



Outcomes  
First Group

# Use of Restrictive Interventions and Reasonable Force Policy

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## 1. Introduction

Our organisation is committed to fostering safe, respectful and inclusive environments where every pupil can thrive. Our approach emphasises prevention first: proactive support, trauma-informed and neurodivergent-affirming practice, relational safety, meaningful co-regulation and early intervention.

We recognise that there are rare circumstances where staff may need to use reasonable force or other restrictive interventions to prevent harm.

This updated policy incorporates DFE’s [Restrictive Interventions, including use of reasonable force, in schools](#) ( effective 1 April 2026) and also sets out how and when reasonable force and restrictive physical interventions may be used across all schools within the group, in line with legislation and our commitment to restraint reduction.

This policy ensures staff understand when restrictive interventions may be used, how they must be recorded and reported, and how to safeguard wellbeing.

## 2. Scope

This policy applies to:

- All settings within our group.
- All team members, including teachers, support team members, volunteers, contractors, and temporary team members.
- Pupils of all ages, needs, and profiles.
- Visitors and external professionals while working with our pupils.

## 3. Legal and Regulatory Framework

This policy aligns with:

- Restrictive interventions, including use of reasonable force, in schools (April 2026)
- Keeping Children Safe in Education (DfE, 2025)
- Behaviour in Schools: Guidance for Headteachers and Staff (DfE, 2024)
- Equality Act 2010
- Children and Families Act 2014
- Human Rights Act 1998
- The Education and Inspections Act 2006 (duty of care for staff)

This policy is also aligned with RRN Training Standards and our BILD ACT accredited CPI training framework.

## 4. Definitions

**Restrictive Intervention:** a means to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil.

**Reasonable Force:** Force that is necessary, proportionate, and lawful, applied for the minimum time required to reduce risk. Reasonable means using no more force than is necessary for the least amount of time, the application of which will depend on the circumstances

**Restrictive Physical Intervention (RPI):** Any intervention that limits a pupil's movement or liberty.

**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, blocking, or making them believe they will be punished if they try to leave.

**Positive Touch:** Appropriate physical contact that provides reassurance, comfort, or relational support. *(See Positive and Therapeutic Touch Policy)*

**Therapeutic Touch:** Planned, consent-based, sensory or clinical interventions to promote wellbeing and regulation. *(See Positive and Therapeutic Touch Policy)*

**Other Restrictive Interventions:** Measures such as mechanical or chemical restraint (not used in our schools).

## 5. Guiding Principles

The use of physical intervention or reasonable force within our schools is governed by clear values and principles designed to safeguard pupils, uphold dignity, and promote positive relationships.

These principles must be embedded in every decision and action:

- **Prevention First** – Incidents of restrictive physical intervention should be rare. The emphasis must always be on proactive strategies, early identification of distress, and effective use of de-escalation techniques.
- **Least Restrictive** – Where intervention is required, the minimum restriction necessary to reduce immediate risk must be used, and for the shortest possible duration.
- **Last Resort** – Restrictive physical intervention is never routine; it may only be used when there is no alternative, and the risk of harm is imminent and unavoidable.
- **Proportionate and Necessary** – The response must be in direct proportion to the level of risk presented. The greater the risk of harm, the greater the justification for intervention.
- **Trauma-Informed and Neurodivergent-Affirming** – Distress and behaviour are seen as forms of communication. Responses must consider the pupil’s lived experience, needs, and any impact of trauma, attachment, or neurodivergence.
- **Safeguarding-Focused** – Every incident is considered a safeguarding matter. The welfare and dignity of pupils is paramount, and the pupil’s best interests must be the central consideration.
- **Dignity and Respect** – All actions must preserve the rights, dignity, and humanity of pupils and team members. Humiliating, degrading, or punitive practices are never acceptable.
- **Restorative and Reflective** – Following incidents, the focus must be on learning, recovery, and repair for both pupils and team members. Reflection should inform future planning, practice, and professional development.
- **Accountability and Transparency** – Incidents must be recorded accurately, reviewed by leadership, and shared with parents/carers and relevant professionals to ensure openness, trust, and oversight.
- **Restraint Reduction Commitment** – Our organisational approach is to actively reduce the need for restrictive interventions over time through personalised support, co-produced planning, and continuous professional learning. Schools must work to reduce, and where possible eliminate, restrictive interventions as part of a whole-school human rights approach

## 6. Legal Powers

**Reasonable Force:** All team members in a school have the legal power to use reasonable force as set out in the Education and Inspections Act 2006 and DfE Guidance on the Use of Reasonable Force (2026). This includes preventing pupils from harming themselves and/or harming others.

