

## Restrictive interventions including use of reasonable force

### 1 Introduction

- 1.1 There are times when the use of restrictive interventions, including reasonable force and seclusion, is lawful and necessary to keep people safe. However, we understand that the use of restrictive interventions can have a significant impact on pupils, staff and parents/carers. In The Keys Academy Trust (TKAT), they are only ever considered as a **last resort**, once all other prevention and de-escalation strategies have been exhausted. This appendix should be read alongside the school's Behaviour Policy and Safeguarding Policy and reflects the statutory guidance issued by the Department for Education (DfE) in April 2026.
- 1.2 TKAT strives to provide a safe learning environment for all pupils. All members of staff (and anyone to whom the Headteacher/Head of School has given the responsibility to be in charge or in control of the pupils) are lawfully permitted to use reasonable force to prevent pupils committing an offence, injuring themselves or others, or damaging property, and to maintain good order and discipline.
- 1.3 This power extends to times when staff are lawfully in charge of pupils but are off the school premises, e.g. on a school trip. There is no definition of when it is reasonable to use force, and every situation will have to be judged by the person in charge at that time.

### 2 Legal Framework

This appendix is informed by:

- Education and Inspections Act 2006 (Sections 93 & 93A)
- Education Act 1996 (Sections 550ZA & 550ZB)
- Equality Act 2010
- Human Rights Act 1998
- Health and Safety at Work etc. Act 1974
- Keeping Children Safe in Education
- Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025
- DfE Guidance: *Restrictive interventions, including use of reasonable force, in schools (April 2026)*

### 3 Definitions

- **Restrictive interventions** are used to prevent, restrict or subdue movement of the body or part of the body. This policy uses 'restrictive interventions' as the umbrella term to describe both physical and non-physical actions aimed to restrain pupils in different ways.
  - Supervised seclusion of a pupil in an area away from others, where the pupil is prevented from leaving for their own safety and/or the safety of others
  - Passive physical contact, such as a staff member blocking a pupil's path if they're running towards danger (like a busy road), or staff standing between pupils to prevent a fight

Examples of restrictive interventions could include but not limited to:

### **Low-Level / Preventative Physical Interventions**

- **Guiding a pupil by the hand or arm** to a safer space
- **Shepherding or escorting** a pupil away from a situation (e.g. using an open hand on the back or shoulder)
- **Blocking a pupil's path** to prevent them from leaving a safe area or entering danger
- **Standing between pupils** to prevent escalation or conflict

### **Supportive / Protective Interventions**

- **Holding a pupil's hand or arm to prevent harm** (e.g. running into a road)
- **Removing objects from a pupil's grasp** that could cause injury
- **Comforting physical contact** (e.g. side hug) where appropriate and consented to
- **Supporting a pupil to sit down safely** if they are dysregulated

### **Restrictive Physical Interventions (Last Resort)**

*(Only used when there is an immediate risk of harm to the child or others, and by trained staff)*

- **Single-person hold to prevent hitting, kicking, or biting**
- **Two-person supportive hold** to safely restrict movement
- **Seated holds** to reduce risk of injury during extreme distress
  
- **Reasonable force** refers to the broad range of actions used by staff that involve a degree of physical contact to restrain children, using no more force than is needed for the least amount of time, the application of which will depend on the circumstances.

Examples of the use of reasonable force could include:

- A staff member guiding a pupil to safety by the arm
- Staff breaking up a fight between pupils
- A staff member restraining a pupil to prevent injury to the pupil, or others
- Damaging property
- Hurting themselves or others
- Committing a criminal offense
  
- **Restraint** is a form of non-disciplinary intervention which immobilises a pupil or limits their movement. This may or may not include direct physical contact.

Examples could include:

- A staff member holding a pupil's arms to their sides when the pupil is attempting to harm themselves or others
  
- **Seclusion** is a non-disciplinary intervention that keeps a pupil confined to a place away from others and prevents them from leaving, for the safety of that pupil and/or others. This could

be through physical obstruction or by making the pupil believe that they will be punished if they leave. For example, putting a pupil into a 'holding' room until they calm down is a form of seclusion.

