guidance where relevant.

This policy is informed by the DfE guidance Restrictive interventions, including the use of reasonable force, in schools (April 2026), the Education and Inspections Act 2006 sections 93 and 93A, Behaviour in Schools guidance, Keeping Children Safe in Education, the Equality Act 2010, and Therapeutic Thinking principles of restraint reduction and elimination.

2. Policy statement and Beaucroft values

'You can't teach children to behave better by making them feel worse. When children feel better, they behave better.' (Pam Leo.)

At Beaucroft, every child and young person has the right to be treated with respect and dignity, to have their needs recognised, and to receive the right support. Behaviour is understood as communication. Behaviour that appears difficult or dangerous may arise from unmet need, distress, pain, trauma, sensory need, communication difficulty, anxiety, learning disability, autism, mental health need or other vulnerability.

We use a therapeutic approach that prioritises prosocial experiences and feelings. Positive experiences create positive feelings, which support valued behaviour. Our aim is for every member of the Beaucroft community to THRIVE: Thoughtful and Caring, Happy and Safe, Resilient, Independent, Valued and Empowered.

Restrictive intervention is potentially traumatising. It can affect the pupil subject to the intervention, pupils who witness it, staff, parents/carers and the wider school community. Beaucroft is committed to reducing and, wherever possible, eliminating the need for restrictive intervention through proactive support, analysis, planning, prevention and de-escalation.

Restrictive intervention will only be used in very limited circumstances, as a last resort, when it is reasonable, proportionate and necessary to prevent significant harm. It will not be used for punishment, compliance, convenience, retaliation, humiliation or because a pupil is causing disruption alone.

3. Key definitions

Child / pupil / student: All children and young people at Beaucroft. Statutory recording duties also apply to young people up to the age of 20 where relevant.

Parent / carer: All those with parental responsibility and those who care for the child, including the local authority where relevant.

Valued behaviour: Behaviour that creates helpful feelings in self and others; is positive, helpful and socially accepted; and shows concern for the rights, feelings and welfare of others.

Detrimental behaviour: Behaviour that creates unhelpful feelings in self or others and may cause harm to an individual, the community or the environment, or may cause injury, harassment, alarm or distress.

Difficult detrimental behaviour: Behaviour that does not pose a risk of harm to self, others or property and is not recognised as a criminal offence. Difficult behaviour, including disruption alone, does not justify restrictive intervention.

Dangerous detrimental behaviour: Behaviour evidenced to cause injury to self or others, significant damage to property, or the committing of a criminal offence. Not all dangerous behaviour justifies restrictive intervention; planning must identify the severity, likelihood and threshold at which restrictive intervention may be considered.

Non-restrictive intervention / appropriate physical contact: Planned or reactive use of touch to support a pupil, with no intent to prevent, restrict or subdue movement of the body or part of the body.

Restrictive intervention: A planned or reactive act intending to prevent, restrict or subdue movement of the body, or part of the body, of a pupil. Any action that meets this definition is a restrictive intervention, whether or not it is a trained technique.

Physical restraint: Restrictive intervention involving direct physical contact where the intention is to prevent, restrict or subdue movement of the body or part of the body.

Non-physical restraint: Restricting a pupil's independent actions without direct physical contact, for example by removing or disabling auxiliary aids, where the intention is to prevent, restrict or subdue movement.

Mechanical restraint: Use of equipment such as belts, harnesses, splints or other restrictive devices to immobilise or limit movement with the intention of preventing, restricting or subduing movement. This must only be used with appropriate professional advice, for example from Occupational Therapy or medical professionals.

Chemical restraint: Use of medication, substances or diet to prevent, restrict or subdue movement. Medication must only be administered in line with the school's medication policy, parental consent and medical instructions.

Seclusion: A non-disciplinary restrictive intervention in which a pupil is kept confined away from others and prevented from leaving by physical obstruction, blocking, or belief that they will be punished if they try to leave. Seclusion must not be used as a disciplinary penalty.