**Restrictive Physical Interventions (RPIs):** Restrictive interventions are a specific form of reasonable force that involve holding or physically guiding a pupil in a way that restricts movement or liberty. RPIs are subject to stricter organisational standards, training requirements, recording processes, and governance oversight (see Sections 7–15).

**Delegated Authority:** The power to use reasonable force extends to individuals temporarily in charge of pupils (e.g. supply staff, agency workers, contractors, volunteers), but only where the Headteacher has explicitly delegated authority. Authority must never be assumed.

**Professional Judgement:** The decision to intervene is a matter of professional judgement, based on individual circumstances, the risks presented, and the proportionality of the response. Team members are not required to use physical intervention if they judge it unsafe to do so.

**Limits of Power:** Neither reasonable force nor restrictive physical interventions may ever be used as punishment, to cause pain, or in ways that restrict breathing or degrade the pupil.

**Accountability:** All uses of reasonable force, restrictive interventions and seclusion must be recorded, reported, and reviewed to ensure proportionality, safeguarding, and organisational learning.

## 7. Guidelines for Use

Restrictive interventions must only ever be carried out by CPI-trained team members, except in a genuine emergency where immediate action is necessary to prevent serious harm and no trained colleague is available. Any such incident must be escalated and reviewed without delay. Team members may act in an emergency where there is imminent risk of harm, provided they follow this policy and use their professional judgement.

### **Any use of restraint or reasonable force must be:**

- Necessary: no viable alternative.
- Proportionate: minimal force for minimal time.
- Respectful: preserving dignity.
- Lawful: meeting statutory thresholds

### **Restrictive interventions must never:**

- Intentionally cause pain or injury.
- Restrict or compromise breathing, circulation, or communication.
- Involve pressure on joints, neck, or chest.
- Involve contact with sexual or sensitive areas of the body.
- Involve locking a pupil in a room or seclusion, unless as outlined in Section 9 regarding emergency situations.

### **During incidents, team members should:**

- Offer reassurance in ways appropriate to the young person's communication needs. Verbal reassurance should be used only when helpful; for non-speaking pupils or

those who become distressed with increased verbal input, alternative calming strategies should be used instead.

- Minimise restriction of movement, keeping holds safe, proportionate, and designed to reduce escalation.
- Summon additional assistance wherever possible, ensuring more than one adult is present.
- Consider the pupil's age, gender, culture, communication needs, SEND profile, and personal history in decision making.
- Continuously monitor the wellbeing of the pupil throughout the intervention, watching for any signs of physical or emotional distress.
- Cease the intervention immediately if the risk is reduced or if the pupil shows signs of distress (e.g. difficulty breathing, change in colour, vomiting, sudden collapse).
- After the incident, ensure that the pupil's dignity is restored and that recovery is supported with care and compassion

## **8. When Physical Intervention May Be Used**

Physical intervention or reasonable force may be used only as a last resort, when there is no safer alternative, in order to:

- Prevent a pupil from harming themselves.
- Prevent a pupil from harming others (harm may include physical injury or psychological harm such as trauma, intimidation, or sustained bullying).
- Prevent serious damage to property where this poses a risk to safety (e.g. breaking windows, starting a fire).
- Prevent a pupil from leaving a supervised area where doing so would place them at immediate risk of harm (e.g. running into a road, leaving school grounds in a distressed state).

### **Physical intervention or reasonable force must never be used:**

- As a form of punishment.
- To enforce compliance, gain control, or secure obedience in the absence of a risk of harm.
- As a response to low-level disruptive behaviour such as refusal to follow instructions, non-compliance, or verbal disrespect.
- In any way that is degrading, cruel, or disproportionate.

