University of Chichester Academy Trust

Restrictive Interventions Policy (including the use of reasonable force) 2026-2028

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Change History	
Date	Description
02/02/2026	Original version 1 – named Physical Intervention Policy
01/04/2026	Rewritten policy to align with the new DfE statutory guidance: Restrictive interventions, including use of reasonable force, in schools, April 2026) Changes are: - Renamed in line with new definitions and guidance - Restructured to increase alignment with guidance - New recording and reporting added to comply with new statutory requirements - References to guidance and the legal bases updated - Staff guidance moved into appendix - Forms for recording moved into separate ops manual - edited for brevity - Definitions updated and aligned to new statutory guidance

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1 Introduction

'Physical intervention and violence should never be normalised as part of the job and staff should feel reassured that their safety matters. Training in de-escalation, early recognition of signs of distress and safe intervention strategies equip staff to respond calmly and effectively. Alongside training, staff need systems that treat every incident seriously, prioritise safety, provide opportunities for debriefing and offer emotional support'

(Occupational Violence and Aggression in Schools, Team Teach, September 2025).

Restrictive interventions, including reasonable force and seclusion, can have a significant impact on pupils, staff, parents and the wider classroom. There are, however, circumstances in which their use will be lawful and necessary to safeguard individuals or the school community.

Staff across the University of Chichester Academy Trust recognise that restrictive interventions, particularly interventions involving reasonable force, are the last in a range of strategies to secure pupil safety and wellbeing and to maintain good order and discipline. This policy should therefore be read alongside schools' Safeguarding and Child Protection and Behaviour policies.

This policy reaffirms our commitment to the Team Teach approach to reducing the need for restrictive intervention and reflects the statutory duties set out in the Department for Education's *Restrictive interventions, including use of reasonable force*, in schools (April 2026). These duties strengthen, rather than replace, our relational and values driven approach.

This policy should be read in conjunction with the following Trust policies:

- Staff code of conduct
- Exclusions Policy
- Complaints Policy
- Intimate Care Policy

As well as the following academy policies;

- Behaviour policy
- SEN policy and information report
- Safeguarding and Child Protection policy
- Supporting Children with Medical Conditions

2 Aims of policy

- To protect every person in the school community from harm.
- To protect all pupils against any form of restrictive intervention that is unnecessary, inappropriate, excessive or harmful.
- To provide adequate information for staff so that they are clear about what constitutes restrictive intervention, reasonable force and safe touch.

- To ensure that any incidents of restrictive intervention are accurately recorded and reported using clear terminology and in line with the statutory duties introduced in April 2026.
- To embed the principles and approaches of Team Teach and the DfE guidance regarding prevention, de-escalation, proactive support and specific considerations for pupils with SEND.

3 Underpinning principles

Values-Driven Approach

- Person-centred, holistic and ethical i.e. decisions are always guided by the best interests of the child or young person being supported.
- This principle underpins all behaviour policies and individual support plans.

Behaviour as Communication:

- All behaviour has meaning and reflects internal states such as emotions, experiences and thoughts.
- Professionals are responsible for understanding the function behind behaviours.
- Support strategies must be tailored to address the underlying causes.

Personalised Support:

- Strong, trusting relationships are central to effective behaviour support.
- Support plans should reflect the unique needs of each individual and be regularly reviewed.
- Connection and mutual respect are especially important during moments of crisis or dysregulation.
- For a small number of children planned 'safe holding' is an appropriate response to their distressed behaviour.

De-escalation and Risk Reduction:

- Emphasis on early, proactive strategies to prevent escalation.
- Restrictive practices are a last resort—they must be:
  - ✓ Reasonable: justified by the situation.
  - ✓ Proportionate: not excessive.
  - ✓ Necessary: no other viable option.
  - ✓ Used with minimal force and for the shortest time possible.

The safety and dignity of all involved are always prioritised.

4 The Legal Framework

The principal legislation to which this policy relates are:

- the Education and Inspections Act 2006, especially sections 93 and 93A

- the Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025
- the Health and Safety at Work etc. Act 1974 and associated regulations
- the Human Rights Act 1998
- the Equality Act 2010

4.1 Context for use of reasonable force (including in searches)

All members of school staff have a legal power to use reasonable force in certain circumstances.

