

## HORIZONS EDUCATION TRUST

### Restrictive Intervention & Use of Reasonable Force Policy

April 2026

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## 1.0 INTRODUCTION

- 1.1 This policy sets out Horizons Education Trust's (HEdT) approach to restrictive interventions, including the use of reasonable force, restraint and seclusion.
- 1.2 HEdT recognises that restrictive interventions can have a significant physical and psychological impact on children and staff. They should therefore only ever be used when necessary, proportionate, lawful and defensible, and where less restrictive measures have been attempted or assessed as inappropriate in the circumstances.
- 1.3 HEdT is committed to:
- safeguarding the welfare, dignity and human rights of children
  - preventing and minimising the need for restrictive interventions
  - supporting staff to manage behaviour safely and confidently
  - meeting statutory recording and reporting duties
  - using data to continuously improve practice
- 1.4 This policy should be read alongside the
- Behaviour Policy
  - Safeguarding & Child Protection Policy
  - Searching, Screening & Confiscation Policy
  - SEND Policy
  - Health & Safety Policy
  - Allegations of Abuse Against Staff and Low Level Concerns Policy
- 1.5 This policy is informed by:
- Education and Inspections Act 2006 (sections 93 and 93A)
  - Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025
  - Equality Act 2010
  - Human Rights Act 1998
  - Health and Safety at Work etc. Act 1974
  - DfE guidance: Restrictive interventions, including use of reasonable force, in schools (April 2026)
  - Keeping Children Safe in Education (2025)
- 1.6 Where this policy uses the word 'must', this indicates a legal requirement. Where it uses 'should', this indicates expected practice unless there is good reason not to follow it.
- 1.7 This policy reflects both the legal power under section 93 of the Education and Inspections Act 2006 and the statutory recording and reporting duties under section 93A, and must be implemented in a way that is consistent with wider safeguarding, equality, human rights and health and safety obligations.

## **2.0 USING RESTRICTIVE INTERVENTION**

### **2.1 Prevention & De-escalation**

2.1.1 HEdT prioritises proactive strategies to minimise the need for restrictive interventions, including:

- positive behaviour support approaches
- consistent routines and expectations
- trauma-informed practice
- environmental adaptations
- early identification of antecedents, early indicators of distress and factors contributing to dysregulation
- effective communication strategies
- strong relationships between staff and children
- Individual support may include behaviour support plans, one-page profiles/support plans, individual risk assessments, reasonable adjustments, sensory strategies and joint working with parents and external professionals.

### **2.2 Cambridgeshire Therapeutic Thinking**

- HEdT adopts the Cambridgeshire Therapeutic Thinking approach. This recognises that behaviour is a form of communication and that children require understanding, relational safety and co-regulation in order to feel safe and become regulated.
- In line with this approach, staff will prioritise proactive and preventative practice over reactive responses; seek to understand behaviour within the context of development, trauma, attachment and unmet need; and use consistent, calm adult responses, scripts and routines to promote safety and predictability.
- Staff will use de-escalation, emotion coaching, regulation support, distraction, reduced language and other appropriate strategies to support children before crisis develops. Consequences will be educational and protective rather than punitive wherever possible.
- Restrictive interventions sit within this framework as last-resort safety responses and must never be used as a punishment or to secure compliance. Following any incident, the focus will be on reflection, repair, restoration and reducing the likelihood of recurrence.

### **2.3 Staff Training**

2.3.1 HEdT recognises that staff training is a critical component of preventing the need for restrictive interventions and ensuring that, where they are used, they are applied safely, lawfully and proportionately.

2.3.2 In line with the April 2026 Department for Education guidance, staff who are likely to work in situations where restrictive interventions may occur will receive appropriate training in behaviour support, prevention and de-escalation strategies, and the safe and lawful use of reasonable force and other restrictive interventions.

- 2.3.3 Training will reflect the principles of this guidance and will support staff to assess necessity and proportionality, understand risks to physical and psychological wellbeing, recognise the impact of trauma.
- 2.3.4 Cambridgeshire Therapeutic Thinking training is delivered to all staff, to support defensible professional judgements, including in situations where decisions must be taken quickly. Additional training in this model is delivered to identified staff as required, (e.g. those who may work in an environment where there is an increased likelihood of handling).
- 2.3.5 HEdT will ensure that training needs are informed by its cohort of children, patterns and trends in incidents, and risk assessments.
- 2.3.6 As an employer, HEdT will take reasonably practicable steps to ensure the health, safety and welfare of staff, including providing refresher training, access to advice and support, and additional guidance where staff regularly work with children who present a higher level of risk.