Removal: A serious disciplinary sanction where a pupil is required to spend a limited time out of class in a supervised setting. Beaucroft does not use removal as punishment. Where a pupil accesses another space to regulate, this should be understood and planned as separation space wherever possible.

Separation space: A planned, proactive use of a different space to support regulation, sensory overload or emotional wellbeing. It is not restrictive where the pupil is not prevented from leaving.

4. Whole-school therapeutic approach

All staff are responsible for creating safe learners by using predictable routines, differentiated curriculum, appropriate communication, low-arousal support, relational practice and individualised strategies. Class teams will use each pupil's EHCP outcomes, pupil summary, communication profile, sensory needs and known regulation strategies to inform planning.

- Visual schedules, now/next or first/then supports, symbols, objects of reference, Signalong and other individual communication systems.
- Social stories, scripts, personalised key rings and visual supports to help pupils understand expectations and make safe choices.
- Recognition that creates positive feelings and celebrates effort, engagement and valued behaviour.
- Therapeutic activities such as Speech and Language Therapy, Occupational Therapy, Music Therapy, Play Therapy, Forest Skills, sensory programmes, Intensive Interaction and therapy dog support where appropriate.
- Positive phrasing, limited choice, clear boundaries, non-confrontational approaches and de-escalation scripts adapted to each pupil's level of understanding.

Consequences at Beaucroft are educational or protective. They are not punishments. Educational consequences teach the skills or understanding a pupil needs. Protective consequences are used to prevent further harm and allow time to plan successful support before returning to an activity or environment.

5. Non-restrictive physical contact and touch

Beaucroft does not operate a no-touch policy. Appropriate, professional and non-restrictive touch is an important part of high-quality care, communication, education and support. Touch must always be in the pupil's best interests, proportionate to the situation and sensitive to the pupil's age, developmental stage, communication needs, history, culture, preferences and vulnerabilities.

Non-restrictive physical contact may be used:

- to give first aid, medical care or intimate care in line with relevant policies;
- to support personal care, transfers, positioning, mobility or access to equipment;
- to guide or escort a pupil when walking around school, on educational visits or to a space they have chosen to access for regulation;
- to comfort or reassure a distressed pupil, where this is welcomed or clearly in the pupil's best interests;
- to praise, congratulate or greet a pupil, for example a handshake or agreed gesture;
- to support communication, early interaction, Intensive Interaction, play, therapy or learning;
- to demonstrate exercises, PE techniques, musical instruments or practical tasks.

Where possible, staff should seek the pupil's permission before initiating contact and should remain alert to verbal and non-verbal signs that the pupil is uncomfortable, embarrassed, distressed or over-excited. Known preferences, dislikes or safeguards must be recorded in individual planning.

Touch must not become a habit between an adult and an individual pupil. Staff should avoid creating dependency or confusion between professional relationships and primary attachments. Staff must not kiss pupils. Pupils should not sit on staff laps. If a pupil seeks front-to-front cuddling, staff should redirect to a safer sideways support unless a specific, exceptional plan has been agreed with parents/carers and Co-Headteachers. Staff must never use touch as punishment, to inflict pain, or against a pupil's will.

Physical contact must not involve the neck, breasts, abdomen, genital area or other sensitive body areas except as part of agreed medical or intimate care. Staff must follow safer working practice and raise any concern about inappropriate touch with the DSL or Co-Headteachers.

6. Supportive environments, separation spaces and removal

Beaucroft uses supportive environments to help pupils self-regulate and prevent escalation. These include green rooms/safe spaces, small rooms off classrooms, sensory rooms, therapy rooms, outdoor areas attached to classrooms, playground areas, adventure play spaces, swings and other agreed spaces.

These spaces must be used proactively, therapeutically and in line with individual need. They should not be used as punishment. A pupil may be supported to access a space they have chosen or that is part of an agreed plan. Staff must consider supervision, dignity, communication, safety and the pupil's ability to leave the space.