To prevent or stop a pupil from:

1. causing injury to themselves or others
2. committing a criminal offence
3. damaging property
4. causing disorder among pupils at the school, whether during a teaching session or otherwise[1]

There is a statutory power for headteachers (and staff they authorise) to search a pupil or their possessions where there are reasonable grounds to suspect a prohibited item.[2] Reasonable force may be used to search for legally prohibited items, but not for items banned only under school rules.[3] Staff should refer to the *Searching, Screening and Confiscation in Schools* guidance for detailed advice.

Staff who are likely to need to use reasonable force and/or other restrictive interventions will receive appropriate training in safe, lawful practice as well as preventative strategies. See section 6 for details. As an employer, we have a duty to staff welfare and will carry out risk assessments to ensure those working with pupils where such intervention may be required can conduct this safely.

4.2 Unacceptable uses of force

It is illegal to use force on a pupil for the purpose of punishment

Pupils should not be restrained in a way that affects their airway, breathing or circulation.

If the use of force occurs on the ground, staff should release or re-position into a safer alternative or standing position as quickly as possible.

It is recognised that any form of restraint, including seated and standing, carries a risk of physical and psychological harm and should be avoided where possible.

Where appropriate, the pupil should receive a medical assessment and treatment for any injuries as soon as possible.

[1] Section 93 of the Education and Inspections Act 2006.
[2] In this context, “prohibited item” specifically means an item listed in section 550ZA(3) of the Education Act 1996.
[3] Section 550ZB(5) of the Education Act 1996

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4.3 Definitions

The definitions in this section relate to the statutory and non-statutory guidance and associated legislation. Further definitions are provided for clarity around Team Teach approaches in other sections as appropriate.

Restrictive intervention: a means to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil. DfE 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.[4] 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:[5] any incident where the use of force goes beyond appropriate physical contact between pupils and staff as described in section 8.1 of this policy. 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. For example, holding a pupil's arms to their sides or removing a pupil's crutches would both be considered forms of restraint.

5 Ethical and Professional Duties

All decisions and actions under this policy are guided by staff's ethical and professional duties, including the duty to act in the **best interests of the child**, the **duty of care** owed to pupils, colleagues and others, and the **duty of candour** to be open and honest when things go wrong. These duties require staff to exercise professional judgement that is lawful, necessary and proportionate, to protect welfare and safety, to avoid foreseeable harm, and to ensure transparency, appropriate reporting and learning from incidents. Together, they reflect both our statutory obligations and our moral commitment to safeguarding, accountability and trust.

6 Whole-School practice and Staff Training

As a Trust and at academy level, we establish policies and practices that support ***all*** pupils to achieve and thrive in safe and enjoyable learning environments. This includes effective whole-class behaviour management, the use of communal and outdoor spaces, and the individualisation of

[4] Section 93 of the Education and Inspections Act 2006 and section 550ZA(3) of the Education Act 1996
[5] 'Significant incident' is in reference to section 93A of the Education and Inspections Act 2006 which requires schools to record and report significant incidents of use of force to parents.

support based on identified needs. We work closely with parents and pupils and make reasonable adjustments in line with our duties under the Equality Act 2010.

The Trust is implementing a programme of Team Teach training across all academies. This provides staff with personal safety techniques where behaviour places them at risk and promotes a behavioural framework focused on safety for all. Team Teach emphasises understanding the causes of behaviour and prioritising environmental adjustments and non-verbal and verbal strategies before any restrictive intervention is considered.

Level 1 – It is recommended that all staff who work with pupils are trained in Team Teach Level 1.

Level 2 - It is recommended that at least one senior leader and minimum of three other staff in each school have undertaken Team Teach Level 2 training specifically physical intervention training to enable them to use safe breakaway and positive handling techniques, alongside crisis intervention strategies.

If the academy has a resourced provision for pupils with SEMH needs, then the recommendation is that all staff who work in the provision, have undertaken Level 2 training.

7 Practicalities of Restrictive Intervention

7.1 General Guidance

Purpose: Used only to prevent harm, by stopping a child's action or removing a dangerous object.

When to use: Only when a child is unable to control their emotions or behaviour and poses a risk.

Judgement: Staff must use dynamic risk assessment; not every situation can be predefined.

Duty of care: Staff act in loco parentis and must take reasonable steps to ensure pupil safety.

Negligence risk: Failing to intervene could be considered negligent if harm occurs.

Staff safety: No staff member is expected to put themselves at risk of injury.

Alternative strategies and reasonable adjustments: Any intervention should follow the principles of this policy and of Team Teach practice. Actions should follow individualised behaviour support plans where available. Where a pupil has a disability, we take seriously our legal duty under the Equality Act 2010 to support pupils with reasonable adjustments.

