

HIDELOW GRANGE SCHOOL

Safeguarding Policy Suite

Reducing Restrictive Practices Policy

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1. Purpose of this policy

This policy sets out Hidelow Grange School's commitment and approach to eliminating and reducing restrictive practices. Any restrictive intervention must be used only when absolutely necessary to prevent harm, must be lawful and ethical, must be the least restrictive option available, and must be applied for the shortest possible time.

Restrictive practices, when misapplied, can cause physical injury, psychological trauma and erosion of trust. Our approach emphasises prevention, connection, early support, de-escalation, transparent recording and reporting, and a continuous focus on learning and improvement.

2. Scope

This policy applies to all education and residential settings owned by CareTech and applies to those under and over 18 years who are receiving services.

3. Legal and regulatory framework

3.1 England

From 1 April 2026, schools in England must follow the updated DfE guidance 'Restrictive interventions, including the use of reasonable force, in schools'. This clarifies when interventions may be lawful, emphasises minimisation through prevention and de-escalation, introduces detailed expectations for recording and reporting each significant incident to parents and carers, and strengthens governance responsibilities for data review.

Children’s residential care remains governed by the Children’s Homes Regulations 2015 and Ofsted’s inspection framework.

3.2 Wales

Wales’ approach is grounded in the Social Services and Well-being (Wales) Act 2014 and the Welsh Government guidance ‘Safe and Effective Intervention – use of reasonable force and searching for weapons’ (2013). Force must be a last resort, necessary and proportionate, with clear recording and post-incident support. Children’s care is regulated under the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

3.3 Scotland

Scotland’s 2024 national guidance ‘Included, Engaged and Involved – Part 3’ is a relationships and rights-based framework requiring that restraint and seclusion are only used as a last resort to prevent an immediate risk of injury and for the minimum time necessary. It is underpinned by the UNCRC (Incorporation) (Scotland) Act 2024.

3.4 Cross-UK legislation and guidance

All practice is constrained by the Human Rights Act 1998, the Equality Act 2010 and international conventions (UNCRC; UNCRPD). Interventions must be lawful, necessary, proportionate and least restrictive, and must never be punitive or discriminatory. This policy also aligns with the Restraint Reduction Network (RRN), with all training provided to staff in line with RRN Training Standards.

4. Definitions

Restrictive Practice	Any action that limits a person’s movement, liberty, rights or ability to act freely, including restraint, seclusion, segregation, environmental restrictions, and mechanical or chemical measures
Restraint (Restrictive Physical Intervention)	A physical act intended to restrict a person’s movement, liberty or ability to act independently
Physical Intervention (Non-Restrictive)	Supportive or guiding physical contact that does not restrict movement, for example offering a hand, gentle guidance or comforting contact
Seclusion	Supervising a person alone in a room or area they cannot freely leave. Used only as a safety measure and never as discipline
Withdrawal / Time Away	A supportive strategy where the person goes to a quieter space to reduce stimulation. The person must be free to leave at any time
Environmental Restriction	Limiting access to certain areas, activities or items. Must be necessary, proportionate and least restrictive
Mechanical Restraint	Use of equipment to restrict movement. Prohibited in all education and residential settings
Chemical Restraint	Medication used to control behaviour where not clinically required. Not permitted
Segregation	Separating a person from others for extended periods. High-risk and rarely justified
Reasonable Force (England)	Physical contact used to prevent immediate harm or serious disruption. Must be necessary, proportionate and time-limited

Cultural Restraint	Stopping individuals from expressing their cultural, religious or personal identity or forcing them to act against their beliefs
Psychological Restraint	Using verbal or non-verbal communication such as threats, coercion or intimidation to control a person's behaviour without physical force

5. Policy principles

5.1 Reduction and elimination

Restrictive practices are exceptional measures. Hidelow Grange School commits to organisational strategies that address root causes of distress, enhance staff capability to recognise early signs of escalation, and adapt environments and routines so that crises are less likely to occur. Success is measured by sustained reductions in use, improved wellbeing indicators and positive feedback from children, adults and families.

5.2 Least restrictive first

Before any intervention that limits liberty is considered, staff must explore less restrictive options and record why these were not sufficient. If intervention is necessary, it must be the minimum required to keep people safe and must cease the moment the risk reduces.

5.3 Trauma-informed and relationship-based

Our practice recognises that behaviour communicates need. Staff respond with curiosity, empathy and professional composure, seeking to co-regulate and support rather than control. We acknowledge the risk of re-traumatisation from physical control and act to prevent it.

5.4 Safeguarding at the centre

Every restrictive intervention is a safeguarding event. Leaders ensure staff know when and how to escalate concerns, inform parents and carers promptly where appropriate, and seek medical attention where required.

