



Physical Intervention Policy

Including use of Reasonable Force, Restraint and Seclusion

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1. Vision and Values

Plymouth CAST is a multi-academy trust of Catholic schools which is part of the mission of the Catholic Church dedicated to human flourishing and the building of a kingdom of peace, truth and justice. The Trust is to be conducted in all aspects in accordance with canon law and the teachings of the Roman Catholic Church and at all times to serve as a witness to the Catholic faith in Our Lord Jesus Christ.

Our vision and values are derived from our identity as a Catholic Trust. Central to our vision is the dignity of the human person, especially the most vulnerable. Our academies are dedicated to providing an education and formation where all our pupils and young people flourish in a safe, nurturing, enriching environment.

2. Introduction

In our schools we want to make sure our children are happy and have maximum opportunity to learn effectively. We want to see them live out the Gospel values, Catholic Virtues and British Values. We work alongside parents to encourage our children to develop as fully as possible. We want our children to:

- Grow socially
- Grow personally
- Grow spiritually
- Grow academically

The most important aspect in children feeling valued, safe and secure is the sense of connection and trust with a member (or more than one member) of staff. These are known as **Emotionally Available Adults (EAA)**. Children should be safe in the knowledge you have them in your mind, care about them as a person, about how they are feeling and what they are doing.

Strong relationships between staff and children are vital. Staff must be fair and **consistent** with children (taking into account individual needs). Children are supported to understand the boundaries, routines and structures are there to keep them safe, happy and able to learn.

Adults will hold these boundaries firmly while being **approachable, kind and compassionate**.

Our Restrictive Physical Intervention Policy supports our Behaviour Policy/Strategy, including our Safe Touch Policy in enabling staff to build positive, safe learning communities in which children and adults thrive.

Our Behaviour Strategy, of which this is part, is rooted in compassion, kindness and forgiveness. **We aim to follow the example of Jesus Christ** who led the disciples not through fear, but through love.

3. Purpose

This policy sets out the Trust's approach to:

- The use of reasonable force
- Restrictive interventions, including restraint and seclusion
- The statutory recording and reporting of such incidents (April 2026 onwards)

It operates within the Trust's **relational behaviour approach**, recognising that behaviour is communication and that restrictive intervention is **exceptional and last resort**.

Where a child is known to have need/vulnerabilities that have, or can reasonably be anticipated to lead to dysregulation that might necessitate significant physical intervention, including, reasonable force, restraint or seclusion a Relational/Behavioural Plan must be created and implemented for her/him. All adults working with the child must be familiar with the plan and have the knowledge, understanding and skill to manage the plan effectively. In such cases, staff working with the child must receive CPI training.

4. Legal and Trust Framework

This policy should be read alongside:

- Restrictive Interventions, including use of reasonable force in Schools DfE April 26 [Restrictive interventions, including use of reasonable force, in schools - GOV.UK](#)
- Keeping Children Safe in Education 2025
- Education and Inspections Act 2006
- Schools (Recording and Reporting of Seclusion and Restraint) (England) Regulations 2025
- Equality Act 2010
- SEND Code of Practice

Trust Policies

- Behaviour Policy
- Safe Touch Policy
- SEND Policy
- Child Protection & Safeguarding Policy
- Allegations Against Staff & Low-Level Concerns Policy
- Staff Code of Conduct

5. Definitions

5.1 Reasonable Force

Reasonable force refers to the use of physical contact by a member of staff that is:

- **Necessary**
- **Proportionate**
- **Reasonable in the circumstances**

It may be used to:

- Prevent injury to a pupil or others
- Prevent serious damage to property

Reasonable force must always be the **minimum required** to achieve the intended outcome and must cease as soon as the risk has reduced.

5.2 Restraint

Restraint is a form of restrictive intervention and is defined as:

The use of force to restrict a pupil's movement, liberty, or freedom to act, in order to prevent harm.

This includes:

- Holding a pupil
- Physically guiding a pupil where resistance is present
- Blocking a pupil's movement
- Preventing a pupil from leaving a location through physical means

Restraint must:

- Be **lawful, necessary and proportionate**
- Be used for the **shortest possible duration**
- Never be used as a punishment

5.3 Seclusion

Seclusion is defined as:

The supervised confinement and isolation of a pupil, away from others, in an area from which they are prevented from leaving.