Recording: All incidents of restrictive intervention must be recorded in compliance with statutory guidance (April 2026) – see section 9.

7.2 Further Definitions

For definitions aligned to current legislation and statutory guidance see section 4.3. Below we outline further definitions used by our Trust and by Team Teach to provide clarity and context for our approach.

Physical intervention refers to any method of responding to behaviour which involves some degree of direct physical force to limit or direct movement. It operates along a continuum, ranging from least intrusive to the most restrictive:

Non-restrictive when minimal contact is used e.g. 'Caring C guide' or a safe personal safety breakaway technique e.g. bite release.

Restrictive when free movement is prevented e.g. physically blocking someone's path or actively holding them.

Dynamic Risk Assessment means the continuous process of identifying hazards, assessing risk and taking action to eliminate or reduce risk in the rapidly changing circumstances of an incident. Dynamic risk assessment is done in 'real time'. It involves thinking and evaluating the likely outcomes of the available options before deciding which to choose.

Risk assessments (formal) are written down. Risk assessments of behaviour are informed by previous behaviour; they anticipate what could go wrong, how people could be hurt and what might be done to reduce the chance of it happening. It is not always possible to eliminate risk, but reasonable steps should be taken to reduce risks where possible.

Safe Touch is developmentally appropriate, informal touch of the hand, arm or shoulder of a child to comfort, reassure or congratulate. Very young children may need hugs or rocking at times.

Safe Holding is a planned, reparative strategy to support a child in calming down, agreed with parents, the child and staff as part of a written risk assessment or individual support plan.

Withdrawal is moving somebody to a safer place where they can be monitored and supervised until calm. (please not this is not the same as seclusion – see section XX)

7.3 Restrictive intervention as a last resort

There are some situations in which the need for physical restraint is immediate and where there are no equally effective alternatives (e.g. if a pupil is about to run across a road). However, in many circumstances there are strategies, including de-escalation skills, which should be used first and may well render use of restrictive physical intervention unnecessary.

Where is it necessary, restrictive intervention should be applied as an act of care and control with the intention of re-establishing verbal control to ensure safety as soon as possible and, at the same time, allowing the pupil to regain self-control. It should never take a form which could be seen as a punishment. Staff should use the **least restrictive intervention** necessary, which may include non-physical restrictive approaches first. However, where restrictive physical intervention does become necessary, all members of staff are authorised to use reasonable force in applying physical intervention. This means using **no more force than is needed and for the minimum time required**.

Staff can **refer to Appendix 1** for further guidance around de-escalation techniques and appropriate use of physical intervention.

Any incidence of restrictive intervention (including non-force related restraint as well as those involving reasonable force) MUST be recorded and reported. See section 9.

7.4 Use of withdrawal

Involves assisting a pupil to move away from a situation in which they are struggling to cope, to a safer or more comfortable space where they have a better chance of recovering their composure. As a rule, the best way to support a pupil is to be in the same room as them. In some circumstances, a pupil may just want to be left alone. If staff choose to give the pupil space, they must remain close enough to monitor the situation and to offer immediate support if required. Giving space should not become seclusion.

There are occasions when other children may be asked to leave or withdraw from a situation or environment to protect the dignity of a distressed child, or to remove an audience to unexpected behaviours. In these circumstances, a child should not be left unattended.

7.5 Use of seclusion

Seclusion - a non-disciplinary intervention involving keeping a pupil confined to a place away from others and prevented from leaving - should only be used as a safety measure to protect others from harm when a pupil is experiencing high levels of emotional or behavioural dysregulation. In such circumstances, the pupil is not acting with intent. Seclusion should not be implemented by staff through threat of punishment.

It is not appropriate to use planned seclusion in mainstream education; there may be rare occasions where seclusion is used in an emergency. Outside of an emergency, seclusion is likely to be a breach of human rights. If a pupil's behaviour leads to a seclusion a change of placement should be considered through appropriate mechanisms e.g. Early Annual Review. **Any use of seclusion should be treated as restrictive intervention and must be recorded and reported in accordance with the procedures outlined in section 9.**

8 Safe Touch

8.1 Guidance

It is crucial that in all circumstances, staff only touch children in ways which are appropriate to their professional or agreed role and responsibilities.

DfE Guidance (April 2026) makes it clear that it is not illegal to touch a pupil and that schools should not have a 'no contact' policy. There are occasions when physical contact with a pupil (which does not give rise to any question over the use of reasonable force and other restrictive interventions) is generally appropriate (whilst still dependent on circumstances). For example:

- Holding the hand of the child at the front/back of the line when going to assembly.
- When comforting a distressed pupil.
- When a pupil is being congratulated or praised, for example a handshake
- To demonstrate how to use a musical instrument.

