Policy - Reducing Restrictive Practices Policy

Children Universal

Policy Author	Laura Dickie, Head of Policy
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Policy Approver	Jo Dunn, Compliance, Regulation and Quality Director
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Policy Level	Homes and Education
Staff groups affected	All Homes and Education Staff

Monitoring and Review

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

The Head of Policy will support this process by identifying relevant changes in legislation, regulation, national standards and emerging best practice. The Head of Policy will also incorporate learning from inspections, audits and practice developments into future revisions whilst overseeing all proposed amendments to this policy to ensure accuracy, consistency and compliance.

Local or service-level alterations may not be made without approval through the organisation's policy governance process.

Terminology

Our aim is to use consistent terminology throughout this policy and all supporting documentation as follows:

'Establishment' or 'Location	This is a generic term which means the home/school/college owned by CareTech.
Individual	Means any child or young person under the age of 18 or young adult between the ages of 18 and 25.
Service Head	This is the senior person with overall responsibility for the school/college/home.* *dual registered locations need to include Service Head and Registered Manager if they are not the same person.*
Key Worker	Members of staff that have special responsibility for Individuals residing at or attending the Establishment.
Parent	means parent or person with Parental Responsibility
Regulatory Authority	Regulatory Authority is the generic term used in this policy to describe the independent regulatory body responsible for inspecting and regulating services. E.g Ofsted, DfE, CIW, CIS, ESTYN, HMIE etc)
Social Worker	This means the worker allocated to the individual. If there is no allocated worker, the Duty Social Worker or Team Manager is responsible.
Placing Authority	Placing Authority means the local authority/agency responsible for placing the child or commissioning the service
Local Authority	This means the local authority for the location.
Staff	All staff working at the Location including employed staff, students on placement, contractors, agency staff, volunteers and proprietors.
Company	Any service owned by CareTech

1. Purpose of this Policy

This policy sets out our commitment and approach to eliminating and reducing restrictive practices across all services.

Any restrictive intervention must be used only when absolutely necessary to prevent harm, be lawful and ethical, be the least restrictive option available, and be applied for the shortest possible time.

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

2. Scope

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

3. Legal and Regulatory Framework

3.1 England

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

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

3.2 Wales

Wales’ approach is grounded in the Social Services and Well-being (Wales) Act 2014 and the Welsh Government guidance ‘Safe and Effective Intervention – use of reasonable force and searching for weapons’ (2013).

The guidance requires that force is a last resort, necessary and proportionate, with clear recording and post-incident support.

Children's care is regulated under the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 with oversight by Care Inspectorate Wales (CIW).

3.3 Scotland

Scotland's 2024 national guidance 'Included, Engaged and Involved – Part 3' is a relationships and rights-based framework which requires that restraint and seclusion are only used as a last resort to prevent an immediate risk of injury, and for the minimum time necessary. It provides detailed expectations on prevention, co-regulation and de-escalation, recording and monitoring, and is underpinned by the UNCRC (Incorporation) (Scotland) Act 2024.

Children's residential services must also meet the Health and Social Care Standards and Care Inspectorate expectations around minimal restriction and safeguarding.

3.4 Cross-UK Legislation and Guidance

All practice is constrained by the Human Rights Act 1998, the Equality Act 2010, and international conventions (UNCRC; UNCRPD). Interventions must therefore pass the tests of lawfulness, necessity, proportionality and least restriction, and must never be punitive or discriminatory. These duties apply alongside safeguarding law and guidance in each nation.

This policy also aligns with the ethos and requirements of the Restraint Reduction Network (RRN) with all training provided to staff being in line with RRN Training Standards

4. Definitions

Restrictive Practice: Any action that limits a person's movement, liberty, rights, or ability to act freely, including restraint, seclusion, segregation, environmental restrictions, and mechanical or chemical measures.

Restraint (Restrictive Physical Intervention): A physical act intended to restrict a person's movement, liberty or ability to act independently.

Physical Intervention (Non-Restrictive): Supportive or guiding physical contact that does not restrict movement—for example, offering a hand, gentle guidance, or comforting contact.

Seclusion: Supervising a person alone in a room or area they cannot freely leave. Used only as a safety measure and never as discipline.

Withdrawal / Time Away: A supportive strategy where the person goes to a quieter space to reduce stimulation. The person must be free to leave at any time.

Environmental Restriction: Limiting access to certain areas, activities, or items (e.g., locked doors or supervised-only access). Must be necessary, proportionate, and least restrictive.

Mechanical Restraint: Use of equipment (belts, straps, devices) to restrict movement—prohibited in all education and homes settings.

Chemical Restraint: Medication used to control behaviour where not clinically required. Not permitted.

Segregation: Separating a person from others for extended periods. High-risk and rarely justified in education or homes.

Reasonable Force (England-Specific): Physical contact used to prevent immediate harm or serious disruption; must be necessary, proportionate, and time-limited.

Cultural restraint - Cultural restraint refers to a type of restrictive practice where individuals are stopped from expressing their cultural, religious, or personal identity, or forced to act against their beliefs.

Psychological restraint - involves using verbal or non-verbal communication, such as threats, coercion or intimidation, to control a person's behaviour or restrict their freedom without physical force.

5. Policy Principles

5.1 Reduction and Elimination

Restrictive practices are exceptional measures. We commit to organisational strategies that address root causes of distress, enhance staff capability to recognise early signs of escalation, and adapt environments and routines so that crises are less likely to occur.

Success is measured by sustained reductions in use, improved wellbeing indicators and positive feedback from children, adults and families.

5.2 Least Restrictive First

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

5.3 Trauma-Informed and Relationship-Based

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

5.4 Safeguarding at the Centre

Every restrictive intervention is a safeguarding event. Leaders must ensure staff know when and how to escalate concerns, inform parents/carers promptly (where appropriate and at the direction of the placing local authority), and seek medical attention where required.

6. Roles and Responsibilities

Senior Leaders / Directors

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

Managers / Headteachers / Principals

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

All Staff

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

Agency and Temporary Staff

- Must not use restrictive practices unless fully trained and specifically authorised.

7. Prevention, Early Support and De-Escalation

Prevention begins with high-quality assessment and planning. Each child or adult with foreseeable risk will have an individual Risk Plan and Positive Behaviour Support Plan that identifies triggers, early signs, preferred calming strategies, communication needs, sensory profiles and environmental adjustments. Plans will distinguish preventative strategies, early intervention, crisis responses and post-incident support. Staff will use co-regulation skills (calm voice, clear language, offering choices, time and space) and practical adjustments (predictable routines, reduced sensory load, access to regulation activities) to reduce distress. Teams will rehearse responses in advance and seek specialist input where patterns persist.

8. Risk Assessment Requirements

Before using any restrictive practice, staff must consider:

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

Risk assessments must be:

- Individualised
- Reviewed after any incident
- Linked to Positive Behaviour plans
- Shared with all staff involved in the person's care or education
- Updated when needs or patterns change

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

9. Positive Behaviour Support (PBS)

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

Key Principles

- **Child/person-centred and rights-based:** Behaviour is understood in the context of trauma, neurodiversity, communication needs and individual history. We uphold the person's dignity at all times.
- **Proactive, not reactive:** Plans prioritise early identification of triggers, supportive strategies and environmental adjustments to reduce escalation.
- **Co-produced:** Strategies are developed wherever possible **with** the individual, and with input from parents (where appropriate), carers, education, health and social care.
- **Focused on skills and regulation:** Plans build emotional regulation skills, coping strategies, predictability and positive routines.
- **Least restrictive practice:** Physical intervention is only ever used as a **last resort**, when there is an immediate risk of harm, and must always be reasonable, necessary and proportionate.
- **Trauma-responsive:** Staff maintain a calm, attuned, predictable presence and avoid practices that may retraumatise.
- **Review and learning:** Positive Behaviour Support plans are reviewed after any incident, using reflective learning to strengthen proactive approaches and prevent future harm.

Staff follow the Positive Behaviour Support Policy for guidance.

10. Use of Restrictive Practices (Under 18s)

Restrictive interventions may only be used when there is an immediate risk of harm to the child or others, to prevent serious damage to property that may lead to significant harm, or to prevent a serious criminal offence that may result in significant harm.

They must never be used as punishment, for compliance, for staff convenience, or due to inadequate staffing. Decisions must be continually reviewed during the incident, with prompt disengagement as soon as risk subsides.

10.1 Physical Restraint

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

10.2 Seclusion

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

10.3 Prohibited Practices

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

11. Recording, Reporting and Oversight

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

Parents/carers must be informed promptly (where appropriate at the direction of the placing local authority). Equality monitoring (e.g., disability, race) must be built into reviews to detect disproportionate impact. Leaders must analyse data at least termly, identifying hotspots, training needs and environmental adjustments. Where patterns or concerns emerge, action plans must be implemented and monitored.

12. Workforce Training and Support

All staff will receive induction and annual refresher training covering: (a) legal frameworks by nation; (b) safeguarding; (c) trauma-informed and positive behaviour support approaches; (d) de-escalation and communication; and (e) safe, accredited physical intervention techniques. Managers will provide reflective supervision following incidents and ensure practice translation into day-to-day routines. New or agency staff must not use restraint until trained and authorised.

13. Governance, Assurance and Continuous Improvement

Senior leaders will receive regular analytics reports, including incident frequency, duration, method types, equality monitoring and location/time heat-maps. Findings will inform targeted interventions (environmental changes, staffing patterns, curriculum adjustments, clinical/positive behaviour support input). Boards and governing bodies will receive termly assurance reports. External reporting to Ofsted/CIW/Care Inspectorate or local safeguarding partners will occur in line with regulatory thresholds. Lessons learned will be disseminated and embedded through training and practice briefings.

Staff follow the Notifications Policy for further guidance.

14. Adults (18+) – Capacity-Based, Rights-Focused Framework

For adults (18+), restrictive practices are not part of routine support and must only occur in exceptional, immediate emergencies where there is a significant and imminent risk of harm and no safer option is available. Adults have full legal autonomy, and any intervention that restricts their movement, liberty, or choice carries a very high legal and ethical threshold. Restrictive practices must therefore be rare, time-limited, and used only when absolutely necessary to protect the person or others from immediate danger.

Where an adult has capacity, they have the right to make decisions that others may view as unsafe, and restrictive practices cannot be used as a behavioural response. If an intervention is required to prevent immediate harm, it must last only for the shortest possible time and be followed by a full safeguarding and rights review. Where an adult lacks capacity, any restrictive action must be demonstrably in their best interests (England/Wales) or meet the criteria of benefit and least restriction (Scotland), and must align with legal frameworks governing restraint and deprivation of liberty.

Prone restraint, mechanical restraint, seclusion, and any form of restriction used for compliance, convenience, or behaviour management are not permitted for adults. Such practices are considered high-risk, rights-limiting and incompatible with the expectation that restraint is used only in exceptional circumstances and only when it is the only practicable means of ensuring safety.

Staff follow the Adults Reducing Restrictive Practices and Behaviour of Concerns Policy for more detailed guidance.

15. Post-Incident Support and Learning

Every restrictive practice incident must generate a structured review to support organisational learning and reduce recurrence. This should include:

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

Outcomes from reviews must inform:

- Behaviour support plans
- Individual risk assessments
- Team training
- Environmental or staffing adjustments

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

16. Complaints, Concerns and Whistleblowing

We encourage anyone who has any concerns about restrictive interventions they have observed/heard about/been part of - to report this to their line manager who will escalate the matter accordingly. If staff feel unable to speak directly to their manager regarding their concerns, staff should follow the Whistleblowing Policy.

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

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

17. Equality, Diversity and Human Rights Statement

We are committed to ensuring that restrictive practices are not used disproportionately against any individual or group. Monitoring will consider:

- Disability, neurodivergence and communication needs
- Race and ethnicity
- Gender
- Care experience
- Trauma background
- Additional support needs

Where disparities are identified, managers must take immediate action to understand causes and reduce inequity.

All decisions involving restrictive practice must comply with:

- Human Rights Act (right to liberty, dignity and bodily integrity)
- Equality Act (non-discrimination)
- UNCRC (for all children under 18)
- UNCRPD (for disabled adults and children)

18. Policy Links and Associated Documents

This policy must be read alongside:

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

This policy will be reviewed by the Headteacher every year.
At every review, the policy will be approved by the Richard George, Regional Lead.
This policy will be due for renewal in March 2027.