Key features:

- The pupil is **isolated from others**
- The pupil is **prevented from leaving**
- Supervision is maintained

Seclusion may occur:

- With or without physical force
- With or without a locked door

A door does **not** need to be locked for seclusion to occur.
If a pupil is **not free to leave**, or **reasonably believes they are not free to leave**, this constitutes seclusion.

All incidents of seclusion must be:

- **Recorded on CPOMS Student Safe**
- **Reported to parents, including in writing**

5.4 Time-Out (NOT Seclusion)

Time-out is a behaviour support strategy and is defined as:

A planned or responsive withdrawal of a pupil from a situation, where the pupil remains free to leave.

Time-out:

- Is used to support **self-regulation**
- May involve a quiet or calm space
- Must be **voluntary or non-enforced**

If a pupil is **prevented from leaving**, the intervention is no longer time-out and becomes **seclusion**.

5.5 Restrictive Intervention (Umbrella Term)

Restrictive intervention refers to:

Any action that restricts a pupil's movement, liberty, or freedom to act.

This includes:

- Restraint
- Seclusion
- Any use of force

Restrictive interventions:

- Must only be used as a **last resort**
- Must be **reasonable, necessary, and proportionate**
- Must be **recorded and reviewed** in line with statutory requirements

5.6 Safe Touch (Contextual Reference)

Safe touch refers to appropriate, supportive physical contact used in line with the Trust's Safe Touch Policy

This may include:

- Comforting
- Guiding
- Supporting learning or safety

Safe touch:

- Must always be in the **best interests of the child**
- Must **never be punitive, intrusive, or excessive**
- Must not restrict movement (unless it becomes restraint)

5.7 Key Operational Distinction

Staff must clearly understand:

- **Restraint** → Restricting movement
- **Seclusion** → Preventing a pupil from leaving
- **Time-out** → Pupil is free to leave

If a pupil is **prevented from leaving**, this is **seclusion** and must be recorded and reported.

6. Core Principles

Aligned with Trust ethos:

- Behaviour is understood as communication
- Relationships are central to regulation and safety
- Restrictive intervention is:
 - **Last resort**
 - **Time-limited**
 - **Least restrictive option**
 - **Where possible, and where anticipated/expected, undertaken by trained members of staff**

7. When Restrictive Intervention May Be Used

Only where **necessary and proportionate** to:

- Prevent injury
- Prevent serious damage to property

8. Harm Thresholds and Safeguarding Application

This section **MUST** be read alongside:

- Managing Allegations and Low-Level Concerns Policy
- Safeguarding Policy

8.1 The Harm Threshold (KCSiE Part 4)

An incident **meets the harm threshold** where a member of staff has:

- Behaved in a way that has **harmed, or may have harmed, a child**
- Possibly committed a criminal offence
- Behaved towards a child in a way that indicates they **may pose a risk of harm**
- Behaved in a way that indicates they **may not be suitable to work with children**

8.2 Application to Restrictive Interventions

Following any restrictive intervention, leaders **MUST** consider:

A. Clearly within professional practice (NO threshold met)

- Proportionate, necessary, trained intervention
- No injury or distress beyond immediate incident
- Carried out without anger
- Appropriate recording and parental notification

Action:

- Ensure child/children is safe
- Manage through behaviour systems
- Consider safeguarding needs
- Review of pupil needs
- Record on Staff Safe
- Record on Pupil Safe
- Complete form Appendix A
- Notify parents before end of day AND in writing

B. LOW-LEVEL CONCERN

Where conduct:

- Falls below expected professional standards
- Is **inappropriate but not harmful**
- Indicates a need for reflection, training, or support

Action:

- Ensure child/children is safe
- Professional discussion
- Advice/training
- Consider safeguarding needs
- Review of pupil needs
- Record on Staff Safe

- Record on Pupil Safe
- Complete form Appendix A
- Notify parents before end of day AND in writing

Examples: (not exhaustive)

- Poor judgement in approach
- Use of overly directive or escalatory language
- Failure to follow agreed de-escalation strategies