- **A significant incident** is any incident where the use of force goes beyond appropriate physical contact between a member of staff and a pupil. This includes when physical force is used to implement a non-physical restrictive intervention.

It is illegal to use force on a pupil for the purpose of punishment. TKAT staff will never use force as a sanction, threat or deterrent. Our staff understand that any form of force or restraint carries a risk of physical and psychological harm, so we always avoid using these measures where possible.

Prohibited Practices include:

- Restricting breathing or airway
- Covering the mouth or nose
- Pressure on neck, chest or abdomen
- Prolonged ground restraint
- Use of force as punishment

If a pupil is brought to the ground unintentionally, staff must reposition them immediately into a safer position.

The following restraint techniques have been identified as presenting an unacceptable risk when used on children and **must not** be used. These techniques also pose risks including positional asphyxia, which is strictly prohibited:

- the 'seated double embrace' which involves two members of staff forcing a person into a sitting position and leaning them forward, while a third monitors breathing;
- the 'double basket-hold' which involves holding a person's arms across their chest; and
- the 'nose distraction technique' which involves a sharp upward jab under the nose.

## 4 Use of Restrictive Interventions

4.1 Whenever any restrictive intervention is used, including reasonable force, staff will consider the following:

- Necessity – taking into account whether there is a less restrictive way to achieve the same thing, the risks involved, whether it may escalate and communicating, where possible, with other staff
- Proportionality – using the least amount of force for the shortest time, potential alternative strategies and the personal circumstances of the pupil including any relevant protected characteristics under the Equality Act 2010.
- The pupil's welfare – including that pupil's context and circumstances, overall welfare, the importance of their dignity, the need to communicate with them about the decisions being taken, any EAL, and how the pupil is feeling.

4.2 Use of reasonable force and restrictive interventions will generally be rare and may need to be determined by staff in the moment in many cases.

4.3 Consideration will also always be given to the rights of the pupil concerned, including under the Equality Act 2010 and the Human Rights Act 1998. TKAT recognises that some pupils with SEND may react to distressing or confusing situations by displaying behaviours which may be harmful to themselves and others. Triggers may include pain, sensory overload, unfamiliar situations or environments, or feelings of fear and anxiety. Pupils who are non-verbal or find verbal communication challenging may express their needs, discomfort or confusion through actions. The school will seek to understand the underlying triggers of challenging behaviour to provide proactive support, create an inclusive environment, and utilise staff who know individual pupils well to help identify and manage risk, such as trigger points when challenging behaviour is more likely to occur. Parents should consult the school's SEND policy that sets out the provision for SEND pupils and the school's approach generally, but in the context of restrictive interventions this might include:

- Pupil behaviour plan and/or pastoral support plan and/or individual provision maps.
- Risk assessments.
- Specific adjustments for that pupil that are known to reduce the need for restrictive interventions.
- Distracting techniques.

4.4 All TKAT schools will minimise the need to use restrictive interventions through prevention and de-escalation measures, employing specific whole-school measures as well as tailored approaches for individual pupils. Staff must always consider:

- The pupils' age, size and needs
- SEND, medical or vulnerability factors
- Risks to all involved
- Whether intervention may escalate the situation

## 5 **When Reasonable Force may be used**

Staff may use reasonable force to prevent a pupil from:

- Causing injury to themselves or others
- Committing a criminal offence
- Damaging property
- Causing serious disruption

## 6 **Other Physical Contact**

6.1 There are circumstances when it is appropriate for staff to have physical contact with pupils which does not constitute the use of reasonable force or other restrictive interventions. Examples include:

- Giving first aid.
- Guiding or escorting pupils, such as holding the hand of a pupil when walking around the school or on a school trip.
- Comforting a distressed pupil.
- Congratulating or praising a pupil, for example a pat on the back or a handshake.
- Demonstrating how to use a musical instrument.
- Demonstrating exercises or techniques during PE lessons or sports coaching.