## **9. Approved Interventions**

All frontline team members are trained in CPI Safety Intervention Foundation for Children and Young People. This training is BILD ACT Certified, meaning it is externally accredited against the Restraint Reduction Network (RRN) Training Standards.

CPI training equips team members with skills in de-escalation, non-restrictive and restrictive interventions, with an emphasis on restraint reduction and trauma-informed practice.

The majority of our schools have CPI Certified Instructors within their team. This enables training to be delivered in-house, ensuring alignment with organisational expectations, consistency of practice, and sustainability of training capacity.

Some services train team members in selected elements of CPI Advanced Safety Intervention to address higher-risk behaviours.

Full Advanced CPI training is only authorised following formal approval by the Outcomes First Group Reducing Restrictive Practices Board.

**Seclusion and Ground Holds:** Outcomes First Group (OFG) does not authorise the planned use of seclusion or emergency ground holds. However, it is recognised that in exceptional emergency situations, where there is imminent and significant risk of harm, an emergency ground hold or seclusion may be necessary and proportionate, but only when all other options have been tried and proven ineffective. Where an emergency ground hold or seclusion has been used, the Designated Safeguarding Lead (DSL) and Regional Director/ Assistant Regional Director must be informed immediately, and the incident fully recorded and reviewed at senior leadership level.

Non-physical strategies are always prioritised, and CPI-approved restrictive interventions are only used where risk assessments demonstrate necessity and when all other strategies have been exhausted.

Training and approved interventions form part of the organisation's wider restraint reduction strategy and are subject to monitoring and governance processes outlined in Section 15.

## **What is not Seclusion**

It is important to clearly outline what is *not* considered seclusion to ensure staff understand the distinction, avoid unintentional restrictive practices, and confidently use supportive regulation strategies that are lawful, ethical, and aligned with DfE and RRN expectations. The following practices are examples that do not constitute seclusion, provided that the child or young person is free to leave at any time and is not coerced, blocked, or threatened, these include:

### *1. Voluntary Withdrawal or Breaks*

For example a child choosing to: Go to a quiet area, access a sensory room, take time in a calm space and/or move to a wellbeing or regulation space - as long as the child can leave at any time and team members do not block or restrict exit or make them believe they will be punished if they try to leave

### *2. Supported Regulation*

For example, time spent with an adult to help a child regulate, provided: An adult remains present and supportive, the space is not locked or restricted and the intention is co-regulation, not containment

### 3. *Time Away as a De-escalation Strategy or to reduce stimulation*

For example, when a child is directed to another space to reduce stimulation and the child: Has a team member with them, access to exit and is not prevented from leaving or is made to believe they will be punished for leaving.

### 4. *Protective Removal from a Situation*

In situations where a team member redirects a child away from danger to another area (e.g., directing a child away from a classroom where another incident is occurring), this is not seclusion unless they are then isolated and prevented from leaving.

### 5. *Medical or Safety Containment*

Very short-term containment (e.g., holding a door briefly to stop a child from running into a live risk such as a road) is not seclusion — but if the child is then placed in a room alone and unable to leave, that becomes seclusion.

## **Key Indicators to Distinguish Seclusion**

A situation is likely to be considered seclusion if any of the following are true:

- The child cannot get out — physically or because they believe they cannot or are made to believe they will be punished if they leave.
- Team members are positioned to block the doorway or exit.
- The door is locked or held shut.
- The child is alone in a room where team members control access.
- The practice is used as a behaviour management strategy.

## **10. Training and Competency**

**Headteacher Responsibility:** Headteachers must ensure that all team members receive appropriate training in CPI Safety Intervention (Foundation as standard, Advanced where appropriate) in line with organisational policy.

**CPI Instructors:** The majority of our schools have CPI Certified Instructors within their team. These instructors are responsible for delivering in-house CPI training, ensuring consistency with organisational expectations, and supporting the ongoing competency of colleagues.