C. POTENTIAL HARM THRESHOLD

Where there is:

- Excessive force
- Significant distress to the child
- Repeated interventions with the same pupil
- Failure to follow training or risk assessment

Action:

- Ensure child/children is safe
- Review pupil need
- Immediate DSL/Headteacher involvement
- Consider **LADO consultation (if in doubt, consult)**
- Follow Managing Allegations and Low-Level Concerns Policy
- Consult with SIO/DoE/HR manager
- Consider suspension
- Consider disciplinary investigation
- Record on Staff Safe
- Record on Pupil Safe
- Complete form Appendix A
- Notify parents before end of day AND in writing

D. HARM THRESHOLD MET (FORMAL REFERRAL REQUIRED)

Where:

- Injury has occurred (or could have occurred)
- Force is clearly disproportionate
- Child is frightened, distressed, or traumatised
- Pattern of concerning adult behaviour exists

Action:

- Ensure child/children is safe
- Refer to LADO immediately
- Follow Managing Allegations and Low-Level Concerns Policy
- Consult with SIO/DoE/HR manager

- Consider suspension/disciplinary investigation
- Record on Staff Safe
- Record on Pupil Safe
- Complete form Appendix A
- Notify parents before end of day AND in writing

Key Safeguarding Principle

A single incident can meet the harm threshold

8.3 Pattern Recognition

Repeated use of restrictive intervention must trigger:

- Safeguarding review
- SEND / provision review
- Staff practice review
- Discussion with SIO/DoE/Trust SEN Lead/HR Manager

9. Recording Requirements (Statutory)

All incidents must be:

- Recorded on **CPOMS Pupil Safe (child record)**
- Cross-referenced where required with **Staff Safe**
- Recorded on form in Appendix A **Record of use of safe touch control or restraint/significant restrictive intervention**

10. Reporting to Parents

- Notify as soon as possible
- Must be same day notification
- Must include notification in writing

11. Safeguarding Integration

All incidents must be triaged through safeguarding systems:

- DSL oversight required
- Consider:
 - Context
 - Vulnerability
 - Pattern
 - Staff conduct

Aligned to Trust safeguarding expectations

12. Safe Touch and Physical Contact

All physical contact must align with:

- **Safe Touch Policy principles**

Including:

- Touch must:
 - Be appropriate
 - Be in the child's best interests
 - Never be punitive

13. Staff Conduct and Expectations

Professional Judgement

Staff must exercise professional judgement at all times and apply the expectations set out in Section 13.1 when considering the use of physical intervention..

Physical intervention must:

- Be **appropriate to the child's age, development and individual needs**
- Take account of **consent cues, power imbalance and cultural context**
- Be **open, observable and capable of being explained**

Safeguarding Expectations

Physical intervention must never:

- Be used as punishment
- Be used to frighten, intimidate or coerce
- Be secretive or hidden
- Be for the self-gratification of the adult

All physical intervention must be:

- **Defensible**
- **Transparent**
- **Consistent with safeguarding expectations**

If a member of staff is unsure whether physical intervention is appropriate, they must not proceed and should seek guidance from the SENCo, DSL or a senior leader.

13.1 Professional Boundaries and Decision-Making in Physical Intervention

The Trust recognises that appropriate physical contact is an important part of supporting children. However, all physical contact must be **carefully considered, justified, and applied within clear professional boundaries.**

Staff must ensure that any physical intervention is:

- **Necessary**
- **Proportionate**
- **In the best interests of the child**
- **Appropriate to the context and individual child**

Key Factors Staff **MUST** Consider Before Using Physical Intervention

Before initiating any form of physical intervention staff **must actively consider:**

A: Age and Developmental Stage

- Is the form of physical intervention appropriate for the child's:
 - Age
 - Maturity
 - Understanding

Younger children may require more supportive touch; older pupils may require greater personal space.

B: Understanding and Communication

- Does the child:
 - Understand the intent of the physical intervention?
 - Have communication needs that affect interpretation?

Staff must be particularly mindful of pupils with SEND, trauma, or communication differences.