## **2.4 When Restrictive Interventions May Be Used**

- 2.4.1 Restrictive interventions, including the use of reasonable force, restraint and seclusion, may only be used in exceptional circumstances where they are lawful, necessary and proportionate, and where other less restrictive measures have been attempted or assessed as inappropriate in the circumstances.
- 2.4.2 In line with the April 2026 Department for Education guidance, restrictive interventions may only be used to prevent a child from:
- causing injury to themselves or others
  - committing a criminal offence
  - causing serious damage to property
  - causing significant disorder
- 2.4.3 The decision to use a restrictive intervention is a matter of professional judgement and must always be based on the specific circumstances at the time. Before using, or continuing to use, a restrictive intervention, staff must, wherever practicable, consider the following factors, which are drawn directly from the guidance: Staff must be able to explain why the decision was reasonable, proportionate and defensible in light of the information available at the time.

## **2.5 Necessity**

- 2.5.1 Staff should consider whether a restrictive intervention is required to reduce an immediate risk of harm and whether other less restrictive strategies, including de-escalation, redirection or support from other staff, are likely to be effective. Where a restrictive intervention is unlikely to successfully reduce risk, or is likely to escalate the situation further or cause more harm than the behaviour itself, it should not be used.

## **2.6 Proportionality**

- 2.6.1 Any restrictive intervention must be the least restrictive option available, using the minimum amount of force for the shortest amount of time necessary to

reduce the risk. If an intervention is not reducing risk or is escalating the situation, staff must reconsider their approach and seek to reduce or cease the intervention as soon as it is safe to do so.

## **2.7 Child Welfare & Dignity**

- 2.7.1 Staff must consider the impact of any restrictive intervention on the child's physical and psychological wellbeing. Where possible, staff should seek to maintain the child's dignity, including consideration of the environment in which the intervention takes place, and should communicate calmly and clearly with the child about what is happening and why.

## **2.8 Vulnerabilities & SEND**

- 2.8.1 Staff must have regard to the individual needs and circumstances of the child, including any special educational needs, disabilities, medical conditions, communication needs, sensory sensitivities, past trauma or other vulnerabilities. These factors may affect how a child experiences an intervention and must inform decision-making before, during and after any restrictive intervention.
- 2.8.2 HEdT recognises that, as a specialist trust, many children may have complex and overlapping needs, including Education, Health and Care Plans (EHCPs), autism spectrum condition, social, emotional and mental health needs, speech, language and communication needs, sensory processing differences, trauma and adverse childhood experiences, and medical or neurological conditions.
- 2.8.3 All children who may be at risk of requiring restrictive intervention should have appropriate individual planning, which may include behaviour support plans, one-page profiles, individual risk assessments, clearly identified antecedents, early indicators of distress, observable signs of dysregulation, preferred de-escalation approaches, sensory strategies and communication support.
- 2.8.4 Where appropriate, planning should be developed in partnership with parents or carers and informed by the views of the child and relevant professionals, such as educational psychologists, therapists, medical professionals or other specialists.
- 2.8.5 In line with the Equality Act 2010, HEdT will make reasonable adjustments to reduce the likelihood of distress and escalation. This may include adapting the environment, adjusting adult approaches, reducing demands, using visual supports or alternative communication systems, and providing opportunities for sensory regulation. Failure to make reasonable adjustments may render an intervention disproportionate or unlawful.
- 2.8.6 Staff must recognise that some children may experience restrictive intervention as particularly distressing because of trauma, communication barriers, sensory sensitivities or medical vulnerabilities. Additional care must therefore be taken when assessing risk, choosing responses and providing support after incidents.
- 2.8.7 In specialist settings, restrictive interventions may at times be more foreseeable, but they must never become routine, planned as an automatic response, or normalised through frequency. Repeated use must trigger review of support, risk

assessment, reasonable adjustments, staff approaches, and, where appropriate, wider SEND and multi-agency involvement.

