Restrictive interventions, including use of reasonable force Policy

Ratified: June 2026

Review due: Spring 2028

Mission Statement:

Unlock every child's potential as a unique child of God

Our aim is to ensure that every child's unique strengths are celebrated and strengthened alongside gaining an excellent academic, social, emotional and physical education.

1. Introduction

Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. Within our setting, our strategies and practice are encompassed within a framework of shared and consistent principles based on person-centred values within a commitment to a reduction in restrictive intervention.

We understand that behaviour is a form of communication and firmly believe that children who feel safe and happy are better equipped to learn. We understand that all behaviour happens for a reason and that difficult and/or harmful behaviour is not necessarily deliberate or planned. We understand that in situations of need, a child may simply behave in a way that has been successful in the past in protecting them and enabling them to survive that moment.

We know that the first step to understanding a particular behaviour of concern is to try to find out why the behaviour is happening. Our setting reflects the values of the Essex Approach to understanding behaviour and supporting emotional wellbeing (known as Trauma Perceptive Practice - TPP) and these values run through all our policies and practice.

The use of restrictive physical interventions must always be considered within the wider context of other measures. These include establishing and maintaining good relationships with children and using diversion, de-escalation and negotiation to respond to difficult situations. Use of physical force that is unwarranted, excessive or punitive is not acceptable. Failure to comply with this principle, when considering or using physical force, will be dealt with under school disciplinary procedures. The Trust considers the use of restrictive physical interventions as appropriate in the last resort to prevent a child injuring themselves or others or causing serious damage to property.

2. Statutory framework

Our school works in accordance with the following legislation and guidance (this is not an exhaustive list):

- Keeping Children Safe in Education (DfE 2025)
- Working Together to Safeguard Children (DfE 2026)
- Use of reasonable force and other restrictive interventions guidance (DfE 2026)
- Education and Inspections Act 2006, especially sections 93 and 93A
- Schools (Recording and Reporting of Seclusion and Restraint) (No. 2)
- (England) Regulations 2025
- Health and Safety at Work etc. Act 1974 and associated regulations
- Human Rights Act 1998
- Equality Act 2010

3. Restrictive intervention and reasonable force

We all have a legal obligation under our 'duty of care' to keep the children and young people we support safe. Once we have exhausted all other support options to prevent harm, we may have to apply a restrictive intervention. This would always be a 'positive act' and in the best interests of the child/young person or others.