C: Consent Cues (Verbal and Non-Verbal)

Staff must:

- Seek **implicit or explicit consent where possible**
- Be alert to **non-verbal cues**, including:
 - ★ Pulling away
 - ★ Freezing or stiffening
 - ★ Distress or discomfort
 - ★ Avoidance

If a child shows any sign of discomfort, physical intervention **must stop immediately**

D: Power Imbalance

Staff must recognise that:

- There is an inherent **power imbalance** between adult and child
- Children may:
 - Comply even if uncomfortable
 - Feel unable to refuse

Staff must never rely on compliance as an indicator of consent

E: Cultural and Individual Context

Staff must consider:

- Cultural expectations regarding physical intervention
- Family context
- Religious beliefs
- Previous experiences (including trauma)

What is appropriate for one child may not be appropriate for another

F: Context and Purpose

Staff must be clear:

- Why is physical intervention being used?
- Is it:
 - To comfort?
 - To guide?
 - To protect?

Physical intervention must **never be routine where not needed**

Expectation: Necessary and Proportionate physical intervention

All physical contact must be:

- **The least intrusive option available**
- **Used for the shortest time necessary**
- **Clearly linked to a legitimate purpose**

Professional Boundaries

Staff must not:

- Initiate unnecessary physical contact
- Engage in prolonged or repeated contact without clear purpose
- Use physical intervention that could be:
 - Misinterpreted

- Secretive
- Isolating

All physical contact must be:

- **Open**
- **Observable**
- **Justifiable**

14. Pupils with SEND

- Where identified need exists Relational/Behavioural support plan must be in place and known to all adults working with the child.
- Plans must take full account of known medical needs
- Physical intervention must take full account of known medical needs
- Repeated intervention = **failure of provision unless evidenced otherwise**
- Must trigger:
 - Review of support plan
 - Consideration of unmet need

15. Monitoring and Governance

Trust-level expectations:

- Termly reporting to LGB and Trust
- Analysis of:
 - Frequency
 - SEND
 - Individual pupils
 - Staff

16. Training

All staff will receive annual training on the implementation of the school's Behaviour Policy/Strategy, and all associated policies including this policy and the Safe Touch Policy.

Training will explicitly include recognising consent, distress signals and appropriate management of physical contact in line with this policy.

Further update and/or focused training will be provided throughout the year.

All supply/temporary staff and volunteers will be introduced to the Behaviour Policy/Strategy, the Staff Code of Conduct, Safe Touch Policy, and this policy.

Specific *positive handling* training such as that provided by the Crisis Prevention Institute (CPI - formerly MAPA) will be provided to all staff who are likely to be required to use it.

The school will ensure that it has staff trained in specific *positive handling techniques* such as CPI – to enable it to keep staff and children safe. [CPI Training for Education](#)

The school has access to the Trust's CPI trainers, Laura Thompson who is based at Holy Cross Catholic Primary School, Plymouth lhompson@holycross.plymouth.sch.uk and Tim Driscoll who is based at St Joseph's Catholic Primary School, Plymouth, t.driscoll@plymouthcast.com

Training must include:

- De-escalation
- Trauma-informed practice
- Legal thresholds
- Recording systems
- CPI training for adults working with children where physical intervention is anticipated/expected

Staff who feel unsafe, untrained, or insufficiently supported in using safe touch, including reasonable force, restraint and seclusion, should speak with their headteacher, School Improvement Officer or the Director of Education:

Name and contact details SIO: Kevin Butlin – kevin.butlin@plymouthcast.org.uk

Name and contact details Director of Education: Kevin Butlin – kevin.butlin@plymouthcast.org.uk

17. Key Operational Test

“Is this necessary, proportionate, and in the best interests of the child?”

AND:

“Could this be perceived as causing harm or distress?”

AND critically:

“Would I be confident explaining this to a parent, DSL, or LADO?”

Appendix A

Record of use of safe touch *Reasonable Force, Restraint or Seclusion*

This record is used to make sure that when safe touch *Reasonable Force, Restraint or Seclusion* is used in line with the safe touch policy it is **safe, necessary, proportionate and that there is appropriate accountability.**

It helps:

- Ensure that any reasonable force used to control or restrain children is in keeping with the guidance in the safe touch policy
- Protect the child's safety and rights
- Show the school followed legal and policy rules
- Provide clear evidence of what happened
- Improve support and reduce future incidents
- Keep parents informed
- Identify training and safeguarding needs

In short, it ensures restraint is only used as a **last resort** and that everyone involved is protected. **It must be completed following any use of** safe touch control or restraint/significant restrictive intervention.

