



Sidcot
Live Adventurously

**Restrictive Interventions,
Including Use of Reasonable Force Policy
Policy Number: 2.5
Date: 1 March 2026**

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1. Introduction

The term Physical contact is used to describe the use of touch for many purposes in numerous different contexts.

Physical contact is a normal and important part of healthy relationships between staff and pupils. The school does not operate a *no-contact* policy, as this is explicitly discouraged in statutory guidance (DfE, 2026). Schools must support staff to make appropriate, proportionate, and safe physical contact when needed to keep children safe or meet their emotional needs. Staff should always be mindful that their physical contact with a child or young person should be in the context of their role as professionals within an educational environment.

As such all physical contact with pupils must be:

- in the best interests of the child
- proportionate and necessary
- age and developmentally appropriate
- respectful of cultural and individual preferences
- informed by safeguarding principles

The welfare of the child is paramount (Children Act 1989) and this should be inherent in the intention and action of any physical contact with a child or young person.

2. Rationale

Children learn about themselves and the world through safe, attuned relationships. Many pupils who display distress behaviours have experienced trauma or dysregulation, requiring additional emotional support. Research indicates that appropriate touch can support coregulation, attachment, and emotional development.

Staff must understand the difference between safe, appropriate, professional touch and anything that may be misinterpreted or cause harm.

3. Four Different types of touch

The majority of young people will require little physical contact by staff within School and physical contact, for them will be determined by circumstances – Such as described below.

Where a child requires a high level of physical contact it is essential that they and their parents are involved in any planned approach this needs to be clearly shared and communicated to parents and individual staff members.

3.1 Casual / informal / incidental touch

Used naturally in everyday interactions to comfort, reassure, or guide a young person (e.g., handshake, pat on shoulder, guiding a student in the correct direction where necessary). In the Junior School different forms of contact may be required for younger children, e.g. it may be appropriate to hold a child's hand.

Where possible Staff should seek the child's implicit or explicit consent such "can I hold your hand" before doing so

3.2 General reparative touch

Used to soothe or calm a child/young person experiencing distress (e.g., gentle touch on back/arm). This should be used only when appropriate and, where possible should be aligned with known strategies that work for that child. Consideration should be given to the circumstances in which such physical contact takes place and the nature of the distress that the young person is experiencing e.g. physical contact with an older student who requires comforting without other colleagues present.

3.3 Contact/interactive Play

Used when supporting relationship building, confidence or motor development. This is appropriate only when the child feels safe and has a trusting relationship with the adult. Such contact will be more prevalent with Junior School Pupils but physical contact with senior students may be involved in situations such as coaching sports or teaching music or drama. It may also be necessary with certain classroom activities.

3.4 Positive handling (Intervention Restrictive Physical)

Physical intervention may be used **only as a last resort**, when necessary to prevent:

- injury to the pupil or others
- serious damage to property
- a criminal offence
- serious disorder

All staff have the legal power to use reasonable force, when necessary, but only trained staff should use restrictive interventions. The force used must be reasonable, necessary and proportionate.

4. Steps to Take Before Positive Handling

Staff will always prioritise:

- prevention, de-escalation, and calming strategies
- using space/distance to reduce risk
- removing hazards
- distracting, redirecting or using co-regulation strategies
- following the child's Behaviour Support Plan (where applicable)

Positive handling is used only when no alternative can reduce immediate risk.

5. Unacceptable Use of Force

The School follows the Department of Education's (2026) guidance, that force must **never**:

- be used as punishment
- restrict breathing or circulation
- involve pressure on neck, chest, or abdomen
- be deliberately painful
- be executed in a way that risks asphyxia

If a pupil is unintentionally held on the ground, staff should release their holds or re-position into a safer alternative or standing position as quickly as possible

6. Seclusion

“Seclusion” (confining a child alone and preventing them leaving for their own safety or the safety of others) is a restrictive intervention. This is different to a situation where a student may work in isolation as part of a sanction.

It may be used only:

- as a last-resort safety measure
- when a pupil is experiencing extreme dysregulation
- with continuous supervision
- for the shortest time possible
- Seclusion must be recorded and reported under statutory requirements (see Section 8).

7. Consideration for Pupils with SEND

The 2026 guidance requires schools to understand underlying triggers and ensure pupils with SEND are not disproportionately subject to restrictive interventions.