- To demonstrate exercises or techniques during PE lessons or sports coaching.
- To give first aid.

This policy reflects established neurobiological research relating to attachment and child development which identifies safe touch as a positive contribution to brain development, mental health and social skills. The Trust has therefore adopted an evidence-based position to allow safe touch as a developmentally appropriate intervention that supports healthy growth and learning.

When considering whether physical contact is appropriate, staff must use professional judgement and take into account:

- the circumstances, including whether other adults are present
- the age of the pupil
- any other relevant factors, including whether the pupil has SEND or other vulnerabilities and whether non-physical strategies can be used instead

Safe touch strategies, for example hand massage during a 1:1 session, must be identified within an action plan and used only during timetabled sessions in areas visible to other staff. Action plans including safe touch must be shared and agreed with parents or carers and the SENDCo or inclusion lead.

Staff should recognise that responses to physical contact vary between individuals and cultures; therefore, knowledge of the individual child is essential. Only the hands, arms and outer shoulders are considered neutral zones and may be used to provide informal emotional support.

8.2 Child-initiated Physical Contact

Touch is an important part of relationship building and some pupils may seek this through, for example, bear hugs, asking to be lifted or climbing onto laps. Staff should offer alternatives such as a sideways 'help hug' or a high five and reiterate the difference between home and classroom expectations.

If any child-initiated interaction takes place that staff consider could be open to misinterpretation, they should consider it a significant incident that needs to be reported and recorded as such e.g. a child tickling a teacher.

8.3 Safe Holding

It is preferable to predict and prevent escalation rather than respond once a child has reached crisis. We recognise that some children with social, emotional or mental health needs benefit from being physically contained in a safe manner.

Safe holding differs from restraint in that familiar adults proactively use agreed techniques, such as deep pressure holds, to support the child to regulate. The child can break away at any time and may request to be held.

Safe holding must form part of a planned approach to an individual child's behaviour and be agreed with parents or carers, the child and key staff. A risk assessment detailing strategies and holds must be in place. Use of safe holding is expected to reduce over time and must therefore be recorded and monitored.

9 Response, Reporting and Recording incidents

9.1 Recording and Reporting – including governance

It is expected that there would be a clear reduction in the need to use restrictive intervention with individual pupils over time, therefore incidents must be tracked – and effective evaluation and debrief approaches used to ensure best practice can be followed.

In line with the scheme of delegation and relevant terms of reference, school leaders, the Trust and Local Governing Bodies will ensure compliance with policies and procedures. They will additionally review data around number and type of incidents, including analysing impacts on pupils who share protected characteristics, have SEN or other types of vulnerability. Data will be used to identify and implement improvements and ensure effective practice over time.

There is a **statutory duty to record all incidences of use of restrictive interventions (both those involving force and those not involving force or physical contact) and including seclusion** as soon as is practicable after the incident and **in writing**. There is also a **statutory duty to report to parents, also in writing**. The expectation is that we will endeavour to both record and report incidents on the **same day that they occur**. This duty applies even when the use of restrictive interventions in some circumstances is already agreed with parents as part of a pupil's behaviour support plan.

The exception to reporting to parents is if staff are concerned that doing so may result in serious harm to the pupil. In this instance, the incident must be reported to any parent(s) who it is deemed can be reported to without resulting in significant harm. If there is no parent to which the event can be reported safely then the incident must be reported to the Local Authority within whose area the pupil is ordinarily resident.

9.2 Reporting and monitoring duties

Report to SLT:

When any incident involving restrictive intervention occurs, staff must report to SLT for debrief as soon as possible after the incident.

Create full written record:

The staff member(s) directly involved in or observers/witnesses to the use of restrictive interventions should be the one(s) writing the full record of the incident. This should be done using the Trust's Restrictive Intervention Record sheet (see separate operational guidance for reporting documentation). This should be done on the same day, or within 24 hours if there is a clear reason why it cannot be completed on the same day.