Category of significant physical intervention	Reasonable Force	Restraint	Seclusion
	✓	✓	✓
Name of child/young person			
Date of Birth		Year Group	
			Class

Incident Information

Date of Incident		Time of incident		Location		Duration of restraint	
Staff Involved					Restraint trained	Yes/No	
					Restraint trained	Yes/No	

				Restraint trained	Yes/No
Reason for use of significant physical intervention	Risk of harm to self ✓	Risk of harm to others ✓	Risk of serious property damage ✓	Risk of serious disruption ✓	

Please provide full details of the behaviour leading to the use of *Reasonable Force, Restraint or Seclusion*

De-escalation Attempts: (Please provide details of the strategies attempted prior to the use of *Reasonable Force, Restraint or Seclusion* This may include, verbal calming, removal from the situation, sensory support, time – out, safe space, redirection).

Summary of the safe touch *Reasonable Force, Restraint or Seclusion*

Method /technique used			
Position for example standing or seated			
Length of time in restraint		Was force used consistent with school safe touch policy	Yes/ No

Monitoring during use of safe touch *Reasonable Force, Restraint or Seclusion*

Breathing checked/by whom	Yes/No	Wellbeing checked/by whom	Yes/No
How was the child/young person communicated with?			
Provide details of the levels of distress experienced and how this was managed			

Injuries or medical concerns – Please provide details of any injury or medical concerns, first aid required and steps taken.

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Outcome and Follow Up

Provide details of how the incident ended

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Post incident actions:

Harm Threshold Considered y/n		Parents informed by phone/in person	y/n	Parents informed in writing	y/n	CPOMS record created	y/n	Discussed with SIO	y/n
Threshold met y/n			Date		Date		Date		
LADO consulted y/n									
Counselling provided	y/n	Restorative discussion	y/n	Parent meeting	y/n	Risk Assessment reviewed	y/n	Behaviour support plan reviewed	y/n

PARENTS MUST BE INFORMED

Provide details of communication with parent/carer, include name of staff member in contact with parent, time and method of communication and parental response.

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Provide details of support for staff involved, include any injuries or medical support if required.

Provide details of the voice of the child /young person. This may include their account of the event and reflections.

Please describe any next steps not already outlined, this may include staff training , review of pupil information sharing, updates plans or referrals for external support.

Completed By:

Name: _____

Role: _____

Signature: _____

Date: _____

SIO Notified by Headteacher:

Name of SIO: _____

Date: _____

Time: _____

Parent Notified by Headteacher:

Name of SIO: _____

Date: _____

Time: _____

Reviewed By Headteacher

Name: _____

Signature: _____

Date: _____

Reviewed By School Improvement Officer

Name: _____

Signature: _____

Date: _____

Appendix B

XXXXXXXXXXXX School/Academy Relational Support Plan

We know that the relationships we have with our children/young people will have the greatest impact on their behaviour and wellbeing. Underpinning all relational support plans is the understanding that all staff in our schools promote relationships which are warm, compassionate, forgiving and non-judgemental.

PACE is the key relational model used in our school. PACE is a way of thinking, feeling, communicating, and behaving that helps a child feel safe. It helps to promote secure attachments and enables a child to reflect on their thoughts and behaviours without being judged.