**Alignment with Standards:** CPI Instructors and Headteachers must ensure that training delivery and refreshers are aligned with BILD ACT accreditation and the Restraint Reduction Network (RRN) Standards.

**Training Records:** Schools must keep an up-to-date list of CPI-trained staff, reviewed termly and after all training. Attendance registers and related documents must also be shared with the L&D Team to ensure organisational compliance.

**Risk Assessment for Untrained Team Members:** Where a team member has not yet completed CPI training, the Headteacher must ensure that a risk assessment is in place to safeguard pupils, colleagues, and the team member themselves.

**Refresher Training:** CPI Safety Intervention training must be refreshed annually to ensure competence and compliance with the BILD ACT / Restraint Reduction Network Standards.

**Ongoing Competency:** Training is not a one-off event. Competency is maintained through:

- Scenario-based practice sessions and simulations.
- Reflection and feedback from post-incident reviews.
- Integration of restraint reduction principles into supervision, CPD, and team meetings.
- Additional training modules in trauma-informed practice, SEND awareness, safeguarding, and behaviour support.

**Quality Assurance:** Competency is reviewed through observation of practice, incident reviews, and monitoring by the SLT and Restraint Reduction Team.

## 11. Planning and Prevention

**Personalised Planning:** Every pupil must have a personalised support plan that outlines their individual needs, preferred strategies, and any potential triggers for distress. Where risk factors are identified, an Individual Risk Assessment (IRA) must also be completed. These plans are live documents, reviewed at least termly, and updated following any significant incident.

**Co-Production:** Plans are co-produced with pupils (where appropriate), parents/carers, and multi-disciplinary professionals (e.g. therapists, social workers, psychologists). This ensures strategies are holistic, consistent, and tailored to the child's unique needs.

**Proactive Prevention:** Support plans must emphasise prevention and de-escalation, with strategies including (but not limited to):

- **Environmental Adjustments:** adapting the classroom layout, transitions, routines, or sensory environment to reduce triggers.
- **Early Recognition of Distress:** identifying subtle signs of anxiety, dysregulation, or escalation unique to each pupil, and responding promptly.
- **Co-Regulation Approaches:** using trusted adults, calming spaces, relational support, and therapeutic strategies to help pupils return to a state of regulation.
- **Sensory Strategies:** embedding sensory supports such as movement breaks, weighted resources, quiet spaces, or sensory diets where appropriate.
- **Positive Relationships:** prioritising relational safety by ensuring pupils feel known, valued, and understood by adults who support them.

**Integration with Safeguarding and Clinical:** Where a pupil requires frequent interventions, this must be considered as a safeguarding concern and reflected in their support and protection planning. Liaison with the clinical team should be undertaken to ensure a holistic understanding of the pupil's needs

**Anticipation and Preparation:** Plans must include clear arrangements for foreseeable high-risk situations (e.g. transport, transitions, unstructured times) and outline agreed strategies to minimise risk.

**Accessibility:** All team members working with the pupil must have access to the plan and be familiar with its contents. Headteachers must ensure this forms part of staff induction and ongoing professional development.

## 12. Recording and Reporting

**Timeliness:** All incidents involving the use of physical intervention or reasonable force must be recorded on Sleuth/Access before the end of the day.

**Accuracy and Objectivity:** Records must be written factually and professionally, avoiding emotive or judgemental language. They should clearly describe what happened without speculation.

**Required Information:** Each record must include:

- **When:** date and exact time of the incident
- **Where:** Location (classroom, playground, corridor, offsite activity, etc)
- **Who:** Name of the pupil involved, team members directly involved and any witnesses
- **Antecedents:** what led up to the incident and how it developed.
- **Strategies** attempted to de-escalate prior to intervention.
- **Intervention details:** Clear description of the intervention(s) used including type, degree of force, duration and by whom
- **Outcome:** how the situation concluded (e.g. reduction of risk, return to regulation, transition to another activity and post-incident support.
- **Injuries or incidents of concern** observed at the time (medical checks and follow-up are detailed in Section 13).

**Team Member Input:** All team members directly involved in the incident must contribute to the written record to ensure accuracy and accountability.