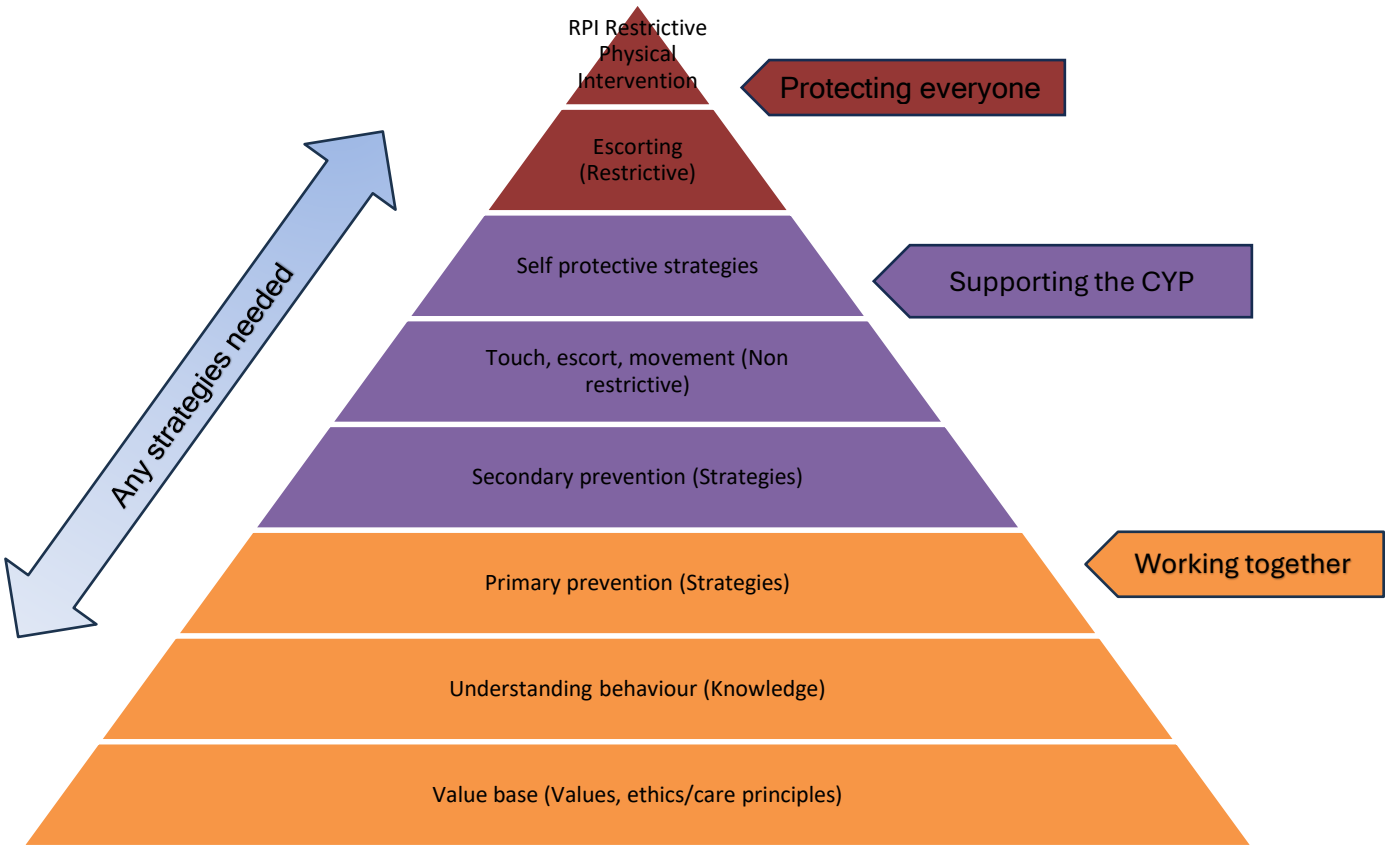
The DfE guidance, *The use of restrictive interventions, including reasonable force (DfE 2026)* states that all members of school staff have a legal power to use reasonable force in certain circumstances – this is to prevent or stop a pupil from:

- causing injury to themselves or others
- committing a criminal offence
- damaging property
- causing disorder among pupils at the school, whether during a teaching session or otherwise

At our settings we believe that the use of restrictive intervention, should be used within this framework:

- ✓ protecting people's fundamental human rights and promoting person-centred best interest and therapeutic approaches to support people when they are distressed
- ✓ improving the quality of life of those being restrained and those supporting them
- ✓ reducing reliance on restrictive practices by promoting positive culture and practice that focuses on prevention, co-regulation (within the training sometimes can be described as de-escalation) and reflective practice
- ✓ focussing on the safest and most dignified use of restrictive interventions where required, including physical restraint
- ✓ increasing understanding of the root causes of behaviour and recognising that many behaviours are the result of distress due to unmet needs
- ✓ ensuring a restraint reduction approach is adopted by all
- ✓ force will never be used as a punishment

4. Response to Incidents



Our approach, to supporting children and young people is shown in the diagram above. It clearly demonstrates that our practice is built on the firm foundations of a Human Rights value base and understanding behaviour.

Response Strategies

- ➢ Primary Prevention Strategies
  Primary Prevention Strategies form the greater part of our approach to harmful behaviour and include everything that is put in place that reduces the likelihood of the incident happening. Even at the most heightened states of arousal there are still non-restrictive strategies that may work.

- ➢ Secondary Strategies
  These are the plans for what to do if the primary strategies do not work and the child becomes more stressed.