<i>Pupil's name:</i> XXXXXX	<i>Class:</i> XXXXXX	<i>Date:</i> XXXXXX	<i>Review Date:</i> XXXXXX
Identified challenges for pupil: E.g <ul style="list-style-type: none"> - staying within the school building/ premises - difficulty in calming down from heightened state - difficulty in following adult instructions - aggression towards peers if things don't go his way 			
Identified behaviour: Mostly in a heightened state with no recognition of boundaries or safety			
<i>Appearance:</i> <i>what the behaviour looks like...</i> E.g. Running around the school inside and out, climbing equipment ,	<i>Rate: how often it occurs</i> E.g. After the first 30 minutes of each day.	<i>Severity: the level of risk associated with the behaviour</i> E.g. High risk of harm to self and others. XXXXXX has no recognition of dangers or boundaries.	<i>Duration: how long it lasts</i> E.g. Up to an hour

Presenting Behaviour:

E.g: Damaging resources/equipment

Identified Function of Behaviour /Unmet Need:

E.g: Discharge of anger or frustration that cannot be expressed verbally

Anxiety about tasks child feels he cannot do

Agreed relational strategies to respond to behaviour: (In addition to the specific strategies listed below all adults use a PACE approach at all times)

E.g.

1 – Validate the experience of the child and the emotional tone - I can see you are angry , you feel so, so cross right now

2 – Safe space to go to when needing to be calm with an adult that XXXXX trusts. Adults notice when XXXX needs time in his safe space and support him to make that choice

3 – Staff member to explain the now and next instructions to XXXXX

4- Staff to avoid using commands, clipped tones or ‘why’ instead use language such as I wonder , I imagine , I notice

5- Use of positive feedback that is specific and aimed non personal for example “That was a good thing you did when you came with me to play dominoes”, or “thank you for walking so nicely”.

6_ XXXXX has regular sensory breaks throughout the day - these are supported by the adults who he trusts and include sensory water play, gross motor activities that support his vestibular system heavy work/push/pull

7- XXXXX has activities presented to him in ways that support him to feel that he has some control over what he is being asked to do, this will usually involve some form of choice.

8- Provide children with safe alternative such as clay , paper, soft balls that they can use to express anger

9- XXXXX is met at the beginning of the day by his trusted adult who then settles him into class. They also spend time with him at the end of the day to support the transition back home.

Long term aim of strategies (think SMART):

E.g.

- XXXXX can tell adults what his now and next activities are and follows his visual now/next timetable. 50% of the day
 - XXXXX follows Instructions with the support of adults 80% of the day
 - XXXXX is able to describe what he needs to do to remain safe in school and makes use of this safe space at times when he is anxious or upset
 - XXXXXX completes short activities either in the classroom or at his base area with planned outdoor breaks between activities.
 - XXXXXXXX feels so psychologically safe with their EAA that he/she is able to tell the story of what happened to them so that they can reflect on their trauma rather than behave their trauma
- Agreed timescale for review: weekly**

A staged approach to managing behaviour:

Stages of behaviour:

Green = Child is socially engaged. CARE, SEEKING and PLAY systems are optimally activated. PROTECT (ensuring psychological safety for the child) and RELATE (ensuring that the child has access to adults he/she trusts) is the focus of interactions.

Amber = The child is showing signs of social defence (anxious, aroused or distressed). The RAGE/FEAR/PANIC GRIEF systems is showing signs of activation. PROTECT/RELATE and REGULATE (early de-escalation strategies) should be employed with the aim of returning to the green stage.

Red = The child has moved to social defence. The RAGE/FEAR/PANIC GRIEF system has been activated. RELATE and REGULATE approaches that support the child are central to supporting regulation and helping to move the child back to a state of calm.

Blue = The child is moving back towards a state of social engagement. PROTECT (ensuring psychological safety for the child) and RELATE (ensuring that the child has access to adults he/she trusts) is the focus of interactions. Adults need to be careful not to assume that the child has returned to the Green stage , some children may present as being regulated but if returned to an environment that they find stressful too soon may well move back to social defence very quickly.

Green

<u>Support strategies</u> <u>PROTECT/RELATE</u> The things that we can do or say to keep XXXXX in the green for as much time as possible.	<u>Behaviour</u> What XXXXX does, says and looks like that gives us clues that he is calm and relaxed.
<ul style="list-style-type: none">• Go through the timetable for the day with XXXX so he gets a sense of structure to the day.• For XXXX to have regular active sensory breaks starting every 20 minutes and increasing gradually. positive feedback encouragement (and positively discriminate)• Allow XXXX to have a choice out of 2 activity breaks so he feels in control of the situation. (incorporate his interests of tanks or controlled water play if possible)• Regular specific praise and encouragement (non-personal)• Organise for XXXXX to have a visit to the nature garden each day.• Avoid commands and clipped tones when talking to XXXX and use language that supports social engagement and not defence for example “can you help me understand what happened when” not “why did you do that “ or “what did you do”• Weekly sessions with the school ELSA to support XXXXX in understanding his feelings and how to express these	<ul style="list-style-type: none">• XXXXX knows what will happen each day.• XXXXX engages well and focuses on set now/ next activities.• XXXXXX responds to adults and peers calmly and politely .• XXXXX knows not to damage the resources.• XXXXXX listens to adult instruction and follows these instructions.