**System Safeguards:** Incident reports must be stored securely in line with GDPR and safeguarding data retention requirements.

**Quality Assurance:** A member of the Senior Leadership Team (SLT) must review and quality assure every incident record for completeness, accuracy, proportionality, and compliance with this policy.

**Escalation:** Any record that raises safeguarding concerns must be flagged immediately to the Designated Safeguarding Lead (DSL) for further action.

**Serious Incident Notification:** Team members should refer to the serious incident notification policy to decide if serious incidents need escalating in line with the policy and procedures.

**Health and Safety Reporting:** Where an incident results in actual harm, alleged harm, or a near miss involving a member of staff, it must also be recorded on Info Exchange within the required organisational timelines. This is in addition to all standard incident, safeguarding, and RPI reporting processes.

### 13. Post-Incident Actions

**Immediate Medical Checks:** A medical check must be attempted as soon as possible after any use of physical intervention to ensure the wellbeing of all pupils and team members involved. Any injuries, however minor, must be recorded and followed up appropriately.

**Parental/Carer Notification:** Parents/carers must be informed of incidents as soon as possible, and ideally before the pupil returns home. Parents must also receive this information in writing. Required details include:

- time, date, location and approximate duration of the intervention
- brief account of why the intervention was assessed as necessary in that instance
- brief account of what type of force was applied, and the degree of force
- details of any physical injuries sustained, if applicable

*Where informing parents is deemed to place the pupil at greater risk, this decision must be recorded and escalated to the DSL.*

**Notification of External Agencies:** Where a pupil has an allocated social worker, they must be informed of any incident involving the use of reasonable force. Other safeguarding partners (e.g. LADO, Local Authority, or Police) will be informed if thresholds are met.

**Team Member Post-Incident Support and Post-Incident Learning:** A planned post-incident session should be undertaken within 24 hours (where this is not possible, e.g. due to staff absence or rest days, this should be recorded and rescheduled accordingly), providing team members with the opportunity to reflect on the incident, consider emotional impact, and identify areas of professional learning. Further support (e.g. access to a mental health first aider) must be available where incidents have been particularly distressing.

Some incidents may be especially challenging or emotionally impactful for all involved. In such cases, consideration should be given to involving the clinical team to support with post-incident support and facilitate reflective group practices, ensuring psychological safety and promoting collective learning.

**Pupil Post-incident Support and Post-incident learning:** A planned post-incident session focusing on support should ordinarily take place within 24 hours, tailored to the age, communication needs, and emotional regulation of the individual. Where a post-incident learning is not considered beneficial or appropriate (e.g. due to risk of re-traumatisation, absence, or timing), professional judgement should be applied, with rationale clearly recorded, and rescheduled or adapted at the earliest appropriate opportunity. A post-incident learning should help the pupil understand what happened, feel heard, and contribute their perspective.

**Updating Plans:** Behaviour support plans, Individual Risk Assessments, and personalised strategies must be reviewed and updated following incidents where appropriate. Updates should be co-produced with pupils, parents/carers, and relevant professionals.

**Documentation:** All post-incident actions, including medical checks, notifications, post incident support and post incident learning, and reflections, must be recorded on Sleuth/Access before the end of the day where possible and quality assured by a member of the SLT.

**Learning and Improvement:** Key learning points from post-incident reviews and post incident learning must feed into team CPD, school improvement planning, and organisational restraint reduction priorities.

**Support and Wellbeing:** Headteachers and SLT must ensure the wellbeing of all individuals affected by incidents is supported.

## 14. Safeguarding

- All incidents of physical intervention, seclusion and reasonable force are safeguarding matters.
- The identified restraint reduction lead on school site should ensure that patterns of intervention are monitored to identify any pupil who may be particularly vulnerable or at risk of harm through repeated intervention.
- Safeguarding and restraint oversight forms part of the termly governors report process.
- The DSL will ensure that repeated use of reasonable force or RPI with an individual pupil is considered in the context of possible underlying safeguarding needs, including neglect, trauma, SEND needs or unmet care needs
- This section should be read in conjunction with *Keeping Children Safe in Education (DfE, 2025)*, which underpins the statutory duties of all school staff to safeguard and promote the welfare of children
- Any concerns or complaints relating to the use of physical intervention or reasonable force must follow the organisation safeguarding and complaints procedures

## 15. Monitoring and Governance

Each school must appoint a Reducing Restrictive Practices (RRP) Lead who is responsible for monitoring, recording, and promoting best practice in relation to reducing restrictive practices.