If a pupil is prevented from leaving a space by physical obstruction, blocking, locked doors, threat of punishment or a belief that they will be punished if they try to leave, this becomes seclusion and must be recorded and reported as a restrictive intervention. If physical restraint is used to achieve or maintain seclusion, both the restraint and seclusion must be recorded and reported.

Beaucroft's green rooms/safe spaces are quiet, comfortable, low-arousal areas to support regulation. They are not seclusion rooms. Pupils must not be left alone when dysregulated where risk remains, and staff must maintain appropriate supervision and support in line with the pupil's needs and plan.

7. Difficult and dangerous behaviour

When behaviour is difficult but not dangerous, staff must use non-restrictive strategies. These may include de-escalation, distraction, change of demand, reduced language, movement or sensory breaks, adapted communication, separation space, support from a familiar adult, protective consequences and review of provision.

Where behaviour is causing concern, staff will use the Therapeutic Thinking graduated approach. This may include Early Prognosis Tool, Therapeutic Tree, anxiety mapping, RAG analysis, risk calculator, conscious/subconscious behaviour analysis, and/or therapeutic plans. Documents should be reviewed at least half-termly or sooner following a significant incident or change in presentation.

Where behaviour is dangerous, staff must still consider whether a non-restrictive response can safely reduce the risk. Restrictive intervention may only be considered where there is a risk of significant harm, and where it is reasonable, proportionate, necessary and a last resort.

8. Restrictive interventions

Restrictive intervention may only be used by Beaucroft staff when the pupil is on school premises or where staff have lawful control or charge of the pupil, including off-site activities. Restrictive intervention may be used only to prevent:

- injury to the pupil or others;
- the committing of a criminal offence;
- significant damage to property.

Beaucroft does not support the use of restrictive intervention for disruption, disorder or non-compliance alone. Only where such behaviour is causing or is highly likely to cause injury, significant property damage or the committing of an offence could restrictive intervention be considered.

Before using restrictive intervention, staff must consider:

- Is it necessary? What harm is likely if no restrictive intervention is used?
- Are there less restrictive ways to manage the situation safely?
- Is the intervention likely to be safe and successful?
- Could the intervention cause more harm than the behaviour itself?
- Is it proportionate to the likely harm?
- Can dignity, privacy and emotional safety be maintained as far as possible?
- How will the pupil's SEND, communication, medical needs, trauma history, sensory needs, size, age, capacity and equality considerations affect the decision?

Where restrictive intervention is used, staff must use the least restrictive option, the minimum force necessary and only for the shortest time required to reduce the risk. The hold or restriction must be released as soon as safely possible.

9. Individual analysis, planning and risk assessment

Where there is a foreseeable risk that restrictive intervention may be needed, an individual plan must be created through the Therapeutic Thinking Planning Portal or agreed school documentation. Planning should be co-produced with the pupil wherever possible, parents/carers, the class team, Therapeutic Thinking tutors, relevant professionals and, where appropriate, advocates.

Planning must evidence: the pupil's needs and vulnerabilities; the behaviour and risk being addressed; proactive support; early warning signs; preventative strategies; de-escalation; alternatives considered; thresholds for restrictive intervention; the specific intervention agreed; who is trained to use it; how it will be summoned and monitored; how it will be recorded and reported; and how the plan will be reviewed.

All planning must comply with the Equality Act 2010 and should consider whether reasonable adjustments, communication support, curriculum changes, environmental changes, sensory support, medical advice or additional professional input could reduce the need for restrictive intervention.

10. Emergency and unplanned restrictive intervention

In an emergency, staff may need to make a dynamic risk assessment and act in the pupil's best interests, using professional judgement. Examples may include a pupil moving towards a live road or railway line, attempting serious self-injury, or physically attacking another person in a way that creates an immediate risk of serious harm.