When deciding whether contact is appropriate, staff must consider:

- Safeguarding policies
- Presence of other adults
- Pupil age and vulnerability
- SEND or medical needs
- Availability of non-contact alternatives

The school will **not operate a 'no contact' policy**, nor will it agree to requests not to use reasonable force, as this would conflict with duty of care.

## 7 **Seclusion**

Seclusion is a non-disciplinary intervention that keeps a pupil confined to a place away from others and prevents them from leaving, **for the safety of that pupil and/or others**. This could be through physical obstruction or by making the pupil believe that they will be punished if they leave. For example, putting a pupil into a 'holding' room until they calm down is a form of seclusion.

We only use seclusion as a safety measure when a pupil is experiencing high levels of emotional or behavioural dysregulation. Seclusion is not used as a threat or punishment. Seclusion is not a disciplinary response to deliberate or wilful misbehaviour. Please see our behaviour policy for information on our response to not adhering to our behaviour expectations.

During seclusion:

- The pupil will be secluded in a safe place that does not feel threatening or intimidating to them for example, within a wellbeing room or breakout area
- The pupil will be supervised at all times, by at least 1 member of staff
- As soon as the immediate risk of harm has reduced, the pupil will be allowed to leave.

## 8 **Prevention and De-escalation**

Children or young people who are constantly in conflict with themselves or others are less able to access learning and develop their potential. Children and young people with difficult or challenging behaviour should be helped to manage themselves in ways that enables them to learn and develop. In order to do this a stepped approach to the prevention of confrontative and challenging behaviour will be adopted including:

- Ensuring the best possible match between the child or young person's needs and the staff's ability to meet those needs.
- Developing an ethos in which there is the expectation that children and young people will be well behaved. It is believed that children and young people develop and learn self-control better through reward and positive responses to acceptable behaviour rather than disapproval and

imposition of sanctions when they behave badly. A major factor in creating an environment, which is generally well ordered, is the quality of the relationships between staff and children/young people. Staff and carers will work to develop relationships with children and young people based on mutual trust and respect and will use these to communicate expectations regarding acceptable behaviour.

- It is recognised that staff and carers need to feel safe in order to carry out their duties and the school will ensure that they receive the necessary training and support to enable them to do so. It is not acceptable for staff or carers to become the victims of verbal or physical abuse from children/young people and their parents, and all options will be explored to prevent this from happening.
- Adopting a non-confrontative, pragmatic and problem-solving approach to signs of mounting anger in children and young people. When children/young people begin to lose control staff and carers will explain clearly what is expected and will tell and show the child or young person how to behave in an acceptable manner. In these circumstances staff and carers will demonstrate to children and young people unconditional positive regard (while clearly identifying their behaviour as unacceptable) and keep in mind throughout that the purpose of intervention is to enable the child or young person to learn self-control.
- Intervening early when there are signs of increased aggression and employing techniques of diffusion and de-escalation to calm and distract young people to enable them to regain self-control. This includes for additional adult support to be summoned prior to any physical intervention to provide witnesses/support. The best prevention is based on a full and proper understanding of a child or young person's needs. The better the child or young person's needs are understood and met, then the less the likelihood of confrontation. Where children and young people are known to have challenging behaviours then a proper risk assessment followed by shared planning is the basis for appropriate management.
- Involving both professionals and parents/carers in developing a behaviour management strategy within the child's care plan / pastoral support plan and /or behaviour management plan for those who have enduring self-management difficulties. The strategy will include agreement on reasonable expectations in relation to the child or young person's behaviour and on the strategies to be adopted to manage future difficulties. They will also indicate what rewards are available for improved behaviour and what sanctions will be imposed for further incidents of unacceptable behaviour.
- Resorting to the use of physical interventions, including restraint, as a last resort. The use of restraint is an act of care intended to provide external control to a child or young person who has temporarily lost self-control. It is important to take the use of restraint extremely seriously and to ensure that an opportunity is offered to the child/young person to reflect on their experiences, and that staff involved will be debriefed after a restraint in order to promote learning and to reduce the likelihood of future incidents.

