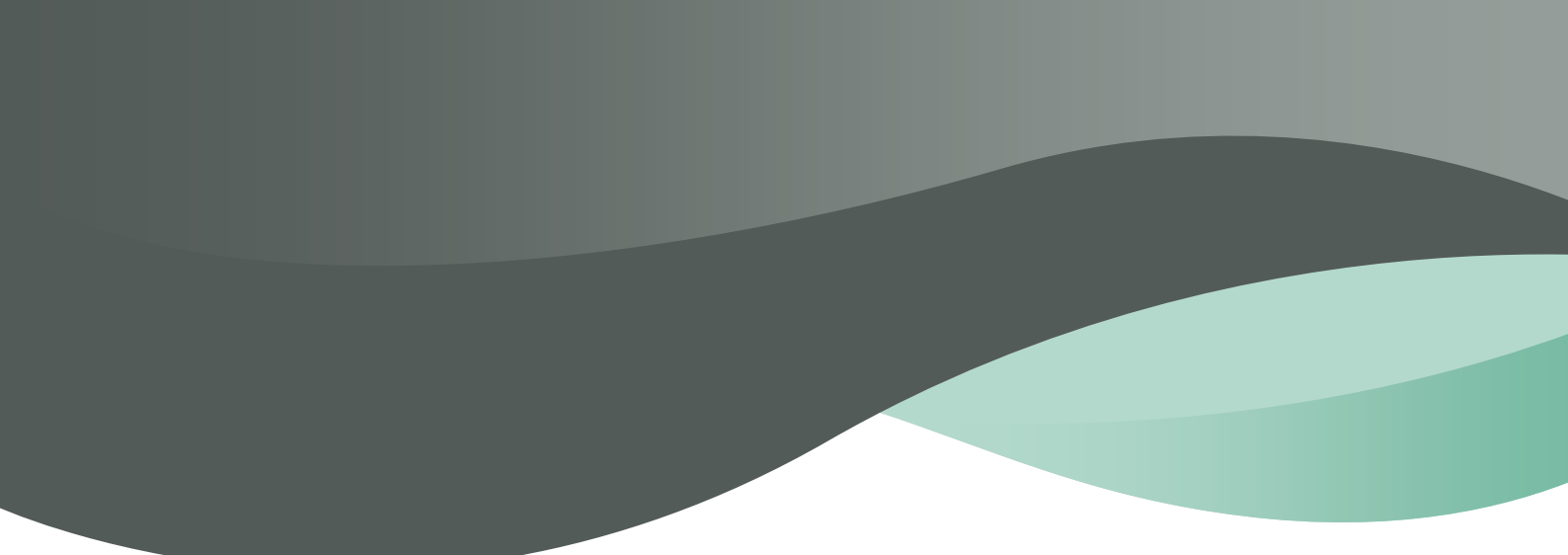


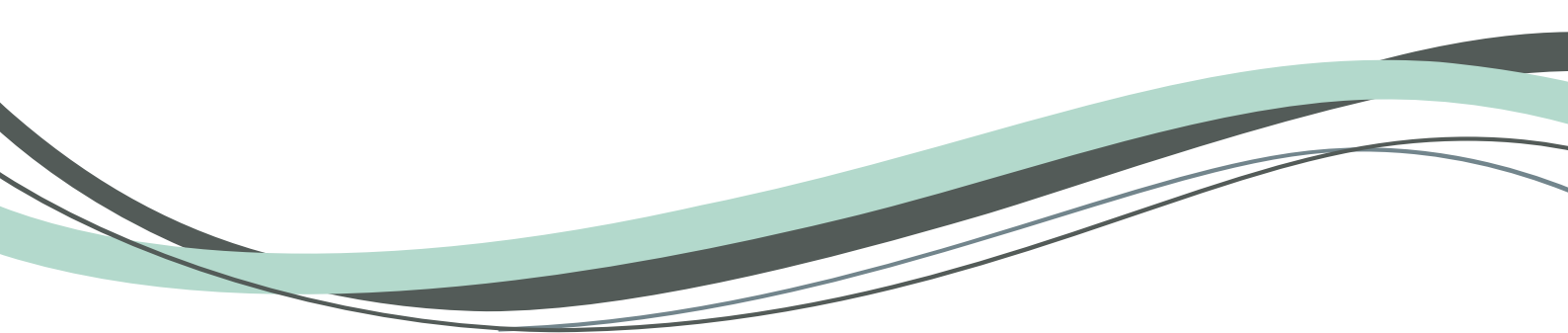


Restrictive Physical Intervention and Positive Handling Policy

Including the Use of Reasonable Force and Searching of Pupils

Updated for:	September 2026
Next review:	September 2027

James Montgomery Academy Trust



Restrictive Physical Intervention and Positive Handling Policy

(Including use of reasonable force and searching of pupils)

1. Policy rationale and aims

This policy sets out the school's approach to physical intervention, restrictive interventions and practice, positive handling and searching of pupils. It exists to safeguard the wellbeing of pupils and staff by establishing clear, lawful, safe and transparent procedures.