Unplanned restrictive intervention must trigger review. The review will consider what happened, whether the response was reasonable, proportionate, necessary and a last resort, what support is now needed, whether an individual plan is required or should be amended, whether additional training is needed, and how future incidents can be prevented.

Staff are not expected to place themselves at risk of serious harm. Where restrictive intervention would be justified but unsafe to attempt, staff may remove other pupils and themselves, summon trained support, contact SLT, and if necessary call emergency services.

11. Prohibited and unacceptable practice

The following are prohibited or unacceptable:

- any form of corporal punishment;
- use of force as punishment or after an incident has ended;
- restrictive intervention for compliance, convenience, retaliation, humiliation or disruption alone;
- restrictive intervention that affects airway, breathing or circulation;
- intentional pain, pressure to joints, or contact with sensitive body areas;
- holding a pupil prone, supine, on their side, seated or on the ground as part of Beaucroft practice;
- seclusion as a disciplinary penalty;
- removal of mobility or communication aids unless specifically planned, professionally advised and clearly justified as the least restrictive option;
- unprescribed medication, substances or diets intended to restrict movement;
- locking pupils in spaces or making them believe they cannot leave through threat of punishment;

- searching practices involving force unless legally justified and safely managed in line with separate searching guidance and safeguarding advice.

If a pupil ends up on the ground during a restrictive intervention, staff should release the hold as soon as it is safe and reassess. Staff should move away and seek support unless the pupil returns to standing and the risk again meets the threshold for restrictive intervention.

12. Recording, reporting and parent/carers communication

All restrictive interventions, including seclusion, must be recorded and reported. This duty applies whether the intervention was planned or unplanned, and even where the use of restrictive intervention has been agreed with parents/carers as part of the pupil's plan.

Records must be completed as soon as is practical, aiming no later than the same day. If this is not possible, the reason must be recorded. Beaucroft will use its agreed restrictive intervention recording form/system and relevant incident, accident or injury forms.

Parents/carers must be informed as soon as is practical and normally on the same day. Communication should be factual, sensitive and include why restrictive intervention was used, what type of intervention was used, the duration, whether injury or distress occurred, immediate support provided, and the next steps for review.

The record must include, as a minimum:

- names of the pupil and staff directly involved;
- time, date, location and approximate duration;
- what led up to the incident, known or possible triggers and any preventative or de-escalation strategies used;
- type of restrictive intervention, degree of force, how it was applied and for how long;
- why restrictive intervention was assessed as necessary and why less restrictive options were not sufficient;
- whether injury, distress or medical vulnerability was identified and what action was taken;
- who has been informed, including parents/carers, SLT, safeguarding leads and governors where required;
- review actions, including changes to planning, training or support.

Records must be factual, accurate, non-judgemental and transparent. They will be stored securely and used for analysis, safeguarding oversight, wellbeing support and practice improvement.

13. Post-incident support, repair and learning

Following any restrictive intervention, staff will check for injury, distress, medical need and emotional impact. Pupils and staff should receive medical assessment or treatment as soon as possible where needed. Pupils who witnessed the incident should also be supported where necessary.

A restorative conversation or reflective process should take place when the pupil is ready and when it is in their best interests. This should focus on understanding what happened, repairing relationships, identifying unmet need, and reducing future risk. It should not be used to blame or shame the pupil.

The review should, where possible, be facilitated or supported by someone not directly involved in the incident. The outcome should inform APDR: assess, plan, do, review.

14. Staff training and development

All staff working regularly with pupils will receive Therapeutic Thinking relational practice training and regular refreshers. Training will include prevention, de-escalation, communication, safer working practice, appropriate touch, recording and reporting, and the legal and ethical framework for restrictive intervention.

Staff who are likely to need to use restrictive intervention will receive additional Therapeutic Thinking Restraint Reduction and Elimination training, based on audited need and individual pupil risk. Training will be tailored to the needs of the pupils and the role of the staff member. Staff must not use planned restrictive techniques for which they have not been trained, except where an emergency dynamic risk assessment means immediate action is necessary to prevent serious harm.