There is a stepped approach to prevention which begins with developing an ethos in which good behaviour is a reasonable expectation, proceeds through to a number of stages of intervention to deal with signs of mounting anger and aggression and culminates in the use of force (restraint) only as a last resort.

## **9 Risk Assessment**

In any school there will be a small minority of children whose behaviour in some circumstances may need to be managed by the use of planned physical intervention.

Where this behaviour has the potential to cause harm, injury or serious damage, early identification and appropriate intervention through a planned risk assessment is necessary in order to minimise potential difficulties and ensure the safety of all involved.

The risk assessment should not only focus on the potential for aggressive / challenging behaviour but for those children and young people who are deemed to be vulnerable through emotional and traumatic experiences. The risk assessment should result in an appropriate plan which identifies the steps and support necessary to be put into place.

See Risk Assessment proforma (**Form A**)

## 10 **SEND**

10.1 All TKAT schools have a legal duty to make reasonable adjustments for disabled children and children with Special Educational Needs (SEND). The school SENDCO will ensure the co-ordination of specific provision made to support individual pupils with SEND, including those who have EHC plans and provide professional guidance to colleagues to ensure that pupils with SEND receive appropriate support

10.2 TKAT schools will ensure that staff training is available to meet identified needs. All staff expected to use physical intervention must receive accredited training (e.g., Team Teach) including de-escalation techniques, with regular refreshers. Schools must take responsibility to ensure that appropriate staff attend training and a register is maintained including dates of training and expiry dates to ensure compliance with refresher updates.

TKAT schools recognises that pupils with SEND may be more vulnerable to restrictive interventions.

Where appropriate, the school will:

- Work with pupils, parents and professionals to co-produce plans
- Identify triggers and early warning signs
- Provide reasonable adjustments
- Support communication needs

Plans will be reviewed regularly and after any significant incident.

## 11 **Staff Training**

Staff likely to use restrictive interventions will:

- Receive accredited training (e.g. Team Teach)
- Be trained in de-escalation strategies
- Receive refresher training

A central training register will be maintained.

## 12 Recording and Reporting

12.1 All TKAT Schools will keep a separate, detailed, written record of every incident of restraint (see Form B).

The designated senior member of staff will read every report and will address any issues which arise. Other interventions involving the use of physical interventions will also be recorded.

Schools are required to keep written records of restraint for 75 years after the date of birth of the child. To ensure that records are kept a Bound and Numbered book should be used to record all incidents of restraint ([TeamTeach Portal \(coreprint.net\)](https://www.teamteach.com/coreprint.net)). This can be used in conjunction with Form B which schools will use to keep their electronic records up to date (CPOMS). These books should be kept in a safe and secure location. All records will be regularly reviewed by the designated senior member of staff to monitor the use of physical interventions generally and identify any issues or trends (whether particular children/young people or staff/carers are more frequently involved in incidents or whether particular situations trigger incidents, etc.) and consider whether any action is necessary.

12.2 Parents/carers should be informed 'as soon as is practicable' when significant force has been used on their child. While parental consent is not required to use reasonable force, timely communication following incidents is essential. Parents should be told:

- When and where the incident took place
- Names of those involved
- Description of incident and triggers
- De-escalation strategies attempted to try to avoid having to use force
- Type and level of intervention used
- Reason for the intervention
- Injuries sustained
- Witness accounts
- Post-incident support and actions

12.3 Every significant incident in which reasonable force is used will be recorded by staff members, as required by s.93A of the Education and Inspections Act 2006. This requirement only applies where it is a significant incident, so will not include cases where physical contact is made for other reasons, such as giving first aid. This recording will take place as soon as practicable after the event and should be done by the member of staff the same day as the incident. This following information must be recorded in the Team Teach Bound Book and CPOMS.

- Names of pupils and staff directly involved.
- Any relevant needs or circumstances of the pupil, including whether the pupil involved has an identified special educational need or disability and their SEN status code.
- Time, date, location and approximate duration of the intervention.

- A brief account of the incident, including what led up to the incident, identified or potential triggers 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.
- A brief account of why the use of force was assessed as necessary in that instance.
- Any post-incident support, such as details of any medical treatment for injuries or other adverse impacts.
- The pupil's account of what happened, as well as any witness accounts.

12.4 A report will also be made to parents where there is a significant use of force, apart from where:

- It appears to the staff member that doing so would be likely to result in serious harm to the pupil. In this instance, the staff member will report the incident to any parent(s) who it can be reported to without resulting in significant harm or, if there are none, to the local authority within whose area the pupil is ordinarily resident.

12.5 Every incident which results in seclusion or restraint, which may not include reasonable force, must be recorded on the school's safeguarding system. Incidents must be recorded as soon as possible and no later than the same day, in writing. The information recorded must include:

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

12.6 Apart from in the circumstances as set out in 12.4 a report must be made to parents where a pupil is subject to seclusion, restraint or immobilisation, even if that is included within a pupil's behaviour plan and/or pastoral support plan and/or individual provision maps. Staff will endeavour to do this the same day, but this may also involve a subsequent follow up discussion with parents to include any de-escalation strategies and what can be done differently in future.

12.7 Where an incident resulted in both a significant use of force as well as seclusion/restraint, only the procedure set out at 12.2 will be used, with parents not needing to be informed twice.

- 12.8 TKAT schools will evaluate all incidents involving the use of restrictive interventions as soon as practicable after the event to understand why it was used, the impact on pupils and staff, any patterns and trends, and how the use of restrictive interventions might be avoided in future.
- 12.9 Where appropriate, the pupil and staff member involved will receive a medical assessment and treatment for any injuries as soon as possible. Any injuries will be recorded in accordance with the school's procedures and reported as appropriate to the Health and Safety Executive.
- 12.10 Staff who are likely to need to use reasonable force and/or other restrictive interventions will be adequately trained in its safe and lawful use and in preventative strategies. TKAT schools will carry out risk assessments to ensure that staff who regularly work alongside pupils where the use of reasonable force and/or other restrictive interventions may be required can do so as safely as possible, in accordance with the school's duties under the Health and Safety at Work etc. Act 1974.
- 12.11 TKAT will ensure that the data around the use of force and restrictive interventions is considered by school leaders to ensure there is not a disproportionate use of force in the school, to identify learning and patterns. and to make improvements to policies and practices.

### **13 Partnership**

Experience shows that the best outcomes for children and young people who have enduring problems with challenging behaviours are achieved through staff, parents/carers and other professionals working in partnership. Partnership will be best promoted through the following means:

- Involving parents/carers by keeping them informed of concerns about their children/young person's difficult/challenging behaviour.
- Planning, agreeing and regularly reviewing with parents/carers strategies (including any sanctions) to deter inappropriate behaviour and encourage the development of more appropriate behaviour.
- Working with parents/carers and other professionals (for e.g. Education Welfare Officers, Clinical or Educational Psychologist, Social Workers, Health Professionals, Voluntary Carers, Outreach Workers etc.) may be involved with the child or young person to develop a fuller understanding of their needs and for these to be reflected in their care plan and/or personal support plan.
- Working collaboratively with the council to promote staff and carers' safety and ensure best outcomes for children and young people.

### **14 Complaints**

When children or young people are seriously out of control physical intervention may be unavoidable and may result inadvertently in the child being harmed/injured. In these circumstances it is the behaviour of the child or young person which determines the degree of force required to bring them under control which may lead to injury, rather than the intention of the member of staff or carer to cause harm.

If a child or young person is harmed in the course of a physical intervention and he/she or his or her parents wish to make a complaint then this will be taken seriously and investigated thoroughly in line with the Child Protection (Allegations Against Staff) Procedures.