The policy is written in accordance with:

- Restrictive Interventions, including the Use of Reasonable Force in Schools (DfE, effective April 2026)
- Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025.
- Searching, Screening and Confiscation (DfE, 2022)
- Section 93 of the Education and Inspections Act 2006
- The Equality Act 2010
- The Human Rights Act 1998
- The Children Act 2004 and Education Act 1996
- The Trust's child protection, safeguarding, behaviour and SEND policies
- Keeping Children Safe in Education (KCSiE) 2026

The James Montgomery Academy Trust (JMAT) is committed to:

- Preventing the need for restrictive interventions wherever possible
- Promoting the use of de-escalation strategies, positive behaviour support and relationship-based practice
- Ensuring any physical intervention is **necessary, proportionate, reasonable, lawful**, and carried out in the **best interests of the child**
- Safeguarding the rights, dignity safety and emotional wellbeing of all individuals
- Working collaboratively with parents, carers and other professionals
- Ensuring that physical intervention is never used as a form of punishment, coercion, or to inflict pain, humiliation, or distress.

The Headteacher is accountable for the lawful implementation of this policy in their school. The Designated Safeguarding Lead (DSL) has day-to-day oversight of restrictive interventions, seclusion and related recording, and is responsible for deciding whether incidents require multi-agency referral.

All restrictive physical intervention (RPI), seclusion and significant incidents must be recorded on Arbour within 24 hours of the incident. All intimate care episodes and other safeguarding matters must be recorded on the Trust safeguarding system (RecordMy) within 24 hours.

Records will include the mandatory fields set out in JMAT incident templates, will be retained according to the JMAT retention schedule and shared only in line with legal and safeguarding duties.

1.2 Equality, SEND and Reasonable Adjustments

JMAT recognises its duties under the Equality Act 2010 to make reasonable adjustments for disabled pupils, including many pupils with SEND.

Decisions relating to behaviour support, risk management, restrictive intervention, seclusion, searching, and post-incident support will take account of the pupil's age, developmental stage, communication needs, sensory profile, medical needs, identified SEND, and any known vulnerabilities.

Wherever possible, reasonable adjustments will be made to reduce the likelihood of distress, dysregulation, and the need for restrictive intervention.

2. Definitions

2.1 Reasonable Force

Reasonable force may be used to prevent a pupil from:

- Causing injury to themselves or others
- Causing serious damage to property
- Committing a criminal offence

Any use of force must be **reasonable, minimal, proportionate, time limited, and the least restrictive option** available in the circumstances. All members of school staff have the legal power to use reasonable force in the described circumstances in 2.1. Reasonable force must always be proportionate to the circumstances and cease as soon as the risk has reduced.

Seclusion

Seclusion is a restrictive, non-disciplinary intervention in which a pupil is kept separate from others and is prevented from leaving a space. Seclusion must only be used as a last resort, must be lawful and proportionate, and must not amount to an unlawful deprivation of liberty.

Seclusion should be authorised by a member of the Senior Leadership Team (SLT) where practicable. A pupil in seclusion must be continuously observed by a member of staff and must receive appropriate welfare and support throughout. Time limits must be kept under review and recorded. All seclusion episodes must be recorded in full and parents/carers notified promptly, unless notifying them would place the pupil at significant risk.

Containment

Containment is a non-disciplinary intervention used to support a pupil who is experiencing significant emotional distress or dysregulation. It involves the use of supportive strategies, environmental adjustments, and the presence of trusted adults to promote safety, co-regulation, and emotional recovery. The purpose of containment is to reduce risk and support the pupil to regain self-control in the least restrictive manner possible.

Restraint

Restraint is 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.

Significant incident

A significant incident is any incident involving the use of force, restraint, restrictive intervention, or other physical intervention that goes beyond ordinary and appropriate physical contact between staff and pupils, and which requires formal recording, reporting, and review.

Examples of ordinary and appropriate physical contact that would not normally be considered significant include:

- Providing first aid.
- Guiding or escorting a pupil, such as holding a pupil's hand, walking alongside them, or supporting them to move safely around the school or during educational visits.
- Supporting a pupil to access a space they have chosen to use for self-regulation.
- Comforting or reassuring a distressed pupil where appropriate and proportionate.
- Congratulating or praising a pupil, for example through a handshake or pat on the shoulder.
- Demonstrating the use of equipment, musical instruments, exercises, or techniques as part of teaching and learning activities.

An incident should normally be considered significant where physical intervention is used to prevent injury, serious damage to property, serious disruption, or where a pupil's liberty of movement is restricted. This includes incidents involving restraint, restrictive physical intervention, seclusion, or the use of physical force to implement a restrictive intervention.

All significant incidents must be recorded, reviewed, and communicated in accordance with the JMAT's reporting procedures.