Therapeutic Thinking tutors will support staff with analysis, planning, paperwork, practice development, training and whole-school data review. Additional advice may be sought from SaLT, OT, medical professionals, Educational Psychologists, CAMHS, Social Care or other agencies where appropriate.

15. Governance, monitoring and review

The governing body will ensure that procedures for recording and reporting restrictive intervention are followed and that leaders use data to reduce restrictive practice. A nominated governor will provide oversight of restrictive intervention arrangements.

School leaders and governors will review restrictive intervention data at least termly to identify patterns, repeated triggers, pupils requiring additional planning, staff training needs, environments or routines requiring change, and whether strategies are effective.

This monitoring will include analysis by pupil, class, site, time, location, type of intervention, injuries, disproportionality and repeated use.

This policy will be reviewed annually, or sooner if statutory guidance changes, an incident indicates the policy requires amendment, or practice review identifies a need.

16. Complaints and safeguarding concerns

Any complaint about the use of restrictive intervention will be managed through the school's complaints procedure, unless it meets the threshold for safeguarding, allegation management or whistleblowing processes.

All staff and volunteers must feel able to raise concerns about poor or unsafe practice or potential failures in safeguarding arrangements. Concerns about a member of staff should be referred to the Co-Headteachers or DSL. Concerns about a Co-Headteacher should be referred to the Chair of Governors. Allegations regarding inappropriate use of force or restrictive intervention must be managed in line with Keeping Children Safe in Education and local safeguarding procedures.

Appendices:

1. Restrictive Intervention (RI) Record Form
2. Recording and Reporting Flow Chart
3. Parent Cover letter to accompany Record Form

APPENDIX 1

Restrictive Intervention (RI) Record Form (This supersedes a Serious Incident Form)

Handwritten completed forms to be shared Therapeutic Thinking Lead (EW)

Restrictive intervention: A planned or reactive act intending to prevent, restrict or subdue movement of the body, or part of the body, of a pupil. Any action that meets this definition is a restrictive intervention, whether or not it is a trained technique.

All students have an EHCP

Student Name:		Time of Incident:	
D.O.B:		Duration of RI:	
Date of Incident:		Duration of Incident:	
Staff involved in RI:		Staff Witnesses RI:	
Recording staff name:		Triggers/Antecedent (write more on end of report if needed):	
Location of Incident:			
Type of Restrictive Intervention:			
Physical restraint			
Non-physical restraint			
Mechanical restraint			
Supervised seclusion			

Additional Factors (write more on end of report if needed):

Justification for restrictive intervention Why the intervention was assessed as necessary (tick all that apply):		Harm prevented by physical intervention with predicted levels (see Individual Plan): e.g. bruising to peers, lacerations, destruction of computer, 20 mins of geography lost for 15 child or young person's etc.
To prevent harm to self		
To prevent harm to other children		
To prevent harm to adults		
To prevent damage to property		

To prevent loss of learning (see plan)		
Is there any physical or emotional harm caused (to pupil) by the use of the RI?	Y/N	Details:
Has the student indicated that this was caused by the use of RI?	Y/N	Actions:

De-escalation techniques used (please state order in which they were used)			
Verbal advice and support		Offering services of other staff	
Calm talking		Informing of consequences	
Distraction		Taking non-threatening body position	
Reassurance		De-escalation script	
Humour		Clear instruction / warning	
Negotiation		Withdrawal from activity	
Offering choices and options		Diversion	
Other (please specify)			
Number:	Description of how technique was employed:		
1			
2			
3			
4			
5			

Restrictive intervention, in sequence.			
Time	Technique	Shape	Staff name
Duration of restraint:		Duration of incident:	
Additional information and justification		Additional information and justification	

Unresolved Harm/ Details of damage to property (costs and details of harm to property and people, including medical intervention):	

