






EMERGE SCHOOL

Physical Intervention Policy

 **Our Vision:** *A culture rooted in safety, where people feel seen, heard, included, and connected through authentic relationships.*

 **Our Mission:** *To create a safe and nurturing environment where everyone feels a sense of belonging, is empowered in their growth and learning, and is encouraged to embrace who they are and who they aspire to become.*

 **Our Values:** *At Emerge School, our values are the foundation of who we are, how we work, and what we believe in. They shape how we support young people and how we support each other.*

We are proud to uphold these four core values:



Voice: *empowering every voice to speak, shape and be heard*



Connection: *rooted in relationships, thriving through authenticity*



Growth: *evolving with purpose, innovating with heart*



Inclusion: *where every story begins, and every person matters*

Excel & Emerge Care was created to give children and young people with complex needs a safe, supportive place to grow and heal. Through residential care, education, and therapeutic support, we build stability, trust, and a future where children and young people can truly flourish.

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2. Background and scope

At Emerge School, our primary aim is to create a safe, nurturing, and inclusive environment where all pupils can thrive. We are a Social, Emotional and Mental Health (SEMH) setting and our practice is firmly rooted in Trauma Informed practice and Therapeutic Interventions. We recognise that behaviour is a form of communication, and our focus is always on understanding and meeting the underlying needs of each child. We are committed to supporting pupils through positive relationships, emotional regulation strategies, and proactive interventions. Physical intervention is never used as a behaviour management tool; instead, it is considered a **last resort**, used only when all other strategies to de-escalate have been exhausted and where not intervening would result in immediate risk of harm to the pupil, to others, or to property with a risk of harm. The purpose of this policy is to set out Emerge School's stance on Physical Intervention. Emerge School is committed to a reduction of the use of physical intervention, and when it's use is necessary, ensuring that all physical interventions are used therapeutically and with the best interests of the children in our school at the centre of any decision making This policy applies to all employees, workers, contractors, consultants, volunteers, agency staff, directors, and any other individuals who work for, with, or on behalf of the

organisation. This policy does not form part of any employee's contract of employment, and we reserve the right to amend or withdraw it at any time. Our approach seeks to protect the dignity of the child, minimise distress, and ensure that the use of restrictive intervention is consistent with our wider ethos of respect, care, and relational practice.

3. Policy Statement

Emerge School recognises that the children in specialist education often navigate the world through a lens of trauma, complex SEND needs, barriers to learning, communication and interaction needs, We understand that what may appear as challenging behaviour is frequently a functional survival response to perceived threat, rooted in a deep-seated fear of rejection or shame.

This policy mandates an approach that looks beyond the immediate, observable behaviour to the underlying emotional need that is being communicated through the behaviour. By prioritising relational safety and co-regulation, we aim to provide a therapeutic environment that counteracts previous experiences of abandonment and relationship complexities. Our colleagues are committed to 'connection before correction,' ensuring that all interventions, physical or non-physical, are designed to rebuild trust and support the child's journey toward emotional healing, rather than merely seeking compliance, and then be able to access high quality learning and education.

4. Context of Education and Relational Behavioural Understanding

Emerge School Relational Behavioural Understanding is guided by the following principles:

- To ensure that Emerge School provides a safe and secure environment where all pupils are supported to achieve both academically and socially using therapeutic support and Trauma Informed Practice.
- To ensure that staff are trained and expertly aware of the impact of Trauma upon behaviour and development of the child, co-regulation and high-quality education.
- To provide structured routine and establish meaningful relationships advocating a safe environment in which to be present and thrive.
- To provide restorative practices at every opportunity, building a community and not punitive responses.

- To provide a therapeutic, inclusive environment that is adaptable to meet the needs of the child.
- To have a clear and detailed framework of “Plans” that support the child and are created with the child at the centre.
- To ensure that staff remain safe and feel confident in their ability to effectively support the diverse needs of every pupil, both in their learning and in their behaviour;
- To ensure a consistent and transparent approach, with clear guidelines for when it is appropriate and necessary to use reasonable force or restrictive physical intervention as a **last resort only**.
- To provide a structure de-briefing procedure following any intervention for children and staff.
- To ensure a shared understanding among staff, pupils, parents/carers, governors, and the Local Authority of the procedures and processes related to the use of physical intervention.

These principles are embedded within our commitment to therapeutic and trauma-informed practice and the use of Proactive Approaches, ensuring that interventions are always supportive, respectful, and used **only as a last resort** to maintain safety.

5. Dignity and Human Rights

We are committed to upholding the dignity, rights, and individuality of every child in all circumstances, including during physical interventions. Our approach ensures that our values, growth, connection, voice and inclusion, are also reflective of this.