- Behaviour Support Plans must:
- be co-produced with parents
- identify triggers
- outline agreed supportive physical contact where appropriate
- specify risk mitigation strategies
- be reviewed after every significant incident

8. Recording & Reporting Duties (Statutory Requirements – April 2026)

Sidcot School must comply with:

8.1 Recording Significant Use of Force

(Section 93A, Education and Inspections Act 2006)

Any Restrictive interventions need to be recorded the same day, using the Reasonable Force and Physical Restraint Record Form (Appendix A). This includes details of:

- pupil & staff involved
- time, location, duration
- needs/SEND status
- triggers & de-escalation attempts
- type and degree of force
- injuries
- Post incident support

8.2 Reporting to Parents

Any incidents of physical restraint or seclusion should be reported to parents as soon as practicable and wherever possible on the same day unless doing so risks serious harm to the pupil, using the Reporting to Parents Record (Appendix B).

8.3 Recording Seclusion & Restraint (2025 Regulations)

This covers both physical and non-physical restraint. Parents must receive written notification as soon as practicable and wherever possible using the Recording and

Reporting the use of Seclusion and Non-Force Related Restraint form (Appendix C).

9. Training

Staff likely to need to use reasonable force must receive appropriate training that:

- reflects 2026 DfE guidance
- promotes prevention, deescalation and trauma informed practice
- equips staff to judge proportionality

10. Review Cycle

This policy is the responsibility of the Designated Safeguarding Lead (DSL) and will be reviewed annually at the Governing Body's Annual Safeguarding Review. Should amendments to the policy be required at an earlier date in the light of changes to legislation, guardian, practice or a relevant incident, these will be adopted by the Governor with responsibility for safeguarding and the Chair of Governors.

11. Document Change History

Date of change	Detail significant changes and any new legislation / guidance taken into account
October 2022	New policy taken to Board for approval October 2022 Adopted by Board
September 2023	Reviewed
10/10/2023	Reviewed and adopted by board as part of Annual Safeguarding Review
1 September 2024	Policy reviewed. No changes made.
1 September 2025	Policy reviewed. No changes made.
1 March 2026	Policy separated from Intimate Care Policy and re-written in light of new Government guidance

Appendix A

Reasonable Force and Physical Restraint Record Form

(Record even if part of a behaviour plan)

Name of Child: Name of Staff Member Directly Involved:	Class/Year Group Tutor	Date of incident <i>(please record on the same day)</i> Time of Incident: Duration of Intervention <i>(approximation):</i>
Relevant needs of Pupil e.g. SEND:		
Location of Incident:		
Account of Incident: What happened before: Identified or potential behaviour triggers (if known): Any preventative or de-escalation strategies used: What type of reasonable force was used (where relevant): Degree of force: Details of any physical injuries sustained:		
Reasoning behind Reasonable Force: Assessment of why reasonable force/ physical restraint was necessary: Pupil/ witness accounts (if relevant): How were parents notified (ensure it is the same day of the incident): Details of Post-Incident Support: e.g. medical treatment, well-being support for pupil, staff and witnesses: Add report to CPOMS and Physical Restraint Log		

Appendix B

Reporting to Parents Record

*(after conversation with parents takes place,
ensure follow up email is sent using the following form)*

Name of Child: Name of Staff Member Directly Involved:	Class/Year Group Tutor	Date of incident <i>(please record on the same day)</i> Time of Incident: Duration of Intervention <i>(approximation):</i>
Location of Incident:		
Account of why intervention was assessed as necessary in that instance:		
Detailed account of what type of force and the degree of force used:		
Details of any physical sustained injuries sustained (if applicable): Post- incident support: (medical attention, well-being support)		
Date, time and method of informing parents Follow up meeting with parents required? Y/N		

Appendix C

Recording and Reporting the use of Seclusion and Non-Force Related Restraint

Name of Child: Name of Staff Member Directly Involved:	Class/Year Group Tutor	Date of incident (please record on the same day) Time of Incident: Duration of Intervention (approximation):
Relevant needs of Pupil e.g. SEND:		
Location of intervention:		
Account of why intervention was assessed as necessary in that instance:		
Detailed account of action taken:		
Details of any physical sustained injuries sustained (if applicable):		
Date, time and method of informing parents		
Follow up meeting with parents required? Y/N		