- ➢ Tertiary Strategies (non-restrictive and restrictive)

These are designed to keep the child and those around them safe from harm. They provide a way to react quickly in a situation where the child is distressed and more likely to present harmful behaviour and may include physical intervention.

5. Training

The DfE sets out that staff who are likely to need to use reasonable force and/or other restrictive interventions should be adequately trained in its safe and lawful use and in preventative strategies. As a staff team, we have participated in extensive training to recognise and respond supportively to behaviours through co-regulation to guide children through stressful situations. In our setting, we use the TEAM TEACH 'train the trainer' training. This approach fully complements our values of TPP and is delivered to staff members so they can:

- Identify suitable techniques for different situations
- Identify and minimise potential risk factors
- Identify and minimise the potential impact of a physical intervention on a child/young person.

All teaching and support staff, as well as midday carers, where this is deemed necessary, will be trained in the Team-Teach program. This will happen at the earliest date available after employment. We will ensure that all staff working with pupils who may require physical intervention will receiving this training and we will keep it updated as prescribed by the trainers during their employment at Trust.

In specific cases, where an individual student may require more specialist support in managing their behaviour, further training will be sought through accredited Team-Teach trainers.

The Trust will ensure a member of the Executive Leadership Team is a trained TeamTeach trainer.

6. Support Planning and risk assessments

We will always consider the needs of the individual child and their specific needs. At our setting we use personalised distress management and adult response planning (developed from the Essex TPP approach). This is designed to keep everyone safe by enabling our staff to think about, plan for and be confident in safely supporting children and young people.

This support is discussed and agreed through our One Planning process and we always involve the child/young person and their parent/carer in this process.

- **Step 1**: Identify the stressors being experienced by the child/young person. There are five domains of stress, which are explained later in this document.
- **Step 2**: Complete the 'Warning Signs of Stress', providing personalised detail of what this looks like and means for the child/young person.
- **Step 3**: Complete the 'Stress Mapping' and 'Level of Harm'.
- **Step 4**: If the pupil is assessed to 'always' or 'often' experience stress or the harm is assessed to be of concern, develop both the personalised 'Adult Response Plan' and 'Child's Self-regulation Plan' for the child/young person as part of the One Planning process.
- **Step 5**: Regularly review and update the information in this tool through One Planning.

Support Plans and risk assessments will include:

- ✓ the views of the child or young person in how they want to be supported
- ✓ consideration as to how the child or young person's dignity may be compromised and how might staff manage that
- ✓ communicating behaviours that present as conflict, aggression and anxiety
- ✓ primary and secondary prevention strategies used to co-regulate and defuse potential incidents
- ✓ any personal, sensory or environmental needs for the child/young person
- ✓ a recovery plan/restorative approach

7. Reporting and recording

At our setting we record incidents where:

- It has been necessary for a staff member to use force on a child
- It has been necessary for a staff member to use seclusion
- It has been necessary for a staff member to use a non-force related restraint (with or without direct physical contact)

Any such incidents will be recorded as soon as practicable after the event by the staff member(s) involved and we endeavour to do this no later than the same day. We will record the details of the incident on the form below [Appendix B] which will be uploaded to CPOMs.

The parent/carer will be contacted as soon as possible on the same day of the incident and a letter outlining the details of the incident will follow [see Appendix C].

Where appropriate, we also invite parents / carers to have a follow-up discussion about the incident and to review the risk assessment and support plan. This discussion will consider:

• any behavioural triggers or warning signs of an impending incident
• whether agreed support plans were followed
• what de-escalation strategies were used and how effective they were
• what might be done differently in the future

Following this, the 'guide to support reporting to MySafety' [Appendix D] will be used to assess if the incident needs to be reported to the Essex educational safeguarding board and reported accordingly.

8. Post Incident Support

We will ensure that the pupil and the member of staff have immediate access to first aid for any signs of injury. This must be recorded.