Management:		Details:	
How was the incident resolved?			
What are the protective and educational consequences?			
Has necessary student de-brief taken place?	Y/N		
Has necessary staff de-brief taken place?	Y/N		
Have Individual Plans been written / reviewed?	Y/N		
Was there involvement of external agencies?	Y/N		
Name(s) of student witnesses:			
Verification of account by adult witnesses:			
Name:	Staff signature:	Verification:	Date and time:

Who has received a copy of this report?			
Reported to:	Method of reporting (e.g. email):	Time and date of reporting:	
	Name:	Signature:	Date:
Recording staff member:			
Headteacher or delegated SLT			

APPENDIX 2



Recording and Reporting Flow Chart

Threshold 1 Low Level Risk		Threshold 2 Emerging Risk		Threshold 3 Significant Risk		Threshold 4 Immediate Danger	
Examples of Behaviour: Opting Out Hiding / Withdrawing Shouting Swearing Walking away within a secure area Low Level Disruption		Examples of Behaviour: Attempting to enter unsafe areas Pushing furniture Increased dysregulation Minor self – injury Repeated attempts to abscond on site		Examples of Behaviour: Throwing chairs / objects Attempting to hurt others-pupils and staff (biting, kicking, pinching) Unsafe climbing Serious damage to property Running towards hazards		Examples of Behaviour: Running into moving traffic Attempting to use a weapon Serious physically harmful behaviour to others – peers and staff Serious Self Injury	
Was any physical /non-physical intervention used? For example, using a harness to prevent a child going to a desired area?		Was any physical /non-physical intervention used? For example, staff supporting a screen to limit pupil access to a desired area?		Was any physical /non-physical intervention used? For example, Therapeutic Thinking Prompts, Guides and Escorts		Was any physical /non-physical intervention used? For example, Therapeutic Thinking Restraint Techniques e.g. fix and stabilise, figure of 4	
No	Yes	No	Yes	No	Yes	No	Yes
Log as a difficult behaviour on SIMs	Record on Physical Intervention Form	Log as a difficult behaviour on SIMs	Record on Physical Intervention Form	Complete SI form and Accident Form	Record on Physical Intervention Form	Complete SI form and Accident Form	Record on Physical Intervention Form
Inform	Inform	Inform	Inform	Inform	Inform	Inform	Inform
No action Required	Therapeutic Thinking Lead Parents – Part A of PI form	No action Required	Therapeutic Thinking Lead Parents – Part A of PI form	Therapeutic Thinking Lead SLT	Therapeutic Thinking Lead Parents – Part A of PI form	Therapeutic Thinking Lead SLT	Therapeutic Thinking Lead Parents – Part A of PI form
When	When	When	When	When	When	When	When
Same Day	Same Day	Same Day	Same Day	Same Day	Same Day	Same Day	Same Day

APPENDIX 3

Beaucroft Foundation School & College

Specialists in Education
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Dear Parent/Carer,

Please find enclosed a copy of the Restrictive Intervention (RI) Record Form completed following an incident involving your child.

In line with the Department for Education's April 2026 guidance, *Restrictive interventions, including the use of reasonable force, in schools*, schools are required to record and report restrictive interventions and to ensure that parents/carers are informed. This is reflected in Beaucroft's Behaviour, Touch and Restrictive Intervention Policy.

At Beaucroft, a restrictive intervention is defined as any planned or reactive action intended to prevent, restrict or subdue a pupil's movement. This means that some actions which may previously have been viewed simply as physical guidance or support may now meet the threshold for recording as a restrictive intervention.

Please be reassured that the completion of an RI form does not necessarily mean that a significant or serious incident has occurred. It ensures that we are transparent about any restrictive intervention used and that we can review our practice carefully, with the aim of reducing and, wherever possible, eliminating the need for restrictive intervention.

The enclosed form provides further information about the incident and the support provided to your child. If you have any questions or would like to discuss this further, please contact your child's class team.

Kind regards,

Diane Makariou & Joe Barnett

Co-Headteachers