6. Roles and responsibilities

Senior leaders and directors

- Ensure the service complies with national guidance specific to where the service is located
- Monitor overall use of restrictive practices and ensure action is taken to reduce them
- Ensure sufficient staffing, training and supervision to prevent reliance on restrictive practices
- Oversee safeguarding responses to any incident involving restraint or seclusion

Managers and headteachers

- Ensure staff understand and follow this policy
- Review and sign off incident records and ensure timely reporting to safeguarding partners and regulators
- Monitor patterns, disproportionality and emerging risks
- Ensure behaviour support plans and risk assessments are updated after incidents

All staff

- Prioritise prevention, de-escalation and trauma-informed practice
- Use restrictive practices only as a last resort and in line with training
- Record and report all incidents promptly

- Participate in reflective debriefs and learning reviews

Agency and temporary staff

Agency and temporary staff must not use restrictive practices unless fully trained and specifically authorised.

7. Prevention, early support and de-escalation

Prevention begins with high-quality assessment and planning. Each child or adult with foreseeable risk will have an individual Risk Plan and Positive Behaviour Support Plan that identifies triggers, early signs, preferred calming strategies, communication needs, sensory profiles and environmental adjustments.

Plans distinguish between preventative strategies, early intervention, crisis responses and post-incident support. Staff use co-regulation skills including calm voice, clear language, offering choices, and time and space, alongside practical adjustments such as predictable routines, reduced sensory load and access to regulation activities.

Teams rehearse responses in advance and seek specialist input where patterns persist.

8. Risk assessment requirements

Before using any restrictive practice, staff must consider:

- The level and immediacy of risk
- Whether the behaviour is a communication of distress or unmet need
- Whether environmental or relational changes can reduce risk
- Whether the child or adult has triggers or trauma history that may influence response
- Whether the intervention may cause physical or psychological harm
- Whether staff have the training and capability to carry it out safely

Risk assessments must be individualised, reviewed after any incident, linked to Positive Behaviour Support plans, shared with all staff involved in the person's care or education, and updated when needs or patterns change.

Staff follow the Risk Assessment and Management Care Practice Policy for further guidance.

9. Positive Behaviour Support (PBS)

Our approach to behaviour is grounded in Positive Behaviour Support, focusing on understanding the function of behaviour, reducing distress and promoting individual wellbeing. Positive Behaviour Support plans aim to prevent situations where physical intervention becomes necessary by creating environments, routines and relationships that help individuals feel safe, regulated and respected.

Key principles are:

- Child / person-centred and rights-based: behaviour is understood in the context of trauma, neurodiversity, communication needs and individual history. The person's dignity is upheld at all times
- Proactive, not reactive: plans prioritise early identification of triggers, supportive strategies and environmental adjustments to reduce escalation
- Co-produced: strategies are developed wherever possible with the individual, and with input from parents or carers, education, health and social care
- Focused on skills and regulation: plans build emotional regulation skills, coping strategies, predictability and positive routines
- Least restrictive practice: physical intervention is only ever used as a last resort when there is an immediate risk of harm

- Trauma-responsive: staff maintain a calm, attuned, predictable presence and avoid practices that may re-traumatise
- Review and learning: Positive Behaviour Support plans are reviewed after any incident, using reflective learning to strengthen proactive approaches

Staff follow the Positive Behaviour Support Policy for further guidance.

10. Use of restrictive practices (under 18s)

Restrictive interventions may only be used when there is an immediate risk of harm to the child or others, to prevent serious damage to property that may lead to significant harm, or to prevent a serious criminal offence that may result in significant harm. They must never be used as punishment, for compliance, for staff convenience or due to inadequate staffing. Decisions must be continually reviewed during an incident, with prompt disengagement as soon as risk subsides.

10.1 Physical restraint

Only staff trained in accredited, risk-assessed techniques may use physical restraint. Staff must never use positions that compromise breathing, must continuously assess wellbeing and must communicate throughout to reduce fear. Pain-inducing techniques are prohibited. Prone restraint is not permitted except in extreme circumstances to manage an immediate life-threatening risk, in accordance with training and national rules where legally allowed.

10.2 Seclusion

Seclusion must never be used as a disciplinary response. Where permitted (for example, in England's education guidance from April 2026), it is solely a safety measure of last resort requiring continuous observation, the shortest possible duration and full recording and reporting. Withdrawal or supervised time away may be used as a supportive strategy where the child retains choice and can leave; doors must not be locked.

10.3 Prohibited practices

The following are prohibited in all settings: mechanical restraints for behavioural control; chemical restraint for behavioural control; blanket restrictions without individual assessment; deliberate pain-based methods; and any practice intended to punish, degrade or humiliate.

11. Recording, reporting and oversight

All incidents must be recorded as soon as possible and within the same day wherever feasible. Records must include contextual information (who, where, when), the rationale for the intervention, de-escalation attempted, the type and duration of intervention, injuries or distress observed, medical checks, the outcome and post-incident support.