2.2 Types of Restrictive Interventions

Physical interventions are categorised as either non-restrictive physical interventions or restrictive physical interventions.

Non-restrictive Interventions

These interventions do not restrict a pupil's freedom of movement and may be used to provide support, reassurance, guidance, or assistance.

- **Supportive touch:** Non-controlling physical contact used to comfort, reassure, or support a pupil.
- **Physical prompts:** Light touch used to prompt or guide a pupil's attention or actions.
- **Guides:** Walking alongside a pupil or using light touch to indicate direction, where the pupil remains free to move away.
- **Compliant escorts:** Accompanying or lightly guiding a pupil from one area to another where the pupil is willing and able to leave at any time.

Restrictive Physical Interventions (RPI)

Restrictive physical interventions are interventions that intentionally restrict a pupil's movement, liberty, or ability to leave a particular area.

Examples include:

- **Restrictive escorts:** Escorts involving a degree of physical control where the pupil is not free to move away.
- **Restraint:** Holding or restricting a pupil's movement for a short period to prevent injury, serious damage to property, or serious disruption.

Restrictive physical interventions must only be used as a last resort when absolutely necessary to prevent harm. They must be reasonable, proportionate, and lawful in the circumstances and used for the shortest time necessary. Wherever possible, de-escalation and other less restrictive strategies should be attempted first, unless there is an immediate risk of harm.

3. Principles for Restrictive Physical Interventions

Restrictive physical interventions must be **necessary, reasonable, proportionate, and lawful**.

- De-escalation, positive behaviour support, and other preventative strategies must **always** be the first approach, wherever possible.
- Interventions must be used for the shortest time necessary to reduce the risk of harm.
- Staff must **only** use techniques for which they have received appropriate training and are deemed competent to apply.
- The pupil's dignity, rights, safety, and emotional wellbeing must be respected and protected at all times.
- Staff must continually assess and respond to dynamic risk throughout any intervention.
- Restrictive physical interventions and reasonable force **must never** be used as a punishment, to enforce compliance, to compel participation in activities, or to manage behaviour where there is no immediate risk of harm.
- Staff must continually assess risk throughout an incident and adapt or cease interventions as soon as it is safe to do so.

4. Prevention, De-escalation and Positive Behaviour Support

The school prioritises:

- Relationship-based approaches to behaviour support.
- Emotional regulation and co-regulation strategies.
- Predictable routines, clear expectations, and consistent communication.
- Environmental adaptations to reduce stressors and support regulation.
- Trauma-informed and low-arousal approaches.
- The use of individual behaviour support plans, positive handling plans, and/or risk assessments where appropriate.

Staff will seek to identify early signs of distress and respond proactively using a range of de-escalation strategies, including:

- Giving space and allowing processing time.
- Using clear, calm, and simple communication.
- Maintaining a calm tone of voice and non-threatening body language.
- Offering choices and opportunities for control.
- Using a change of face or trusted adult where appropriate.
- Reducing demands and expectations temporarily.
- Removing or reducing the audience, where safe to do so.

Where single adult provision is unavoidable (for example in an emergency or due to staffing constraints), a brief single-adult risk assessment must be completed, the DSL or a senior leader informed prior to the task where practicable (or immediately afterwards), the child's dignity preserved (privacy screen, door left ajar so activity is visible to others), and the episode recorded on Arbor within 24 hours including reasons. Persistent single-adult practice must be escalated to the Headteacher and entered on the risk register.

5. Planned and Emergency Interventions

5.1 Planned RPI

Planned Restrictive Physical Interventions (RPI) may be used where a pupil presents a foreseeable risk **and** a Personal Intervention Plan (PIP) is in place.

Planned restrictive interventions must only be included within a Personal Intervention Plan (PIP) where foreseeable risk exists and after all reasonable prevention and de-escalation strategies have been tried.

Only staff who have received accredited training and have been assessed as competent may lead planned RPIs recorded within a PIP. The school requires documented evidence of training, competency checks and refresher dates for all staff authorised to lead RPIs. Untrained staff may assist in an emergency where there is immediate risk of harm, but any such episode must be recorded, reported and reviewed as an emergency RPI.

5.2 Emergency RPI

Emergency restrictive intervention may be used when an unforeseen situation presents an immediate risk of harm and there is insufficient time to implement planned strategies.

Staff must act:

- In accordance with their duty of care.
- Using the minimum force necessary and for the shortest time required.
- In a manner that is reasonable, proportionate, and lawful.
- Prioritising the safety and wellbeing of all those involved.

All emergency restrictive interventions must be recorded, reported, and reviewed in the same way as planned restrictive interventions.

6. Searching, Screening and Confiscation

The school will exercise its powers to search, screen, and confiscate items in accordance with current legislation and *Searching, Screening and Confiscation* (DfE).

6.1 Searching Without Consent

Authorised staff may search a pupil or their possessions **without** consent where they have reasonable grounds to suspect that the pupil is in possession of a prohibited item or other item identified in school rules for which a search is permitted.

Prohibited items include:

- Knives or weapons.
- Alcohol.
- Illegal drugs.
- Stolen items.
- Fireworks.
- Tobacco and vaping products.
- Pornographic images.
- Any article that has been, or is likely to be, used to commit an offence, cause personal injury, or damage to property.

Searches must be conducted lawfully, respectfully, and with due regard for the pupil's dignity, privacy, age, and additional needs.

Note: The list of prohibited items may be amended in line with future legislation and statutory guidance. This may include mobile phones if they are designated as prohibited items under future regulations.

6.2 Searching with Consent

Any member of staff may search a pupil or their possessions with the pupil's consent. Consent must be freely given, informed, and appropriate to the pupil's age and understanding.

6.3 Electronic Devices

Staff may examine data or files on a confiscated electronic device where there are reasonable grounds to suspect that the device contains evidence of misconduct, poses a safeguarding risk, or may be linked to an offence.

Where staff identify content that may be illegal or indicate a safeguarding concern, it must be preserved (i.e. files, images, messages, or other content must not be deleted) where appropriate and reported to the police, safeguarding lead, or other relevant authority in accordance with statutory guidance.

6.4 Handling Found Items

- Alcohol may be retained or disposed of; it must not be returned to the pupil.
- Controlled drugs must be secured and delivered to the police as soon as reasonably practicable, unless there is a lawful reason for disposal.
- Offensive weapons, dangerous items, or items that may present a risk of harm must be secured and reported to the appropriate authority.
- Any confiscated item must be handled, stored, and disposed of in accordance with statutory guidance and school procedures.

All searches must be conducted respectfully and with due regard for the pupil's dignity, privacy, age, and additional needs.

7. Recording, Reporting and Review

All restrictive physical interventions (RPI), seclusions, and significant incidents must be recorded on Arbor as soon as possible and no later than 24 hours after the incident using the Trust incident template (see Appendix 3 on Arbor).

Records must include the mandatory fields, see below. Parents/carers must be informed of RPI or seclusion incidents promptly (within 24 hours) and be provided with a copy or summary unless doing so would place the pupil at significant risk. The DSL will advise on lawful information sharing with partners and agencies.

Records must include the following mandatory fields:

- The date, time, location, and duration of the incident.
- The names of the pupil(s) and staff involved.
- A brief factual account of the incident, including triggers, preventative and de-escalation strategies and, where applicable, the type and degree of force applied.
- Details of any physical injury, distress, or adverse impact sustained by the pupil or others involved.
- Any relevant equality, disability, SEND, communication, sensory, or medical factors that influenced decision-making during the incident.
- The pupil's views and reflections, recorded through the school's Repair, Reflect and Restore process where appropriate.
- Any relevant needs or circumstances of the pupil, including any identified special educational needs or disabilities and SEN status.
- The rationale for the intervention, including why the use of force was considered necessary.
- Any post-incident support provided, including medical attention, wellbeing support, or safeguarding actions.
- Whether the intervention was consistent with the pupil's Personal Intervention Plan (PIP), risk assessment, or behaviour support plan, where one is in place.

All records must be factual, objective, and written using non-judgemental language in line with trauma-informed practice.

Parents/carers must be informed as soon as reasonably practicable and no later than 24 hours after any restrictive physical intervention, seclusion, or significant incident.

The information shared should include:

- The date, time, location, and approximate duration of the intervention.
- A brief explanation of why the intervention was considered necessary.
- The type of intervention or force used and the degree of force applied, where relevant.
- Details of any injury, distress, or adverse impact sustained by the pupil.
- A record of the Repair, Reflect and Restore (where possible).

Incident records will be reviewed and monitored by senior leaders and appropriate Trust governance structures to identify:

- Patterns or trends.
- Increases or reductions in the use of restrictive interventions.
- The effectiveness of preventative and de-escalation strategies.
- Lessons learned and actions taken to reduce future use of restrictive intervention.
- The need for staff training, support, or amendments to plans and risk assessments.

Any use of force resulting in injury, significant distress, or safeguarding concerns must be considered in line with safeguarding procedures, reported to the Designated Safeguarding Lead (DSL), and recorded on RecordMy where appropriate.

Photographs or recordings of restrictive interventions or seclusion are prohibited unless explicitly agreed in writing within the child's PIP, with parental/carer consent and a clear lawful basis. Personal devices must never be used to record; any recordings must be stored only on secure school systems and retained/deleted in line with the retention schedule and UK GDPR.

8. Post Incident Support (Repair, Reflect and Restore)

Following any RPI, significant incident and/or seclusion/containment:

For Children

- A supportive and restorative conversation will take place at an appropriate time using the school's Repair, Reflect and Restore document.
- Opportunities will be provided to reflect on feelings, behaviour, and alternative coping or regulation strategies.
- Support will be offered to repair and restore relationships affected by the incident.
- Appropriate actions to repair harm or make amends will be agreed where relevant.

For Staff

- A wellbeing check-in and practical debrief will be offered.
- Staff will have the opportunity to reflect on the incident, including what worked well and any lessons learned.
- Access to supervision, guidance, or welfare support will be provided where required.

For Families

- Parents/carers will be informed of the incident in accordance with this policy.
- Where appropriate, families will be offered the opportunity to discuss the incident and contribute to future support planning.
- Any necessary amendments to behaviour support plans, Personal Intervention Plans (PIPs), or risk assessments will be shared and discussed with parents/carers.

Restorative practice and collaborative problem-solving are central to the school's approach to behaviour support and post-incident recovery. In addition, following any significant incident, consideration will be given to whether amendments are required to the pupil's behaviour support plan, risk assessment, Personal Intervention Plan, provision, staffing arrangements, or environmental supports.

9. Injuries

. Any injury sustained by a pupil or member of staff during an incident must be:

- Recorded using the school's accident and/or incident reporting procedures.
- Reported to parents/carers where a pupil has sustained an injury.
- Managed in accordance with the school's health and safety, safeguarding, and first aid procedures.

Any injury, pain, or discomfort arising from a restrictive intervention must be reviewed as part of the post-incident process.

While minimal and unintended discomfort may occasionally occur during the application of an approved restrictive intervention or release technique, staff must never intentionally inflict pain, discomfort, or distress.

10. Risk Assessments

A risk assessment must be completed where a pupil's behaviour presents known or foreseeable risks to themselves or others.

The risk assessment will:

- Identify known triggers, risks, and early warning signs.
- Specify proactive, preventative, and de-escalation strategies.
- Consider any known medical conditions or vulnerabilities that may increase the risks associated with restrictive intervention, including respiratory conditions, epilepsy, cardiac conditions, obesity, pregnancy, musculoskeletal conditions, recent injuries, and other relevant health needs.
- Outline agreed responses, control measures, and support arrangements.
- Clarify staffing requirements where necessary.
- Identify any personal protective equipment (PPE) required (e.g. in response to biting or spitting), where appropriate.
- Be shared with all relevant staff working with the pupil.
- Be reviewed regularly and following any significant incident or change in presentation.
- Consider any relevant SEND, disability, communication, sensory, medical, and mental health needs that may increase risk or require reasonable adjustments.

All staff have a duty of care to familiarise themselves with, implement, and follow agreed risk assessments and associated plans.

11. Staff Training and Competence

Staff must only use restrictive physical intervention techniques for which they have received appropriate training and have been assessed as competent to use.

Training:

- Is delivered by an accredited provider (e.g. Dynamis).

- Promotes a holistic, Positive Behaviour Support approach.
- Emphasises prevention, de-escalation, and least restrictive practice.
- Is refreshed regularly in accordance with provider and Trust requirements.
- Includes theory, risk assessment, decision-making, legal responsibilities, and physical intervention skills.
- Requires all physical interventions to be carried out in accordance with accredited training principles and approved techniques.

Where possible, restrictive physical interventions should be led by trained and competent staff.

Untrained staff may assist in managing an incident and, in exceptional circumstances, may use reasonable force where necessary to prevent immediate harm. Any actions taken must be reasonable, proportionate, and lawful in the circumstances.

All staff who are authorised to carry out planned restrictive interventions must have appropriate pre-employment checks (including enhanced DBS where applicable), verified references and identity checks. Evidence of relevant training and competency assessments must be recorded centrally and the staff member listed on the Trust Single Central Record (SCR) with dates of checks and training.

12. Shared Professional Language

To promote respectful, objective, and trauma-informed recording, staff should avoid judgemental or emotive language and use clear, factual descriptions wherever possible.

Appropriate terminology may include:

- Dysregulated
- Distressed
- Unsettled
- Anxious
- Overwhelmed
- In crisis

Where behaviour is described, staff should record observable actions and events rather than subjective interpretations. All records and communications must be factual, respectful, non-blaming, and focused on the behaviour or circumstances rather than the individual.

13. Complaints and Allegations

Any complaint, concern, or allegation relating to the use of restrictive intervention will be investigated and managed in accordance with the school's complaints, safeguarding, staff conduct, and disciplinary procedures, as appropriate.

Prohibited practices

The following practices must never be used:

- **Any intervention that restricts breathing, airflow, or circulation.**
- **Applying pressure to the neck, throat, chest, abdomen, nose, or mouth.**
- **Deliberately holding a pupil in a prone (face-down) position.**
- **Using force as a punishment, disciplinary sanction, or to enforce compliance where there is no immediate risk of harm.**
- **Intentionally inflicting pain, discomfort, humiliation, or distress.**

Any use of unapproved techniques, or any intervention that results in injury, significant distress, or safeguarding concerns, must be reported immediately to a senior leader and considered in line with safeguarding and reporting procedures.

14. Monitoring and Review

The Headteacher and Senior Leadership Team will:

- Monitor and review incident data relating to restrictive interventions, seclusion, and significant incidents.
- Identify patterns, trends, and areas for improvement.
- Evaluate staff training, support, and competency needs.
- Ensure practice and policy remain aligned with current legislation, statutory guidance, and best practice.
- Report relevant patterns, concerns, and actions to Governors and Trust governance structures as appropriate.
- Restrictive intervention data will be reviewed to identify any disproportionality relating to SEND, disability, sex, ethnicity, or other protected characteristics.

JMAT will review restrictive intervention data at least termly to evaluate equity, effectiveness, and compliance with statutory requirements. JMAT will monitor and review the number and pattern of RPI, seclusion and related incidents, including analysis of disproportionality by SEND, ethnicity, sex and other protected characteristics, and actions taken to reduce restrictive practice.

Appendices

Appendix 1 Personal Intervention Plan (PIP) Template

Appendix 2 Post Incident Reflection document- Repair, Reflect and Restore.

Appendix 3 Mandatory recording on Arbour for RPI, seclusion and significant incidents

15. Document history

Previous versions archived in accordance with document retention requirements.

Issue	Author/ Owner	Date Reviewed	Reviewed by	Approved by A&R Committee (date)	Comments/ Changes
V1	JMAT	July 2025	PRG	08/07/25	Section 1 - Addition of two bullet points at the end re the Equality Act and Children's Families Act
V2	JMAT	July 2026	PRG	09/7/26	Re-written policy in line with DfE guidance- DFE Guidance

Key:

PRG – Policy Review Group

A & R Committee – Audit and Risk Committee

Appendix 1

Personal Intervention Plan

School:		Add photo of child
Child's name:		
Date:		
Person completing the plan:		

1. Aims

-
-
-
-

2. What does the dysregulation look like? (Including any triggers)

Stage 1	Stage 2	Stage 3

De-escalation strategies must consider any other supporting documents including; sensory profile, Boxall, engagement and/or motivation profiles, specific advice from reports etc.

Stage 1 De-escalation strategies	Stage 2 De-escalation strategies	Stage 3 De-escalation strategies
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De-escalation skills	Try	Avoid	Notes
Verbal advice and support	☐	☐	
Giving space	☐	☐	
Reassurance	☐	☐	
Help scripts	☐	☐	
Negotiation	☐	☐	
Choices	☐	☐	
Humour	☐	☐	
Planned ignoring	☐	☐	
Take up time	☐	☐	
Time out	☐	☐	
Supportive touch	☐	☐	
Transfer adult	☐	☐	
Success reminded	☐	☐	
Simple listening	☐	☐	
Acknowledgement	☐	☐	
Apologising	☐	☐	
Agreeing	☐	☐	
Removing audience	☐	☐	
Other	☐	☐	

3. Preferred method of restrictive physical intervention from pupil voice (where possible)

Intermediate	Try	Avoid	Notes
Non-restrictive Interventions			
Prompts (light physical guidance to encourage direction)	☐	☐	
Guides (moving alongside the pupil who is able to choose to move away)	☐	☐	
Supportive touch (A noncontrolling, comfortable gesture)	☐	☐	
Escort (compliant) lightly leading a pupil from one area to another)	☐	☐	
Restrictive Interventions			
Escorts involving limited control (pupil is unable to leave your hold)	☐	☐	
Restraints (restricting movement temporarily to prevent harm)	☐	☐	

4. Risk Assessment (linked to sections 2 and 3)

Hazard	People affected (pupil, employee, visitor, contractor)	Control measures	What further action is needed?	Tick if all in place

5. Management of environment (check that these are included in de-escalation strategies)

-

6. Communication needed (check that these are included in de-escalation strategies)

-
-

7. Management of de-escalation (check that these are included in de-escalation strategies)

-
-
-

8. Post incident learning / repair and reflection

Following any restrictive intervention, significant incidents and/or seclusion there must be the opportunity to repair and reflect on what has happened. For [INSERT CHILD'S NAME], this is best achieved by a familiar member of staff having a positive verbal conversation with them and encouraging them to think about what has happened, how it made them feel and what could be done differently next time. They may also choose ways to repair relationships/damage, for example by apologising to specific people or picking up things they have thrown etc. This may also include a natural consequence if appropriate.

9. Reporting arrangement

Parents/carers will be informed if any changes need to be done to this plan.

Staff will keep individual records in class/complete on Arbor (as necessary), and these will be reviewed each half term.

DATE FOR REVIEW: [INSERT DATE] or as changes occur and are needed.

Agreed by:

Parent / carer:		Date:	
Child:		Date:	
Teacher:		Date:	
Headteacher / Deputy Headteacher:		Date:	
SENDCo:		Date:	

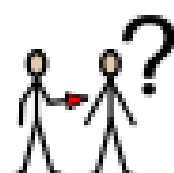
NB This is a working document for members of staff from [INSERT SCHOOL NAME] who have received the relevant training.

It is for information only for anyone working outside this setting.

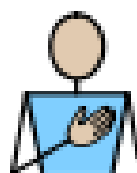
Appendix 2 Post Incident Reflection document- Repair, Reflect and Restore.



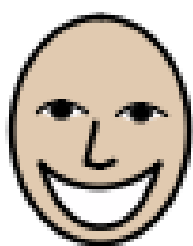
How



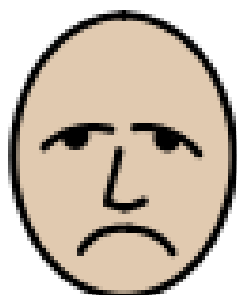
did you



feel?



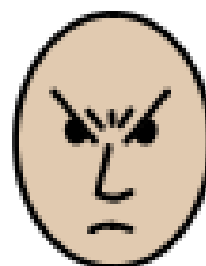
Happy



Sad

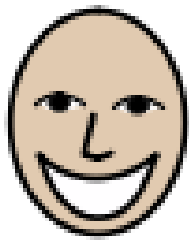


Upset

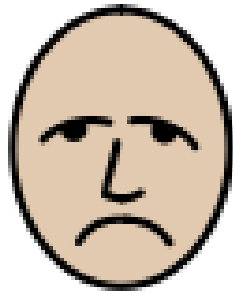


Angry

A large empty rectangular box with a red border, intended for writing a reflection.



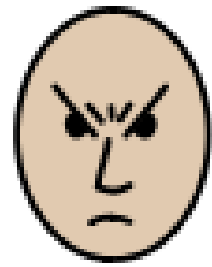
Happy



Sad



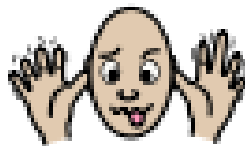
Upset



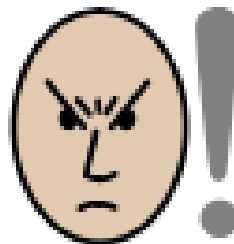
Angry



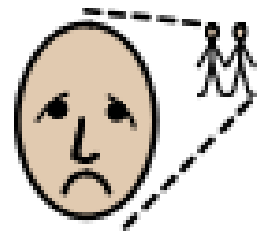
Frustrated



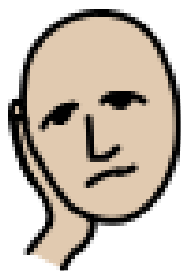
silly



mad



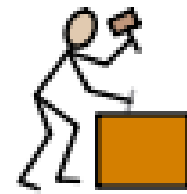
lonely



bored



nervous



What did you do



Push



Shout



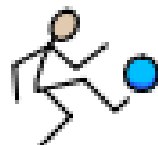
Throw



Scratch



Pull Hair



Kick



Punch



nip



Push



Shout



Throw



Scratch



Pull Hair



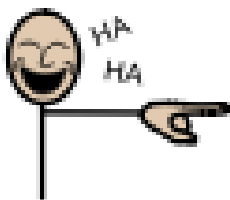
Kick



nip



punch



tease



Who

did you



hurt?