- Every child is treated with respect, kindness, and fairness, preserving their self-esteem and emotional wellbeing.
- Interventions are carried out in a manner that protects a child’s physical and psychological wellbeing.
- The use of physical intervention is always proportionate, necessary, and the least restrictive option available.
- Children’s rights under the Human Rights Act 1998, including the right to freedom from degrading treatment, are fully respected.
- Colleagues are trained to recognise and uphold these principles, embedding a culture of empathy and respect in all interactions

6. Legal Framework

The use of all forms of restrictive physical intervention and physical contact are governed by criminal and civil law. The unwanted or inappropriate use of force may constitute an assault and may also infringe a child or young person’s rights under the

Human Rights Act 1998. The use of restraint can be justified for purposes set out in relevant legislation and different settings.

This policy is written with reference to and in compliance with:

[Education and Inspections Act 2006](#) Section 93, which gives all school staff the legal power to use reasonable force where necessary.

DfE Guidance: Restrictive interventions, including use of reasonable force, in Schools April 2026,

[Restrictive interventions including use of reasonable force in schools.pdf](#) which sets out schools' duties regarding the use of physical intervention.

Education Act 2002, Section 175 – [Education Act 2002](#) which requires schools to safeguard and promote the welfare of children.

Keeping Children Safe in Education (KCSIE, 2025)

[Keeping children safe in education from 1 September 2025.pdf](#) – which sets the statutory safeguarding framework for schools.

Equality Act 2010 – [Equality Act Advice Final.pdf](#) which protects pupils from discrimination and ensures that interventions are applied fairly and without bias.

Human Rights Act 1998 and the UN Convention on the Rights of the Child – which safeguard children's rights to safety, dignity, and protection.

Restrictive Physical Intervention is therefore not a standalone practice but part of our wider statutory responsibilities around safeguarding, behaviour, and inclusion.

7. Trauma-informed de-escalation & co-regulation

Consistent with our commitment to attachment and trauma informed practice, colleagues will prioritise co-regulation, the process of using their own calm presence to steady a child's dysregulated nervous system. The following steps must be exhausted before any physical intervention is considered.

Environmental regulation (the sensory check)

Before addressing the behaviour, colleagues should reduce external stressors that may be triggering a "fight or flight" response:

- Reduce Stimulation: Lowering voices, dimming lights, or clearing the immediate area of other residents and bystanders.

- Creating Space: Maintaining a non-threatening stance (e.g., standing at an angle rather than "squaring up") to avoid making the child feel trapped.

Relational connection (the "connect before correct" phase)

To counteract feelings of shame and rejection, colleagues will use relational tools to de-escalate:

- Validation: Acknowledging the emotion behind the behaviour (e.g., *"I can see you are feeling overwhelmed and unsafe right now, and I'm here to help you through this."*)
- PACE: Continued demonstration of Playfulness, Acceptance, Caring and Empathy.
- Active Listening: Giving the child the space to express their distress without immediate interruption or judgment.
- Non-Verbal Attunement and Affect Attunement: Using soft eye contact (if appropriate) and a calm, rhythmic tone of voice to signal safety.
- Supportive disengagement: Focusing on the child's safety while not providing a reactive audience for minor property damage or verbal outbursts.
- Diversion & Distraction: Offering a "change of face" (swapping staff members) or a change of environment to disrupt the "crisis loop."
- Collaborative Problem Solving: Once a slight reduction in tension is noted, offering simple, low-pressure choices to return a sense of control for the child.

Low-arousal strategies

Colleagues will utilise the low-arousal approach to avoid escalating the crisis:

7.1 Communication Framework for Co-regulation

When a child is in a state of high arousal or dysregulation, colleagues should use "low-demand" language that prioritises emotional safety over task completion or compliance.

Safety & validation scripts

These prompts aim to lower the child's "threat response" by offering immediate reassurance.

- "I can see you're struggling, and I'm here to support you. Let's figure out what you need together."

- "My priority is making sure you feel safe right now, nothing else matters as much as that."
- "I'm going to stay with you until this feels easier. We can move to a quieter space if that helps."

7.2 Restorative Interventions

Trauma often stems from a lack of control. Offering small, manageable choices helps the child move from their "survival brain" back to their "logical brain."

- **Empowerment Choices:** "Would you prefer some space to yourself right now, or would you like me to sit quietly nearby?"
- **Sensory Choices:** "Would a glass of water or a quick walk outside help your body feel more settled?"
- **Collaborative Input:** "You know yourself best, is there something we've done before that helped you feel better in moments like this?"

7.3 Predictable sequencing (when/then and Now/Next)

Avoid "If/Then" phrasing, which can sound like a threat. Use "When/Then" to provide a predictable, safe roadmap for the child.