Amber

<p style="text-align: center;"><u>Support strategies</u> <u>PROTECT/RELATE/REGULATE</u></p> <p>The things that we can do or say to stop the situation from escalating further and return PUPIL to the proactive phase as soon as possible.</p>	<p style="text-align: center;"><u>Behaviour</u></p> <p>What XXXXX does, says and looks like that gives us clues that she/he is becoming anxious or aroused.</p>
<ul style="list-style-type: none">· Staff notice when XXXXX is struggling and provide support swiftly· Calmly remind XXXXX about the task· Take XXXXXX for a sensory break· Provide an acceptable alternative learning break in the room· Remind XXXXX of some of his regulation techniques for example belly breathing· Use agreed safe touch strategies such as hand holding, hand massage· Guided self touch - press your hands together, hug themselves· Provide an appropriate distraction – for example an errand	<ul style="list-style-type: none">· Starts to fiddle with equipment /rocking on chair· Gets up and starts walking around· Refuses to start tasks or engage in tasks· Seeks attention from his EAA

RED

<u>Support strategies</u> The things that we can do or say to quickly manage the situation and to prevent unnecessary distress, injury and destruction.	<u>Behaviour</u> What XXXXX does, says and looks like when he is challenging.
<ul style="list-style-type: none">· Ensure that XXXXX is supported by the adults he knows bests and trusts· Use distraction techniques to get XXXX back to a safe area· Try not to chase or restrain unless XXXX is in danger· Provide XXXXX with clear choices e.g. you can either come and do some colouring with me or we can go and visit the pond· Offer empowered anger alternatives- throwing clay, heavy movement such as stomping	<ul style="list-style-type: none">· XXXX damages books, resources· XXXX takes equipment from other children· Throws things· XXXX does not respond to staff instructions.· XXXXX shows aggression towards peers.· XXXXX uses inappropriate language.

Blue

<u>Support strategies</u> The things that we can do or say to support XXXXX to become more calm again and return to the proactive phase.	<u>Behaviour</u> What XXXXX does, says and looks like that tells us that he is becoming calmer.
<ul style="list-style-type: none">· Encourage XXXXX to come to the sensory room.· Allow time for XXXXX to calm.· Give positive specific praise for making the right decision.	<ul style="list-style-type: none">· XXXXX is able to talk and respond to adults again.· XXXXX is able to return to class or his base ready for his now and next activity.

Reflect and Repair

It is important that there are opportunities for children to be able to talk about their experiences, what happened and why. Trusted adults can support children to do this using agreed approaches to REFLECT and by being PACEful in their interactions. These opportunities should take place at a time and place that is comfortable for the child and promotes psychological safety. It is rarely, if ever, likely to be successful as part of the stages of behaviour Amber, Red or Blue. Reflective conversations and Repair need to take part when the child is well regulated with their emotionally available adult at a time that is most helpful to the child.

Successful Strategies:

- Choose a safe space that the child feels comfortable in
- Carefully consider the language used to encourage children to reflect - PACE and WINE (I wonder, I imagine, I notice. Avoid using why? and what phrases. Instead use help me understand....
- Not all children can verbally express their feelings or what has happened so consider other ways to help them to share their thoughts and feelings e.g. Big Empathy Drawing, Sand Tray, Puppets,
- Think creatively about the ways in which children can repair when things have gone wrong. Simply saying sorry is not always most helpful or possible. Showing someone they are sorry can often be more powerful and reparative.

Relational support plan completed by:	Relational support plan agreed by:	Signed by parent:	Signed by teacher:	Signed by Headteacher:
Date:	Date:	Date:	Date:	Date: