



Restrictive Physical Intervention Policy

Author:	Donna Norton
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Queries to:	Donna Norton
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Nurture, Grow, Flourish

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Success Indicators

The following indicators will demonstrate the level of compliance with this policy and its procedures:

- a) Workplaces that have to manage challenging situations have clearly implemented lower level/suitable controls to reduce the frequency and level of restrictive interventions required to manage challenging behaviours.
- b) Restrictive physical interventions are used as a last resort and are not routine;
- c) Identified pupils have individual positive support plans, risk assessments and restrictive Intervention Protocol documenting when and how restrictive interventions will be used;
- d) Restrictive Interventions are accurately recorded, and risk assessments reviewed to allow continuous improvement in management of challenging behaviours.
- e) Staff working with pupils who require planned restrictive physical interventions have received appropriate and adequate training in its safe and lawful use and in preventative strategies.

1. Introduction

Some staff engage in the delivery of services working with pupils who display complex behaviours that can be challenging to the service and to the safety of the individual, other pupils, members of the public, and the staff supporting them.

This policy identifies approaches to be taken by managers and employees when situations of challenging and harmful behaviour escalate to levels that give rise to the need to use restrictive physical interventions. This policy in no way limits or removes an employees right to use reasonable force to protect themselves or others from the threat of harm.

The Shaw Education Trust will support staff involved in restrictive physical intervention incidents as long as the guidelines and procedures in this policy have been followed. Where there is evidence that staff involved have blatantly disregarded their responsibilities under the policy formal disciplinary action may be taken. However, the Shaw Education Trust recognises that in volatile situations staff may need to deviate from laid down safe systems of work and risk assessments in order to protect themselves and/or others, where these actions were taken in good faith they will be supported.

Within School / Academy settings this policy does not limit or remove staff powers to restrain pupils as outlined in Section 93 of the Education and Inspections Act 2006. However, it does not authorise anything to be done in relation to a pupil which

constitutes the giving of corporal punishment within the meaning of section 548 of the Education Act 1996.

Those staff working with adults who display challenging behaviours must have consideration for the provisions of the Mental Capacity Act 2005. This Policy does not consider the issues of Deprivation of Liberty of service users in detail but focuses on the principles that should be applied to the use of restrictive physical intervention. Managers and staff involved in the use of restrictive physical intervention with adult service users should be aware that it's inappropriate or disproportionate use may constitute a deprivation of liberty of the individual. Appropriate and proportionate use of restraint with an individual who lacks capacity falls short of deprivation of liberty. Further information sources regarding deprivation of liberty can be obtained from the Deprivation of Liberties Team by e mailing deprivationofliberty@staffordshire.gov.uk

This policy reflects the national standards which form part of "Positive and Proactive Care: Reducing the need for restrictive physical interventions," Department of Health 2014 and Department for Education "Use of reasonable force– Advice for headteachers, staff and governing bodies" July 2013. It should be read in conjunction with Staffordshire's Guidance Reducing Restrictive Physical Intervention in Schools and Children's Services (2025).

3. Aims and Objectives

It is the aim of this policy to make restrictive physical intervention as safe as practicable, relevant and practical for staff and pupils. Implementation of this policy will help services to address important outcomes for the pupils choice, rights, independence and inclusion.

It is the objective of this policy:-

- that all methods of restrictive interventions are used as infrequently as possible;
- that restrictive interventions when used are used in the best interests of the individual pupil
- every reasonable effort is made to minimise risk/ harm/ injury to anyone involved and that the need to maintain an individual's respect, dignity and welfare is maintained; and
- that restrictive physical interventions are risk assessed, so that the impact of the restrictive physical intervention will be minimised when key factors are evaluated and a planned approach is taken to incidents whenever possible.

The safety of staff during restrictive physical intervention is of equal importance to the best interests of service users/pupils and both take priority over care of property.

4. Definitions

The Shaw Education Trust defines restrictive physical intervention as:

“Any form of restrictive intervention, be it physical, mechanical, chemical, environmental or social/psychological intervention, which is designed and used (intentionally or unintentionally) to limit or restrict another’s liberty.”

The Department for Education (2025) and BILD (2006) further define restrictive interventions as:

“Any planned or reactive action which limits a pupil’s movement, liberty or freedom to act independently. Restrictive interventions may include use of equipment, medication or seclusion. Restrictive interventions may or may not involve the use of reasonable force.”

In line with government guidance, all interventions must be tailored to the needs of the individual pupil, with particular consideration for those with SEND. Staff must always take into account the child’s context and vulnerability, ensuring interventions are lawful, necessary, proportionate, and used as a last resort.

Levels of Restrictive Physical Intervention

Restrictive physical intervention is categorised as either non-restrictive or restrictive, with the distinction based on the pupil’s ability to move freely away from the intervention.

Non-Restrictive Intervention: The pupil can freely choose to move away from the staff member or situation. Examples include:

- Physical presence, non-verbal prompts and directions
- Light touch or prompting
- Guiding (where the pupil can disengage)
- Disengagement techniques

Restrictive Intervention: The pupil’s freedom of movement is significantly restricted or controlled. These interventions require a higher level of justification and carry greater risk. Examples include:

- Escorting and manoeuvring
- Temporary physical containment or holding
- Seclusion or withdrawal
- Full restraint
- Mechanical or chemical restraint

Use of Reasonable Force

Although there is no statutory definition of ‘reasonable force’, it must always be minimal and time-limited. Force is considered reasonable only if:

- The circumstances of the incident warrant it

- The degree of force is proportionate to the seriousness of the situation and the harm it seeks to prevent
- It is the least restrictive option available to maintain safety

All incidents involving restrictive interventions must be recorded and reported in line with statutory safeguarding and accountability requirements. Regular review and reflective practice are essential to ensure interventions remain appropriate, lawful, and respectful of pupil dignity.

5. Arrangements for Applying the Policy

5.1 Operational Requirement and Context

All intervention strategies should be carefully selected and reviewed to ensure that they do not unnecessarily constrain opportunities, access to education, or have an adverse effect on the pupil's welfare or quality of life. In some situations it may be necessary to make a judgement about the relative risks and potential benefits arising from activities which might provoke challenging behaviours compared to the impact on the person's overall quality of life if such activities are prohibited. This judgement is likely to require a detailed risk assessment which must be documented and reviewed regularly.

Restrictive physical intervention must be used in a context of risk assessment and care or behaviour plan. The correct use of intervention, recording and reporting on the use and investigation and follow up is essential.

Poorly or incorrectly used, restrictive physical interventions are a source of risk to both pupils and staff. They can escalate negative staff and pupil relationships and is also a possible threat to the organisation via legal action. The correct use of restrictive physical interventions must always remain an act of last resort, be proportional and should not be normal practice.

5.1.2 Strategies for the use of Restrictive Physical Intervention

Restrictive physical intervention must be an act of last resort. Adopting good working practices involving primary and secondary control strategies as well as tertiary controls is important. Proactive measures to avoid the incidents of restrictive physical intervention must always be attempted first. Details of control strategies are provided in guidance the guidance associated with this policy.

For each pupil who presents challenges there needs to be individualised strategies for responding to incidents of violence and aggression/self-injurious behaviour etc. Where appropriate the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for the pupil. This must be documented in a care plan/ on the individual's records (Individual Behaviour Plan).

Appropriate training of staff in primary and secondary control strategies will have a major impact in the reduction of the need to use of tertiary controls such as restrictive physical interventions.

5. Arrangements for Applying the Policy

5.1 Operational Requirement and Context

All intervention strategies must be carefully selected, risk-assessed, and regularly reviewed to ensure they do not unnecessarily restrict a pupil's access to education or negatively impact their welfare or quality of life. In some cases, staff may need to balance the risks of engaging in activities that could provoke challenging behaviour against the harm of excluding pupils from meaningful experiences. These decisions must be supported by a documented and regularly reviewed risk assessment.

Restrictive physical intervention must only be used as part of a planned response, embedded within a pupil's behaviour or care plan. This is especially important for pupils with special educational needs and/or disabilities (SEND), in line with the Equality Act 2010 and the 2025 DfE guidance. All interventions must be lawful, necessary, proportionate, and used only when no less restrictive alternative is available.

The correct use, recording, and reporting of restrictive interventions is essential. From September 2025, schools are statutorily required to record and report to parents any significant incident involving the use of force. Failure to follow these procedures may compromise pupil and staff safety, damage relationships, and expose the organisation to legal risk.

Restrictive physical intervention must never become routine practice. It is an act of last resort and must always be the least restrictive option to prevent harm.

5.1.2 Strategies for the Use of Restrictive Physical Intervention

This policy promotes a graduated approach to behaviour management, prioritising primary (proactive) and secondary (de-escalation) strategies before considering tertiary (restrictive) interventions. Staff must always attempt to prevent escalation through positive behaviour support, early intervention, and relationship-based practice.

For pupils who present with behaviours that challenge, individualised behaviour support plans must be developed. These should include:

- Personalised strategies for managing distress, aggression, or self-injurious behaviour
- Clear guidance on when and how restrictive physical intervention may be used
- A focus on the pupil's dignity, rights, and long-term wellbeing

These plans must be documented in the pupil's Individual Behaviour Plan or care plan and reviewed regularly with input from relevant professionals and, where appropriate, the pupil and their family.

All staff involved in implementing these strategies must receive appropriate training in primary and secondary control techniques. This training is essential to reduce reliance

on restrictive practices and to ensure any intervention is safe, ethical, and legally compliant.

Here's a revised version of Sections 5.2 to 5.4, updated in line with the 2025 government guidance on restrictive interventions. I've clarified statutory expectations, emphasised safeguarding and proportionality, and aligned terminology with current best practice:

5.2 Medication

Medication must never be used as the sole method of managing violent or aggressive behaviour. It should only be considered as part of a holistic, person-centred care plan, and must be administered strictly in accordance with medical advice and the school's Administration of Medication Policy. The use of medication to manage behaviour must not become routine or replace proactive and preventative strategies.

Where medication is used to support emotional regulation or reduce distress, this must be clearly documented in the pupil's care or behaviour plan, with regular review by medical professionals and in consultation with parents or carers.

5.3 Devices for Restricting Movement

Devices used for therapeutic purposes such as wheelchairs, buggies, standing frames, or supportive harnesses may restrict movement but are not considered restrictive interventions when used appropriately to meet a pupil's assessed needs. These devices must never be provided solely to prevent problem behaviours.

Where devices are specifically designed to prevent self-injury or challenging behaviour (e.g. arm splints, protective garments), their use constitutes a restrictive physical intervention. Such devices must only be used:

- As a last resort, when other preventative strategies have been unsuccessful
- Following a multidisciplinary assessment, including consultation with the pupil (where appropriate), their family or carers, and those with parental responsibility
- In a way that imposes the least restriction necessary to prevent harm
- With a clear plan to reduce or eliminate their use over time

Staff must be fully trained in the safe and ethical use of any such devices. Their use must be recorded using the Restrictive Physical Intervention Protocol (HSF 57) and reviewed regularly in line with safeguarding and health protocols.

5.4 Weapons

A weapon is defined as any object that has the potential to cause harm when used in a way that was not intended or designed. Staff must remain vigilant and assess whether a pupil may be holding or accessing an object that could pose a risk before initiating any restrictive physical intervention.

Staff are not expected to disarm a pupil using a weapon through physical intervention, due to the high risk of injury. In such cases, the priority must be to:

Contact the police immediately

Move others to a place of safety

Avoid escalation wherever possible

However, if a pupil uses a weapon in an attempt to harm themselves or others, staff have the legal right to use reasonable force to protect life and prevent serious injury, in accordance with the Education and Inspections Act 2006 and the 2025 DfE guidance.

Here's a revised version of Sections 5.5 and 5.6, updated to reflect the 2025 Department for Education guidance on restrictive interventions. I've strengthened the statutory language, clarified expectations around documentation and communication, and ensured alignment with safeguarding and inclusive practice:

5.5 Documenting Restrictive Physical Intervention Strategies

Where it is agreed that a pupil may require restrictive physical intervention, a written protocol must be included in the pupil's individual plan or records. This must be kept up to date and reviewed regularly. The protocol should be documented using the Standard Document HSF57: Restrictive Intervention Protocol Form.

The documentation must include:

- A description of the behaviour patterns, triggers, and settings that may require intervention
- The outcome of an assessment identifying any medical or psychological contraindications
- A risk assessment weighing the risks of intervention against the risks of not intervening
- The views of those with parental responsibility (for children) or family members/advocates (for adults)
- A system for recording behaviours and the use of restrictive interventions
- A record of previously attempted strategies that were unsuccessful
- A clear description of the agreed restrictive physical intervention techniques, with review dates
- The review process, including frequency and membership of the review team

Communication

Intervention strategies must be discussed with the pupil (where appropriate) and their parents/carers before implementation. All parties should be in agreement. Where consensus cannot be reached, differing views must be documented in the pupil's care plan or records. This ensures transparency and supports safeguarding.

5.6 Action to Be Taken Following an Incident of Restrictive Physical Intervention

Recording, Reporting and Monitoring

All uses of restrictive physical intervention whether planned, unplanned, or emergency must be recorded using the Restrictive Physical Intervention Record of Incident Form (HSF56). In line with the 2025 statutory guidance, schools must report all significant incidents involving the use of force to parents or carers.

The written record must include:

- Names of staff, pupils, and any other individuals involved
- The reason for the intervention
- The type and duration of the intervention
- Any injuries or distress experienced, and actions taken in response

If the incident involves violence or aggression, the HSF9 Violence and Aggression Report Form must also be completed. Where injuries occur, the HSF40 Accident Investigation Report Form must be used. Further guidance is available in documents G15 (Adult Service Users) and G16 (Schools and Children).

Debriefing

All individuals involved in an incident must be offered a debrief. This includes the pupil, staff, and any witnesses. Staff should be reminded of how to access confidential counselling services through Education Mutual. Debriefing should be timely, supportive, and used to inform future practice. Additional guidance is available in the policy's associated documents.

Here's a revised version of Sections 5.7 and 5.8, updated in line with the 2025 Department for Education guidance on the use of reasonable force and restrictive interventions. This version strengthens clarity, aligns with statutory expectations, and reinforces the importance of safe, ethical, and context-appropriate training and practice:

5.7 Information, Instruction and Training for Staff

It is the responsibility of the Principal, Headteacher, or service manager to ensure that all staff who may be required to use restrictive physical interventions receive appropriate information, instruction, and training. This includes both planned interventions and potential emergency situations.

Training must be:

- Proportionate to the staff member's role, avoiding unnecessary instruction in techniques they are unlikely to use
- Contextualised, ensuring staff understand when and how to apply techniques safely and lawfully
- Accredited, delivered by competent providers (e.g. those recognised under the BILD ACT certification scheme)

- Regularly refreshed, typically on an annual basis, in line with the provider's accreditation standards

Training must cover:

- Primary (proactive) and Secondary (reactive) control strategies (see Section 5.1.2)
- The legal and ethical framework for using restrictive interventions
- The specific needs of the pupils or service users the training is intended to support
- The importance of de-escalation, communication, and safeguarding

Commissioners of training must ensure that:

- Providers are suitably qualified and experienced
- Physical techniques have been medically risk assessed
- No technique causes pain or distress when applied correctly
- Staff are assessed for competency before being authorised to use interventions

5.8 Dress Code

To ensure safety during the application of restrictive physical interventions, managers must implement local dress code arrangements requiring staff to:

- Wear clothing that allows freedom of movement
- Wear low-heeled, secure footwear
- Remove jewellery and piercings that could cause injury
- Keep fingernails short to prevent accidental scratching

These measures help reduce the risk of injury to both staff and pupils and support a professional, safety-conscious culture.

5.9 Infection Control

Given the unpredictable nature of aggression and violence, there is a risk of contamination from bodily fluids due to injury (e.g. biting, scratching, or self-harm). To mitigate this risk, staff must be familiar with the organisation's Infection Control Policy (HR53) and must have completed the Infection Control Training, including viewing the training video available on the intranet.

To reduce the risk of infection:

- Staff must cover any open wounds (e.g. cuts or skin lesions) with appropriate adhesive dressings
- Personal protective equipment (PPE) should be used where appropriate, in line with national infection prevention and control standards

- All incidents involving exposure to bodily fluids must be reported and managed in accordance with the school's infection control procedures

These measures are consistent with the [National Infection Prevention and Control Manual for England](<https://www.england.nhs.uk/publication/national-infection-prevention-and-control/>), which outlines best practice for all care settings.

5.10 Monitoring and Review

The Care Quality Commission (CQC) and Ofsted are responsible for monitoring the implementation of restrictive physical intervention procedures to safeguard pupils. These regulatory bodies may require schools and services to record and report data on the use of restrictive interventions in a prescribed format.

At the local level:

- Schools and services must monitor the use of restrictive interventions, identify patterns or trends, and develop strategies to reduce their use or make them safer
- This monitoring must be documented, and a summary provided to senior managers or governing bodies on a regular basis

Senior managers and governing bodies must:

- Review and evaluate the use of restrictive interventions at least quarterly
- Use this data to inform practice, identify training needs, and ensure compliance with statutory guidance
- Make recommendations for improvement where necessary, with a focus on reducing reliance on restrictive practices and promoting positive behaviour support

These expectations align with the DfE's 2025 guidance on the use of reasonable force and restrictive interventions (https://consult.education.gov.uk/behaviour-unit/revised-use-of-reasonable-force-guidance/supporting_documents/Use%20of%20reasonable%20force%20and%20other%20restrictive%20interventions%20guidance.pdf), which emphasises transparency, accountability, and continuous improvement.

Here's a revised version of Section 6: Key Accountabilities, updated to reflect the expectations set out in the 2025 Department for Education guidance on the use of reasonable force and restrictive interventions. I've clarified responsibilities, aligned terminology with statutory duties, and emphasised safeguarding, transparency, and accountability:

6. Key Accountabilities

6.1 Managers and Headteachers

Managers, Principals, and Headteachers are responsible for ensuring that restrictive physical interventions are used safely, lawfully, and only as a last resort. Their responsibilities include:

- Implementing the practices and procedures outlined in this policy
- Ensuring that any planned use of restrictive physical intervention is supported by a documented risk assessment and clearly recorded in the pupil's individual care or behaviour plan
- Informing staff of how to report and record the use of restrictive interventions, and ensuring that all reports are reviewed, monitored, and retained in accordance with statutory guidance
- Identifying staff training needs and ensuring that appropriate, accredited training is provided and refreshed at regular intervals
- Seeking specialist advice where necessary to ensure that primary (proactive) and secondary (de-escalation) strategies are prioritised over restrictive interventions
- Providing timely debriefing and emotional support to staff following any incident involving restrictive intervention
- Engaging with pupils, families, and—where applicable—those with parental responsibility during the planning, implementation, and review of intervention strategies
- Ensuring that informed consent for the use of restrictive interventions is obtained, recorded, and reviewed
- Reporting the use of restrictive interventions to parents/carers in line with statutory requirements
- Providing the Academy Council and Shaw Education Trust with a termly analysis of restrictive intervention data, including trends, outcomes, and actions taken to reduce use

6.2 Employees

All employees who may be involved in the use of restrictive physical interventions are expected to:

- Familiarise themselves with the relevant risk assessments, behaviour plans, and intervention strategies
- Report all uses of restrictive physical intervention promptly and accurately, in accordance with this policy and local procedures
- Attend and engage with training provided, and apply the skills and knowledge gained in line with policy, training guidance, and individual pupil plans

- Ensure that any use of physical force is reasonable, proportionate, and justified in the context of the incident
- Raise any concerns about the management of pupil behaviour or the use of restrictive interventions with their line manager without delay

7. Specialist Advice and Staff Support

Managers requiring assistance in implementing safe and lawful restrictive physical intervention practices should contact the Strategic Health and Safety Service for guidance and access to the council's approved training providers.

In Special School/Academy settings, specialist guidance is available from the Instructor Team for Strategies in Crisis Intervention Prevention – Revised (PROACT-SCIPr), accessible via the Educational Psychology Service. For mainstream education settings, staff can seek support from their local Educational Inclusion Districts through the District Senior Educational Psychologist.

Concerns related to Deprivation of Liberty Safeguards (DoLS) or the Mental Capacity Act should be directed to the Deprivation of Liberties Team, who can provide case-specific advice.

All staff are also encouraged to access wellbeing support through:

- ThinkWell Self-Referral Complete a referral form via the SLN or call 01785 276284 during office hours.
- CALM Online Access: 24/7 online self-help resources for mental health and emotional wellbeing.

8. Legislative Framework and Guidance

This policy is informed by the following legal and statutory documents:

- a. The Health and Safety at Work etc. Act 1974
- b. Management of Health and Safety at Work Regulations 1999
- c. Education Act 2002 and Education and Inspections Act 2006
- d. Human Rights Act 1998
- e. Mental Capacity Act 2005
- f. Deprivation of Liberty Code of Practice (amended)
- g. DfE & DHSC (2019): Reducing the Need for Restraint and Restrictive Intervention
- h. DfE (2025): Use of Reasonable Force and Other Restrictive Interventions in Schools
- i. DfES Circular 14/96: Supporting Pupils with Medical Needs in School

j. Reducing Restrictive Physical Intervention in Schools and Children's Services (Staffordshire, 2020)

k. Positive and Proactive Care: Reducing the Need for Restrictive Interventions (Department of Health, 2014)

l. Archived DfE Guidance (2013): Use of Reasonable Force in Schools

Note: This policy offers general guidance. For further support on application, staff should consult the Strategic Health and Safety Service.

10. Standard Documents

The following documents support the implementation and monitoring of restrictive physical intervention practices:

- HSF56 – Restrictive Physical Intervention Record of Incident
- HSF57 – Restrictive Physical Intervention Protocol

These templates must be completed in accordance with the guidance provided in this policy and retained in line with data protection and safeguarding protocols.

11 Glossary of Terms

Manager - is any employee who supervises at least one other member of staff or manages the provision of a County Council service including head teachers, supervisors, team leaders, premise managers and heads of establishment.

Employee - also includes trainees on government schemes, volunteers, agency workers, temporary workers and casual workers.

Staffordshire County Council HSF56

Restrictive Physical Intervention, Record of Incident

1. Names of those involved	Staff:	Service User/Pupil: Others:
2. Date of incident:	Time of incident:	Location of incident:
3. Events leading up to Restrictive Physical Intervention (including alternative strategies used):		
4. Account of actual incident (including details of actions, method of intervention, words used, witnesses etc.):		
5. Outcome or resolution of incident:		
6. Follow up actions (advice to family/parents/carers, support to staff and pupils involved):		
7. Names of witnesses and attached witness statements:		
8. Risk Assessment and Restrictive Physical Intervention Protocol reviewed: Yes/No Outcomes:		
9. Record of any injury or property damage:		
10. Has an Accident Investigation Report Form or Report of Violence and Aggression Form been completed and submitted to the Strategic Health and Safety Service:		
Print Name:	Signature	Job Title
Date:		

This form to be retained locally

**Staffordshire County
Council HSF57 Restrictive
Physical Intervention Protocol**

Workplace _____

Name		Date of Birth
Address		Gender
Provision		
Medical Conditions		

Assessment of Risk

History	
Physical size and strength	
Categories of people exposed	
How could exposure take place	
When and how often could exposure occur	
Possible consequences of exposure	
Benefits of not intervening	
Consequences of not intervening	
Views of service users/pupil, parents, family etc.	

Other information.	
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Agreed Intervention Strategy

Antecedents		
Warning Signs <ol style="list-style-type: none"> 1. Tension 2. Non Verbal 3. Verbal 		
Critical Moment		
Restrictive Physical Intervention Procedure		
By whom and how often with this protocol be reviewed.		
	Date of next review:	
Print Name:	Signed:	Date:
Print Name:	Signed:	Date:
Print Name:	Signed:	Date:
Print Name:	Signed:	Date:

Protocol to be retained on service users/pupils individual care plan/record.

PROACT-SCIPr-UK®

the Whole Approach Curriculum in Staffordshire

Positive Range of Options to Avoid Crisis & use Therapy
Strategies for Crisis Intervention and Prevention



Trained Status Certificate

Walton Hall Academy

is awarded PROACT-SCIPr-UK® Trained Status having met
the following criteria during the academic year 2024/2025

- Current policy on the use of physical intervention
- Evidence of positive behaviour support plans with physical support elements included only where appropriate
- Evidence of systematic recording of incidents requiring the use of restrictive physical intervention
- A PROACT-SCIPr-UK® instructor in your setting
- Annual refresher in the designated year for all staff including the headteacher /senior manager
- New staff trained in a timely manner on a 2-day introductory and foundation level workshop

Signed:

Dr Julia Rudolf

Dr Vanessa Willis

PROACT-SCIPr-UK® Principal Instructors

This certificate is valid for two years.

Policy Review Information

Date	Details of change or review	Ratification Date
22/09/2025	Reviewed and updated	

Walton Hall Academy
Stafford Road
Eccleshall
ST21 6JR

Shaw Education Trust Head Office
Kidsgrove Secondary School Gloucester
Road
Kidsgrove
ST7 4DL

Facebook
Call
Email
Visit

Walton Hall Academy
01785 850420
office@walton.set.org
waltonhallacademy.org.uk

Twitter
LinkedIn
Call
Email
Visit

@ShawEduTrust
@ShawEducationTrust
01782 948259
info@shaw-education.org.uk
shaw-education.org.uk



**Shaw
Education
Trust**



**Pupil &
people
centred**

**Act with
integrity**

**Be
innovative**

**Be best
in class**

**Be
accountable**