We will give the pupil time to become calm while staff continue to supervise him/her. We will take all necessary steps to re-establish the relationship between the pupil and the member(s) of staff involved in the incident at an appropriate time for the individual pupil.

We will give the pupil opportunities to reflect on the incident; to share their views and consider alternative actions they could have taken, as appropriate to their cognitive and emotional level.

All members of staff involved will be allowed a period to debrief and recover from the incident wherever necessary. This may involve access to external support. A senior member of our staff (or his/her nominee) will provide support to the member of staff involved where requested.

The class teacher will be informed at the earliest possible opportunity of any incidents where physical intervention or restraint has been used. The individual member of staff involved will initiate the recording process supported by the class teacher (see Reporting and Recording above) and we will review each incident to ensure that any necessary lessons are learned.

9. Oversight and governance

The use of physical intervention in our school will be monitored in order to help our staff learn from experience, promote the well-being of pupils in our care and provide a basis for appropriate support and school organisation. Monitoring will help us to determine what specialist help is needed for pupils. Information on trends and emerging problems will be shared within our school using local procedures. Monitoring information will be reported on a regular basis to school governors by the Heads. Physical Intervention Records will be available for monitoring by the Trust and Ofsted from CPOMS.

Our Trust Board has oversight of our procedures, reporting and recording for use of force and seclusion in our settings. Local Boards (school boards) receive regular reports on the number of incidents and use it to identify and implement improvements to policies and practices. They will:

- identify areas of learning and development for school staff
- understand repeat patterns and triggers to interrogate the effectiveness of pupil support measures
- identify any disproportionate use of restrictive interventions in relation to pupils who share protected characteristics, have SEN, or other types of vulnerability.

This will be monitored by the Trust Board and adaptations made to our procedures, reporting and recording for use of force and seclusion in our settings as required.

Appendix A: Terminology

Restrictive 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 both physical and non-physical actions aimed to restrain pupils in different ways.

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.

The various restrictive interventions above have been defined for completeness and should not be construed as an endorsement or otherwise for their use in schools. Some will not be relevant to most schools.

Appendix B: statutory record of an incident of the use of force, seclusion and non-force related restraint

CYP name:	DoB:	Year group:

Member(s) of staff involved:	
Date of incident:	
Start time of incident:	
End time of incident:	
Location of incident:	

Name(s) of additional staff witness(es):	Name(s) of additional CYP witness(es):

Stressors leading up to the incident:

Co-regulation prior to the decision to use of restrictive intervention:			
Verbal advice and support		Swapping of staff	
Calm talking and Reassurance		Distraction/diversion	
Personalised co-regulation script		Offering choices and options	
Humour		Offering safe space	
Other (specify)			

Reason for the restrictive intervention:	To prevent or stop a pupil from causing injury to themselves or others	
	To prevent or stop a pupil from committing a criminal offence	
	To prevent or stop a pupil from damaging property	
	To prevent or stop a pupil from causing disorder among pupils at the school, whether during a teaching session or otherwise	

Detail of the incident:
(brief account of the incident, including what led up to it, identified or potential triggers / stressors if known, any preventative or de-escalation strategies used, and (where relevant) what type of reasonable force was applied, the degree of force, and details of any physical injuries sustained)

Detail of intervention:			
Time started	Technique	Duration	Staff name

Any physical mark or harm caused by the use of the intervention to the CYP:	Yes/No	Details	
Any immediate response to harm caused to the CYP:			

Signed off by staff involved:		
Staff name	Staff signature	Date

Action following the incident:			
	Name	**Date / time**	**Detail**
Incident reported to senior staff by:			
Verbal communication to parents / carer by:			
Written communication to parents / carer by:			
CYP wellbeing and medical check by:			
Staff wellbeing check by:			
Restorative conversation with CYP by:			
Medical / First Aid / record of injury completed by:			
Review of incident to identify learning by:			
CYP's personalised plan updated by:			
Incident recorded on system for data analysis purposes:			