Under no circumstances whatsoever should a parent take direct physical action against a member of staff or carer. If this should happen, staff within schools or establishments would be supported in the action they may wish to take in terms of legal redress in respect of the parent.

In this difficult area it is important to balance up the primary consideration, which is the safety and welfare of children and young people, with the principles of natural justice in relation to the member of staff or carer concerned. As a general rule, genuine attempts to use approved methods of physical intervention in appropriate circumstances would not attract a disciplinary response (even if the child or young person is harmed) – though such circumstances may indicate a training need.

**FORM A: RISK ASSESSMENT PROFORMA FOR ASSESSING AND MANAGING FORESEEABLE RISKS FOR CHILDREN WHO PRESENT CHALLENGING BEHAVIOURS**

Name of child: .....

Class group: .....

Name of teacher:.....

<b>IDENTIFICATION OF RISK</b>	
Describe the foreseeable risk.	
Is the risk potential or actual?	
List who is (or could be) affected by the risk.	

<b>ASSESSMENT OF RISK</b>	
In which situation does the risk usually occur?	
How likely it is that the risk will arise?	
If the risk arises who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to occur?	
How serious are the adverse outcomes?	

Assessment completed by: .....

Signature:..... Date:.....

<b>RISK REDUCTION OPTIONS</b>			
<b>Measures</b>	<b>Possible options</b>	<b>Benefits</b>	<b>Drawbacks</b>

Proactive interventions to prevent risk			
Early interventions to manage risk			
Reactive interventions to respond to adverse outcomes			

<b>AGREED BEHAVIOUR MANAGEMENT PLAN &amp; SCHOOL RISK MANAGEMENT STRATEGY</b>		
<b>Focus of measures</b>	<b>Measures to be employed</b>	<b>Level of risk</b>
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

Agreed by: .....

Relationship to child: .....

Date: .....

<b>COMMUNICATION OF BEHAVIOUR MANAGEMENT PLAN AND SCHOOL RISK MANAGEMENT STRATEGY</b>		
<b>Plans and strategies shared with:</b>	<b>Communication method</b>	<b>Date actioned</b>

<b>STAFF TRAINING ISSUES</b>		
<b>Identified training needs</b>	<b>Training provided to meet needs</b>	<b>Date training completed</b>



**FORM B Record of Restraint**

Pupil's name:

Year Group:

Date/time/location of incident:

Reason for the use of restraint (evidence of harm, damage, disruption):

Details of events leading to restraint:

De-escalation techniques used prior to restraint (tick as appropriate):

Verbal advice/support

Reassurance

Calming

Re-direction

Distracting

Humour

Negotiation

Options offered

Increase personal space

Instructions

Use of body language

Warnings

Other (specify):

Details of restraint (**who was involved, what techniques were used**):

Duration of any measure of restraint:

.....

.....

.....

.....

Witnesses to the incident

:

Staff:

Pupils:

Other:

Details of any damage or injuries to pupil concerned/other pupils/staff/others:

Was medical treatment necessary? Y/N

Details:

Was an Accident Report and/or Incident Report required? Y/N

Was this intervention part of an agreed Behaviour Management Plan (BMP)? Y/N

Does the existing BMP need amendment? Y/N

Is a BMP now required for this pupil? Y/N

Action taken following the incident

**(including pupil's response and whether a debriefing interview with the staff member using the restraint has occurred):**

NOTIFICATION

Identify all who have been informed and when:

	Y/N	Date/Time
Headteacher/designated person		
Parents/Carers		
Other professionals (specify)		
Police		

Comments of child/young person: (ideally within 24 hours and no longer than 5 days following the restraint)

Signature of Report Compiler

Date

Signature of others involved

Date

Signature of child/young person

Date

Headteacher/Designated Person's comments:

Was the person using the restraint authorised? YES/NO

Was the person using the restraint trained? YES/NO

Date

Signature