Parents and carers must be informed promptly where appropriate. Equality monitoring must be built into reviews to detect disproportionate impact. Leaders must analyse data at least termly, identifying hotspots, training needs and environmental adjustments.

12. Workforce training and support

All staff will receive induction and annual refresher training covering: (a) legal frameworks by nation; (b) safeguarding; (c) trauma-informed and positive behaviour support approaches; (d) de-escalation and communication; and (e) safe, accredited physical intervention techniques.

Managers will provide reflective supervision following incidents and ensure practice is translated into day-to-day routines. New or agency staff must not use restraint until trained and authorised.

13. Governance, assurance and continuous improvement

Senior leaders will receive regular analytics reports including incident frequency, duration, method types, equality monitoring and location or time heat-maps. Findings will inform targeted interventions such as environmental changes, staffing pattern adjustments, curriculum adaptations and clinical or positive behaviour support input.

The governing body and proprietor will receive termly assurance reports. External reporting to Ofsted, CIW, Care Inspectorate or local safeguarding partners will occur in line with regulatory thresholds. Lessons learned will be disseminated and embedded through training and practice briefings. Staff follow the Notifications Policy for further guidance.

14. Adults (18+): capacity-based, rights-focused framework

For adults aged 18 and over, restrictive practices are not part of routine support and must only occur in exceptional, immediate emergencies where there is a significant and imminent risk of harm and no safer option is available. Adults have full legal autonomy and any intervention carries a very high legal and ethical threshold.

Where an adult has capacity, they have the right to make decisions that others may view as unsafe, and restrictive practices cannot be used as a behavioural response. Where an adult lacks capacity, any restrictive action must be demonstrably in their best interests in England and Wales, or meet the criteria of benefit and least restriction in Scotland, and must align with legal frameworks governing restraint and deprivation of liberty.

Prone restraint, mechanical restraint, seclusion and any form of restriction used for compliance, convenience or behaviour management are not permitted for adults. Staff follow the Adults Reducing Restrictive Practices and Behaviour of Concern Policy for further guidance.

15. Post-incident support and learning

Every restrictive practice incident must generate a structured review. This should include:

- A factual review of what happened, when, where and who was involved
- Analysis of triggers, environment and unmet needs
- Review of de-escalation attempts and whether alternative responses were possible
- Input from the child, young person or adult, using communication methods that work for them
- Reflection on staff practice, emotional impact and training needs
- Identification of patterns such as time of day, location, staff, activity and peers
- Clear actions to reduce future need for restrictive practices

Outcomes from reviews must inform behaviour support plans, individual risk assessments, team training and environmental or staffing adjustments.

Debriefs should focus on recovery, voice and repair. With staff, they should focus on learning, wellbeing and support. The culture must promote psychological safety so staff can report concerns without fear, enabling honest learning.

16. Complaints, concerns and whistleblowing

Anyone with concerns about restrictive interventions they have observed, heard about or been part of is encouraged to report this to their line manager, who will escalate the matter accordingly. If staff feel unable to speak directly to their manager, they should follow the Whistleblowing Policy.

Children, young people, adults who use our services, their families, involved professionals and members of the public can raise concerns via the complaints process. All concerns will be taken seriously, investigated promptly and used to improve practice.

Inappropriate use of restrictive practices will be dealt with as a safeguarding matter with multi-agency communication and regulator notifications made accordingly.

17. Equality, diversity and human rights

Hidelow Grange School is committed to ensuring that restrictive practices are not used disproportionately against any individual or group. Monitoring will consider disability, neurodivergence and communication needs, race and ethnicity, gender, care experience, trauma background and additional support needs. Where disparities are identified, managers must take immediate action to understand the causes and reduce inequity.

All decisions involving restrictive practice must comply with the Human Rights Act (right to liberty, dignity and bodily integrity), the Equality Act (non-discrimination), the UNCRC (for all children under 18) and the UNCRPD (for disabled adults and children).

18. Policy links and associated documents

This policy must be read alongside:

- Adults Reducing Restrictive Practices Policy (mandatory for work with adults 18+)
- Safeguarding and Child Protection Policy
- Positive Behaviour Support Policy
- Health and Safety Policy
- Equality, Diversity and Inclusion Policy
- Notification Policy
- Staff Learning and Development Policy
- Risk Assessment and Management Care Practice Policy

Monitoring and review

This policy will be monitored on an ongoing basis through the service's established governance and quality assurance systems. Responsibility for ensuring the policy remains compliant with legislation and regulatory frameworks sits with the Responsible Individual or Senior Leader. A formal review will be undertaken no later than three years from the date of approval, or sooner if changes in legislation, regulatory guidance or operational requirements necessitate it.

This policy was approved by Jo Dunn (Compliance, Regulation and Quality Director) in February 2026 and authored by Laura Dickie (Head of Policy). It was adopted and adapted for Hidelow Grange School in June 2026 by B. Neasom (Headteacher).

Next review: February 2029.