- "**When** your body feels ready to sit down, **then** we can look at what's next together."
- "**When** you've had a chance to catch your breath, **then** we can find a way to talk about what happened."
- In this moment **now**, we can have a chance to catch your breath, **next** we can get through this together.

7.4 Policy note for staff

- **Tone & Pacing:** Use a "low and slow" voice.
- **Body Language:** Avoid standing over the child. Mirror a sense of calm even if the child is shouting.
- **Hold the space:** Sometimes "the best script is no script." Giving a child a moment of quiet allows their nervous system to process that they are not under attack...silence can be punishing, it is about holding the space and sharing our calm.

8. The Transition to Physical Intervention and The Use of Physical Restraint

Terminology and Definitions

Non Restrictive Physical Intervention: the use of body position, touch or guide to reduce the risk of harm or to direct the student away from a harmful situation.

Restrictive Physical intervention: a means to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil. This guidance uses 'restrictive interventions' as the umbrella term to describe an action that results in the student being escorted or the use of hold.

Reasonable force: a term used in legislation which includes physical restrictive interventions. All members of school staff have the legal power to use reasonable force in limited circumstances. Reasonable means using no more force than is necessary for the least amount of time, the application of which will depend on the circumstances.

Significant incident: any incident where the use of force goes beyond appropriate physical contact between pupils and staff as described in 'Other physical contact with pupils' within this document. This includes when physical force is used to implement a non-physical restrictive intervention.

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.

Restraint: 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. For example, holding a pupil's arms to their sides or removing a pupil's crutches would both be considered forms of restraint.

Restrictive interventions including use of reasonable force in Schools - April 2026

"All members of school staff have a legal power to use reasonable force in certain circumstances. To prevent or stop a pupil from:

- 1. causing injury to themselves or others*
- 2. committing a criminal offence*
- 3. damaging property"*
- 4. causing disorder among pupils at the school, whether during a teaching session or otherwise."*

9. RPI requirements

The chance to stop: Before the use of physical intervention, children must be provided the opportunity to stop their behaviour. Staff **must** clearly say this aloud, *i.e.* “*Charlie, Stop*” and avoid the use of colloquialisms or language/terms that could be misunderstood. This verbal direction must be recorded within the incident report.

Minimum force & duration: Use the least force necessary for the shortest time, preserving dignity. The level of execution should be proportionate to the perceived risk of harm. An understanding of what this looks like for the individual child needs to be understood and documented in IBSP

Releasing of holds: Holds are to be released once it is deemed ‘safe to do so’ and the risk of harm has reduced. A held child is unlikely to become ‘calm’ and so this is not a reliable indicator that the crisis behaviours have subsided.

Prohibited practice: No pain-inducing techniques, deliberate ill-treatment, or prone holds to be used.

Approved techniques: staff are only to use only holds or breakaway techniques in which they have received formal training.

10. Co-regulation

During the recovery period following a crisis, it is important to recognise that sensitivity to triggers is likely to be higher than the child’s typical baseline of arousal. This means that the likelihood of a further crisis response is more acute. During this time sensory regulation should continue for up to 90 minutes to allow adrenaline to disperse naturally and allow the ‘thinking brain’ to return.

11. Recording and Reporting

All incidents requiring the use of RPI strategies at Emerge School should be recorded on CPOMS, within the behaviour log and all associated documents within the framework. Incidents must be recorded as soon as practicable after the event. It should be recorded by the staff member(s) involved and they should endeavour to do this no later than the same day.

The reporting of the incident must include the following:

- Where it occurred
- Events leading up to the behaviour that required the use of RPI.

- Specific descriptions of the actual behaviour requiring intervention was (i.e. general descriptions like 'he became physically aggressive' are not descriptive enough)
- What the perceived or actual danger arising from the behaviour was • What serious harm to self or others was being prevented
- Why any action taken was deemed necessary, reasonable, and proportionate.
- What other methods of intervention and de-escalation were tried or considered
- What techniques were used, by who and for how long, and in what location.
- Who else was present and witnessed the incident or assisted with the RPI.
- Any injury that occurred to anyone involved
- The record should receive comment by the manager confirming oversight with any actions required.

A report of the incident made to parents should include the following details as a minimum:

- 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 the requirement to report applies even if the use of restrictive interventions in certain circumstances is agreed with parents as part of a pupil's behaviour support plan. Schools should communicate this information to parents in writing. For example, via email or online messaging system. Best practice would include inviting parents to have a follow-up discussion about the incident where appropriate. This could involve a discussion about:
 - any behavioural triggers or warning signs of an impending incident
 - whether any agreed behaviour support plans were followed
 - what de-escalation strategies were used and how effective they were
 - what might be done differently in the future

Recording and reporting the use of seclusion and non-force related restraint

The procedure at Emerge School, is in place for recording each seclusion or restraint incident as part of the school's duty under the schools (*Recording and Reporting of Seclusion and Restraint*) (No. 2) (England) Regulations 2025. As outlined in these regulations, an incident of restraint may occur with or without direct physical contact.