Headteachers retain overall responsibility for the monitoring and oversight of restraint reduction within their school, ensuring compliance with this policy, statutory guidance, and organisational standards.

All incident data is analysed to monitor frequency, patterns, and emerging trends. This includes identifying pupils who may be subject to multiple interventions, evaluating triggers, and reviewing practice.

Data is reviewed regularly at school level and termly at group level by the Outcomes First Group Reducing Restrictive Practices Board.

The company's Restraint Reduction Team will undertake supportive visits to schools to provide guidance, coaching, and assurance in line with restraint reduction priorities.

Each service must complete an annual Reducing Restrictive Practices Self-Assessment. This self-assessment will form the basis of a service-specific action plan for the following year, ensuring continuous improvement.

Regional Directors and Assistant Regional Directors will receive termly summary reports as part of safeguarding oversight, ensuring transparency and accountability.

**Seclusion and Emergency Ground Holds:** Any use of seclusion or an emergency ground hold must be immediately escalated to the DSL and Regional Director/ Assistant Regional Director (as outlined in Section 14). These incidents are also automatically reported to the Outcomes First Group Reducing Restrictive Practices Board, ensuring organisational oversight, safeguarding review, and governance-level accountability.

Findings from monitoring activities directly inform policy development, staff training priorities, and personalised pupil planning to reduce the need for physical intervention over time.

The company is BILD ACT Certified, meaning that our CPI Safety Intervention training is accredited against the Restraint Reduction Network (RRN) Training Standards. This ensures independent external validation of our training, practice, and governance arrangements.

All monitoring and governance activity will therefore be carried out in line with both RRN Standards and our BILD-accredited framework, demonstrating a clear and sustained commitment to restraint reduction and safeguarding best practice.

## **16. Roles and Responsibilities**

### **Headteachers**

- Hold overall responsibility for ensuring compliance with this policy and relevant legislation.
- Ensure all team members are appropriately trained in CPI Safety Intervention (Foundation, Advanced where appropriate) and that an up-to-date list of trained team members is maintained.
- Oversee the monitoring and reduction of restrictive practices within their school, ensuring incidents are reviewed and lessons learned inform school improvement.
- Provide regular reports to governors/Regional Directors/ Assistant Regional Directors on incidents and restraint reduction progress.
- Ensure safeguarding implications from incidents are reviewed and acted upon.

### **Senior Leadership Team (SLT)**

- Quality assure all incident records on Sleuth/Access, ensuring accuracy, completeness, and timeliness.
- Analyse data to identify patterns, high-risk situations, or training needs.
- Ensure post-incident medical checks, post-incident support and post-incident learning, and safeguarding referrals are carried out.
- Model trauma-informed and neurodivergent-affirming practice to embed restraint reduction principles across the school.
- Support the Headteacher in driving continuous improvement and compliance with organisational standards.

### **Team Members**

- Prioritise prevention, de-escalation, and least restrictive strategies at all times.
- Only use physical intervention when authorised through CPI training, and only as a last resort to prevent harm.
- Record incidents accurately and promptly on Sleuth/Access.
- Participate in post-incident learning and reflective practice.
- Contribute to ongoing training and development in line with organisational expectations.
- Demonstrate safeguarding awareness and exercise sound professional judgement in every intervention.

### **Pupils**

- Are supported to recover after incidents, with tailored post-incident support and post-incident learning that meet their communication and emotional needs.
- Where appropriate, contribute to shaping their individual behaviour support plans and strategies for reducing risk.
- Are encouraged to share their voice and perspective to inform whole-school and organisational approaches.