SLT monitoring and quality assurance:		
	Yes / No	Detail:
Staff wellbeing checks undertaken:		
Witness accounts obtained and verified:		
The intervention was acceptable *(and in accordance with statutory guidance):*		
Any learning identified:		

Report to LADO (if required):		
Any safeguarding or other response required:		
SLT member name:		**SLT member signature:**
Date:		

Appendix C - template letter to inform parents of an incident

Dear *(parent / carer)*

Further to our earlier telephone conversation, I am writing to confirm our discussion about the incident today. As discussed, it was deemed necessary to use a restrictive intervention *[ensure this reflects the incident]* with *[CYP name]*. You will be aware that such an intervention is used in our setting only as a last resort, where other interventions and de-escalation techniques have not been sufficient. As already shared with you, it was felt by staff involved that it was a necessary, proportionate and appropriate response at the time in order to keep your child and everyone else safe.

In line with our policy and procedures, I am sharing the detail of the incident with you:

Time, date, location and approximate duration of the intervention:	
Why the intervention was assessed as necessary:	
What type of force was applied, and the degree of force:	
Any physical injuries sustained *[delete if not applicable]*	

It is important that we continue to work together, going forward. I would like to invite you to a meeting to *write / review* a risk assessment and support plan for *[CYP name]* and we can discuss the matter in more detail then.

Yours sincerely

Appendix D – guide to support reporting to MySafety

Level 1 When there was no need for first aid or medical attention, or when there is no long-term anxiety or stress as a result of the incident for a member of staff.	**Level 2** When there was a need for first aid or medical attention, or if the staff member experiences long term anxiety or stress as a result. When there was a need for non-restrictive physical intervention.	**Level 3** When it was deemed necessary to use restrictive intervention to co-regulate to prevent a CYP injuring themselves or others, committing a criminal offence, damaging property or causing disorder	**Level 4** When it was deemed necessary to use restrictive intervention to co-regulate to prevent a CYP injuring themselves or others, committing a criminal offence, damaging property or causing disorder
Behaviours likely to be responsive to the ordinarily available support and interventions set out within the setting behaviour policy. They will be also be monitored and reviewed through personalised 'One Planning' when appropriate. Examples: • Eating or mouthing non-edible items, such as stones, dirt, pen lids, bedding, metal, faeces • Smearing of faeces • Rocking, repetitive speech and repetitive actions or manipulation of objects • Absconding • removing of clothing items • Self-injury/harming, including head banging, scratching, hitting, kicking, biting and poking • Language-based personal abuse or sexual comments • Racist, sexist, or homophobic behaviour or comments	Behaviours with duration, frequency, intensity or persistence which are beyond the typical range for the setting. Such behaviours are less likely to be responsive to the ordinarily available support and interventions identified within the setting behaviour policy. Examples: • compromise the CYP's own and / or other CYP's learning • disrupt the day-to-day functioning of the setting, making it a less safe and routine environment. • Language-based persistent personal abuse or persistent sexual comments • Persistent racist, sexist, or homophobic behaviour or comments	Behaviours which compromised the safety and wellbeing of the CYP or others: Examples: • causing harm towards adults or other CYP (including pushing, punching, kicking, biting, scratching, spitting, head-butting) • causing damage to the learning environment, including to property • striking another adult / CYP with an object	Behaviours which caused harm or injury to the CYP or others: Examples: • a one-off serious incident involving behaviour not previously observed in the CYP • causing harm towards adults or other CYP (including pushing, punching, kicking, biting, scratching, spitting, head-butting) • causing damage to the learning environment, including to property • striking another adult / CYP with an object
Expected Reporting and Recording			
Systematic reporting and recording at the setting/setting level in accordance with policy.	Systematic reporting and recording at the setting level in accordance with policy. In all cases of RIDDOR and when Head deems appropriate, these incidents may also be reported to ECC via MySafety.	Systematic reporting and recording at the setting level in accordance with policy. These incidents must be reported to ECC via MySafety.	Systematic reporting and recording at the setting level in accordance with policy. These incidents must be reported to ECC via MySafety.