For restraint incidents that occur without direct physical contact, for example, the removal of a walking aid, these must be recorded under the procedures outlined in this section. Incidents must be recorded as soon as practicable after the event. It should be recorded by the staff member(s) involved and they should endeavour to do this no later than the same day. The procedure is that a record of any such incident is made in writing as soon as practicable after the incident.

The requirement to record applies even if the use of seclusion or restraint in certain circumstances is agreed with parents as part of a pupil's Positive Handling Plan. Emerge School will record the following details:

- names of pupil and staff directly involved
- time, date, location and approximate duration of the intervention
- any relevant needs or circumstances of the pupil, including whether the pupil involved has an identified special educational need or disability and their SEN needs.
- brief account of why the intervention was assessed as necessary in that instance
- details of any physical injuries sustained, if applicable
- any post-incident support, such as details of any medical treatment for injuries or other adverse impacts.

12. Communication Home

We are committed to maintaining open and transparent communication with parents and carers. When a restrictive physical intervention (RPI) has been used:

Parents/carers will be notified on the same day wherever possible, either by phone call or face-to-face discussion at collection. The school's internal RPI form is completed and stored securely on CPOMs as part of the safeguarding record (Appendix 1). This document is not shared in full of parents/carers, but the key information is communicated, including:

- o A brief description of the incident.
- o The reason for the intervention.
- o The outcomes for the pupil, including any injuries or follow-up support.
- o Any changes to the pupil's Positive Handling Plan (RSP) or proactive strategies.

Where necessary, a follow-up meeting may be arranged with parents/carers to discuss the incident in more detail, review the pupil's Positive Handling Plan, and agree additional support strategies. Parents/carers are encouraged to share their perspective so that strategies can remain consistent between home and school.

Emerge School will provide information about the seclusion or restraint incident in writing to parents. Parents must be informed as soon as practicable after the incident and Emerge School will endeavour to do this no later than the same day.

13. Debriefing

Good quality debriefing and follow-up action is essential after any incident requiring the use of physical intervention strategies. The process can have a significant emotional impact on the child and the staff involved and all should be given the opportunity to talk through the incident and reflect on the feelings it may have aroused. Witnessing someone being held can have a significant impact on an individual and consideration should also be given to the needs of children and staff not directly involved in the physical intervention, but who may nonetheless have been affected by it. All debriefs should be facilitated by a staff member not involved in the incident and should be documented on CPOMS.

14. Training

All staff directly supporting children will receive training in behaviour support and physical intervention. This will include a four day in person training event for all staff new to the company. Additionally, all staff will be provided with annual two-day refresher training. Further to this mandatory training bespoke workshops can also be facilitated focusing on specific training needs with the purpose of refreshing and refining skills.

Proactive Approaches is the accredited training programme in which all staff members complete, to ensure staff are confident and competent in supporting pupils safely. All staff receive annual training in de-escalation strategies and positive handling techniques, with regular refreshers and updates as required from the Head of Learning and Development at Emerge Care and Therapeutic Solutions. Time is also dedicated within staff meetings and class team discussions to review the effectiveness of de-escalation approaches and handling strategies identified in pupils' Positive Handling Plans and Zones of Regulation Plans. This reflective practice ensures consistency across the school and enables staff to adapt approaches in response to pupils' evolving support and interventions needs. and that professional advice is carefully considered and implemented where appropriate.

15. Support

Help and support is also available through our Employee Assistance Programme (EAP). You can use our EAP to speak to an independent adviser on a confidential basis for emotional support or any issue that is troubling you.

Our Mental Health First Aiders are also available to reach out to for support with signposting.

Should you require any further support please reach out to the HR team.

16 Monitoring and review

After reading this policy, you should be able to:

- Understand what the Physical Intervention Policy is and how it operates
- Understand how the Physical Intervention Policy operates at the Company and have an awareness of the actions we take in preventing, identifying and reporting concerns
- Understand the role you play in the Physical Intervention Policy

If you have not understood any of these points, please ask your line manager for further help.

An appropriate member of the business will review this policy at least once a year to make any necessary updates. Employees are invited to suggest any ways the policy can be improved.

Data protection

Personal data is handled in accordance with our Data Privacy Policy.

Completed:	April 2026
Reviewed By	Sarah Mason
Next Review	September 2026 – Full policy review
Summary of Changes	Issued to Staff May 2026, following amendments May 2026 – Approved by Headteacher- Sarah Mason

Approved by:



Headteacher:

Date:11/05/2026