### **Parents/Carers**

- Are informed of incidents involving their child as soon as reasonably possible, ideally before the child returns home.
- Are engaged in co-production of pupil support plans and risk assessments.
- Receive clear communication about school approaches to behaviour and restraint reduction, fostering transparency and partnership.
- Are offered the opportunity to attend a meeting in school following the use of a restrictive practice.

### **School Reducing Restrictive Practices (RRP) Lead**

- Monitors and evaluates the use of restrictive interventions in their school.
- Supports colleagues with reflective practice and models best practice in de-escalation and trauma-informed support.
- Supports Headteacher and Leadership team in the completion of the annual Reducing Restrictive Practices Self-Assessment and contributes to the school's action plan.
- Acts as a point of expertise for the school in promoting and embedding restraint reduction practices

## **Outcomes First Group Restraint Reduction Board**

The Outcomes First Group have a dedicated board, known as the Reducing Restrictive Practices Board. The board's objectives are to manage the group's affiliations, associations and memberships, set and reinforce guidelines, monitor and sporadically audit the use of restrictive practices and restraint across all organisations.

However, even though the board holds the responsibility of authorising the use of certified restraint training programmes beyond the agreed standard offer e.g. foundation and advanced programmes, the local leadership team of each organisation remain responsible for the policy of restrictive practices and restraint within the service and ensuring they remain fully compliant with the Restraint Reduction Network (RRN) Training Standards. The board will monitor the use of restrictive practices and restraint and compliance to the RRN Training Standards through data collection and analysis and apply board approved support visits when necessary.

The board's objectives are achieved by working to the group's board approved Reducing Restrictive Practices and Restraint Plan, the purpose of this plan is to provide regulation that aligns to the Outcomes First Group's affiliations, accreditations and ongoing memberships. Each organisation within the Outcomes First Group must have a designated individual titled as the Reducing Restrictive Practices Lead. This individual will be the organisations main person of liaison, connecting the board and its monitoring and auditing approaches to each organisation. These approaches provide the board with insight and awareness of both exemplary practice and practices that require improvement and development in complying with the Six Core Strategies.

The Outcomes First Group is a member of the Restraint Reduction Network.

### **Company Restraint Reduction Team**

- Provides external oversight and assurance through supportive visits.
- Reviews annual self-assessments and monitors compliance across schools.
- Provides coaching, training, and development support to drive continuous improvement.
- Ensures the company maintains its BILD ACT accreditation, meeting the Restraint Reduction Network (RRN) Training Standards.
- Analyses restraint and intervention data at group level, identifying trends and advising on targeted strategies.
- Leads and reports into the Outcomes First Group Reducing Restrictive Practices Board, ensuring organisational accountability and governance.

## **17. Operational Expectations for Team Members Working Off Site**

Any team members working in external school settings must follow the host school's behaviour, safeguarding, and Restrictive Physical Intervention (RPI) policies. They should avoid the use of restrictive physical intervention within alternative settings and must only become involved in an incident within a school as a last resort to prevent immediate and significant harm.

Their primary role is to support de-escalation, identify early signs of risk, and seek timely assistance from school staff. External providers are responsible for ensuring that their own staff teams can meet pupils' needs safely, and team members operating in alternative settings must report any incidents they are involved with through both the host setting's procedures and the organisation's internal processes.

Where a pupil attends an external provider (for example, an AP setting), it is the responsibility of the headteacher to ensure that the provider's policies, procedures, and staff training are robust, suitable for the pupil's needs, and compliant with relevant legislation.

If any team member has concerns about practice within an external provider or school, including concerns related to behaviour management, safeguarding, or the use of RPI, they must follow the organisation's safeguarding policies and report these concerns immediately in line with established procedures.

## **18. Associated Policies and Procedures**

- Behaviour Policy (Neurodivergence-Affirming)
- Positive and Therapeutic Touch Policy
- Safeguarding Policy
- Serious Incident Notification Policy
- Group Accident Incident and Dangerous Occurrence Reporting Policy
- Restraint Reduction and Terms of Reference
- Recording of Restrictive Interventions

## **19. Review**

This policy will be reviewed annually, or sooner if legislation, DfE guidance, or organisational priorities change.