Commented [AM1]: @Lorraine Mitchell the wording in the stat guidance is: The governing body of a maintained school and the proprietor of other schools must take all reasonable steps to ensure that the school's procedures for recording and reporting the use of force and seclusion and restraint are complied with. Governing bodies and proprietors should regularly review and interrogate data on restrictive interventions to ensure school leaders:

Commented [1R2]: Feels like something to add to link governor role for robust monitoring but will look at it over weekend

Commented [AM1R3]: Yes it belongs with safeguarding anyway

Commented [LM1R4]: I will produce a separate governance guidance on the link governor roles, LGB and Trustees around this policy to add to the safeguarding, SEND and disadvantage - will then amend Scheme of Delegation

Where possible and appropriate, the pupil's view should be sought and recorded.

Report to parents:

SLT should designate which staff member will report to parents and ensure that the parents receive the written account of the incident which **should be on the same day**.

Where appropriate, parents will also be invited to have a follow up discussion to consider any triggers and warning signs, identify whether support plans were followed, evaluate the effectiveness of any de-escalation strategies used and explore ways to continue to develop practice to support the pupil effectively.

Incident created on Arbor:

The member of SLT who is overseeing the reporting of this incident is responsible for logging it on Arbor. To ensure that school and Trust level reporting can be effectively undertaken to maintain clear records and to track the use of restrictive intervention over time (and ensure all action is taken to reduce it) it is essential that core details are recorded on Arbor. See separate operational guidance for reporting procedures.

Review and improve practice:

It is expected that there would be a clear reduction in the need to use restrictive intervention with individual pupils over time, therefore incidents will be tracked and analysed.

We will use insights from debriefing with pupils, parents and staff to refine risk assessments and develop individual support plans as appropriate, with the goal of reducing use of restrictive interventions over time.

10 Complaints

A clear restrictive intervention policy, supported by consistent recording and shared with parents, helps reduce the likelihood of complaints. Inclusion teams should work in partnership with parents to develop risk assessments and behaviour plans that reduce the need for restrictive intervention over time.

If an allegation is made against a member of staff, the LADO must be informed, and the matter may be investigated under disciplinary, police or child protection procedures.

Other complaints relating to restrictive intervention should be managed through the Trust Complaints Policy.

11 Links with other policies

Trust Policies	Academy Policies
• Staff code of conduct • Exclusions Policy • Complaints Policy • Intimate Care Policy	• Behaviour policy • SEN policy and information report • Safeguarding and Child Protection policy • Supporting Children with Medical Conditions

Appendix 1: Further guidance for staff – strategies

Alternative strategies

There are some situations in which the need for physical restraint is immediate and where there are no equally effective alternatives (e.g. if a pupil is about to run across a road). However, in many circumstances there are alternatives e.g. use of de-escalation skills such as:

- using the attunement, validation, containment and regulation techniques
- remaining calm in the face of the young person's powerful emotion and behaviour
- withdrawal of attention to the behaviour (audience) e.g. if an action such as damage to property is threatened
- avoiding conflict or using conflict resolution strategies to reduce confrontation
- using humour designed to defuse the situation (in these cases the incident can be dealt with later when emotions are no longer running high)
- allowing time and space to follow the instruction and emotionally regulate
- a distraction such as a loud whistle, to interrupt the behaviour (such as a fight)

Use of restrictive physical intervention

Restrictive physical intervention should be applied as an act of care and control with the intention of re-establishing verbal control to ensure safety as soon as possible and, at the same time, allowing the pupil to regain self-control. It should never take a form which could be seen as a punishment.

All members of staff are authorised to use reasonable force in applying physical intervention, this means using no more force than is needed.

If restrictive physical intervention becomes necessary

DO

- Tell the pupil what you are doing and why
- Use the minimum force necessary
- Involve another member of staff if possible
- Tell the pupil what s/he must do for you to remove the restraint (this may need frequent repetition)
- Use simple and clear language
- Hold limbs above a major joint if possible, e.g. above the elbow
- Relax your restraint in response to the pupil's compliance
- Constantly review during dynamic risk assessment - if the restrictive intervention escalates the situation or increases risk, reassess and consider alternative strategies
- Ensure that the pupil should receives a medical assessment and treatment for any injuries as soon as possible should this be appropriate
- Report the incident according to section 9 of this policy.

DON'T

- Act in temper (involve another staff member if you fear loss of control)

- Involve yourself in a prolonged verbal exchange with the pupil
- Involve other pupils in the restraint
- Touch or hold the pupil in private areas
- Twist or force limbs back against a joint
- Bend fingers or pull hair
- Hold the pupil in a way which will restrict blood flow or breathing e.g. around the neck or chest (this is of particular risk on the ground)
- Engage in ground-level holds - staff should release or re-position into a safer alternative or standing position as quickly as possible.
- Slap, punch, kick or trip up the pupil