Staff



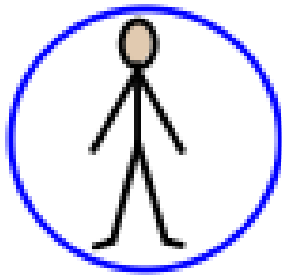
Student



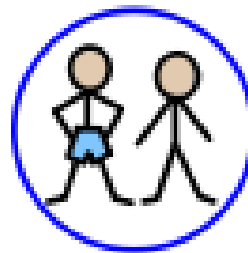
Staff



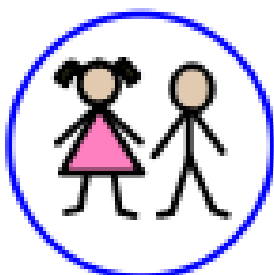
Student



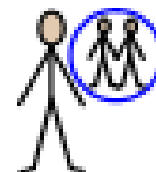
parent



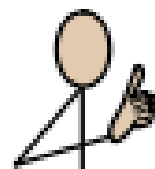
brother



sister



family member



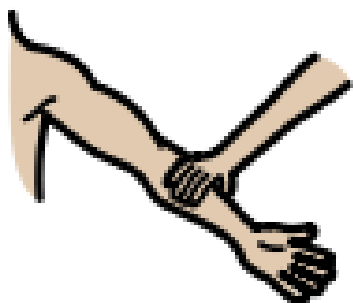
Because you

did

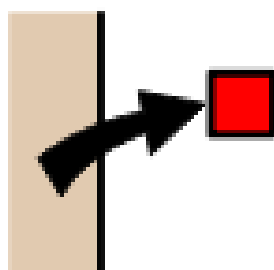
this

I

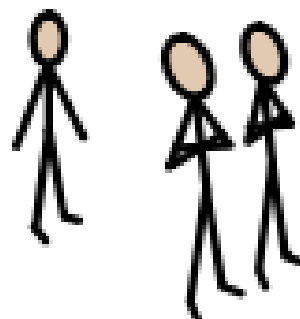
had to



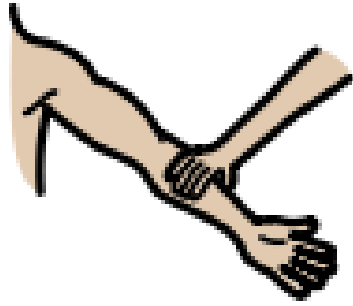
Hold



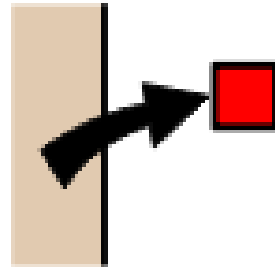
Remove



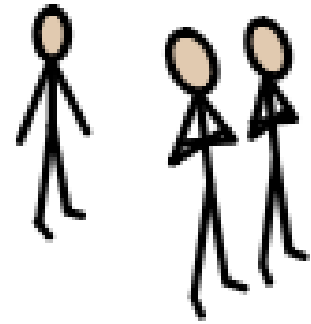
Ignore



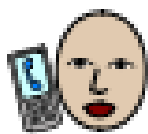
Hold



Remove



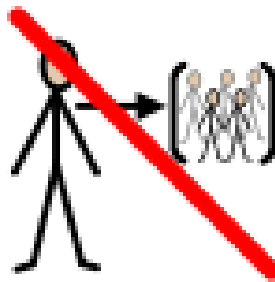
Ignore



call

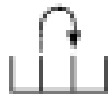


home



exclude

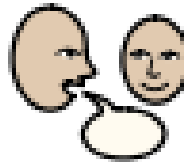
suspend



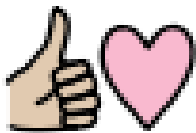
Next time you feel



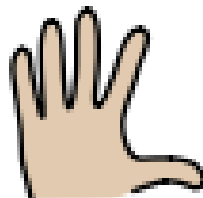
Ask for help



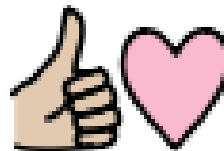
Tell an adult



kind



hands



kind

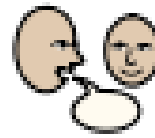


feet





Ask for help

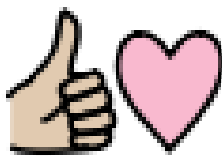


Tell

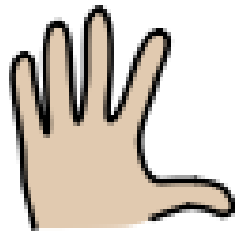
an



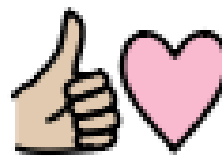
adult



Kind



hands



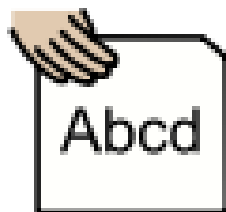
kind



feet



kind



words



walk



away

Recording sheet to Repair, Reflect and Restore

Name

Date

Time

How did you feel?

What did you do?

Who did you hurt?

Because you did this, I had to.....

Next time you feel.....

Appendix 3 Mandatory recording on Arbor for RPI, seclusion and significant incidents

- Pupil name, DOB, year/class.
- Date and time incident started / ended (duration).
- Location (e.g. classroom, playground, changing room, offsite - name).
- Staff present (names and roles).
- Was the incident planned (PIP) or emergency? [Planned / Emergency]
- Type of intervention (tick)- Containment / Compliant escort / Restrictive escort / Restraint / Seclusion / Other
- Trigger/cause (brief factual account).
- Preventative / de-escalation strategies.
- Rationale for intervention (why necessary; last resort).
- Description of intervention used (factual, non-judgemental).
- PIP / risk assessment referenced? Yes- PIP No
- Injuries to pupil? Yes/No - details Injuries to staff? Yes/No - details
- Pupil's presentation and immediate welfare (breathing, consciousness, visible marks).
- Pupil's view / voice (child's account / reflection) - recorded where safe/appropriate.
- Post-incident support provided (first aid/medical, wellbeing, repair session).
- Actions taken (safeguarding referral, internal review, PIP review).
- Parent/carer informed? Yes/No - date/time/method
- DSL notified? Name / date/time
- SCR/training check (was lead staff trained? Yes/No
- Follow-up required (yes/no) - action owner and deadline.
- Record completed by (staff name) and date/time of completion (must be within 24 hours).