## **2.9 Equality Implications**

- 2.9.1 Staff must consider relevant duties under the Equality Act 2010, including the need to avoid discrimination, make reasonable adjustments and ensure that responses do not disproportionately impact children who share protected characteristics.
- 2.9.2 Restrictive interventions must never be used as a punishment, as a disciplinary sanction, or for the purpose of compliance or convenience. They must only be used as a last resort safety measure and must cease as soon as the immediate risk has reduced. The inclusion of a restrictive intervention within a behaviour support plan does not in itself justify its use. Each use must still be assessed as necessary and proportionate at the time.
- 2.9.3 Following any restrictive intervention, staff must ensure that appropriate post-incident actions are taken in line with this policy, including recording and reporting, medical checks where appropriate, reflection and review.

## **3.0 UNACCEPTABLE USE OF RESTRICTIVE INTERVENTION**

- 3.1 Restrictive interventions must never be used as a punishment, a disciplinary sanction, or for the purpose of compliance, convenience or to manage behaviour where there is no immediate risk of harm. Any use of force or restrictive practice for these purposes is unlawful.
- 3.2 Staff must not use any techniques or approaches that may restrict or interfere with a child's airway, breathing or circulation. This includes, but is not limited to, applying pressure to the neck, throat, chest or abdomen, covering the mouth or nose, or positioning a child in a way that compromises respiration. Such practices present a serious and potentially fatal medical risk and are strictly prohibited.
- 3.3 The use of restrictive interventions carries inherent physical and psychological risk, particularly where they occur on the ground. Ground restraint should therefore be avoided wherever possible. Where a child is unintentionally brought to the ground, staff must take immediate steps to reduce risk by repositioning or releasing holds as soon as it is safe to do so and moving to a safer alternative or standing position.
- 3.4 Any restrictive intervention that presents, or begins to present, a medical risk must stop immediately. Where a child has been restrained, particularly where there has been any impact to breathing, circulation, consciousness or physical injury, staff must seek medical assessment and treatment as soon as practicable.
- 3.5 Staff must also be mindful that restrictive interventions can cause significant psychological distress. Interventions that humiliate, degrade, intimidate, threaten or deliberately cause emotional harm are unacceptable. All responses must seek to preserve the child's dignity and wellbeing, even in high-risk situations.
- 3.6 Any incident involving unacceptable practice, or where there is concern that an intervention may have compromised a child's safety, must be reported

immediately in line with the Allegations of abuse against staff and low level concerns policy and the Safeguarding and child protection policy. Any such concern must also be considered in line with safeguarding procedures.

### **3.7 Appropriate Physical Contact**

3.7.1 Appropriate physical contact (for example, first aid, comfort, guiding or PE instruction, moving and handling for children in wheelchairs) is lawful and sometimes necessary. Staff must use professional judgement and consider safeguarding context, child age, vulnerability and alternative strategies.

### **3.8 Reasonable Force for Searching Children**

3.8.1 Under statutory powers, the principal and staff authorised by the principal may search a child or their possessions where they have reasonable grounds to suspect that the child is in possession of a prohibited item.

3.8.2 Prohibited items are those set out in legislation and include, for example, knives or weapons, alcohol, illegal drugs, stolen items and any article that has been or is likely to be used to commit an offence, cause personal injury or damage to property.

3.8.3 Where a lawful search is taking place for a prohibited item, staff may use such force as is reasonable in the circumstances to conduct that search. Any use of force in this context must be necessary, proportionate and for the shortest possible time, and must be consistent with the principles set out in this policy.

3.8.4 Reasonable force must not be used to search for items that are banned only under the school's own rules.

3.8.5 Where force is used during a search, this will be treated as a restrictive intervention and must be managed in line with this policy, including consideration of the child's welfare, dignity, vulnerabilities and any SEND or medical needs.

3.8.6 Any significant incident involving the use of force during a search must be recorded and reported in accordance with statutory duties.

3.8.7 All searches must be carried out in accordance with the school's Searching, Screening and Confiscation procedures, and staff involved in searching children will receive appropriate guidance and training.

## **4.0 SECLUSION**

4.1 Seclusion is defined in statutory guidance as a non-disciplinary, short-term safety measure and may only be used where a child is experiencing high levels of emotional or behavioural dysregulation and there is a serious and immediate risk of harm to the child or to others. Seclusion must never be used as a punishment, a sanction, a planned behaviour management strategy, or as a response to deliberate non-compliance where there is no immediate risk.

4.2 Seclusion must only ever be used to reduce an immediate risk of harm and must not be used to coerce, threaten or control a child. It should not be implemented

through the threat of punishment or the suggestion that negative consequences will follow if a child attempts to leave. Seclusion must not be used solely in response to behaviour arising from distress or dysregulation unless there is an immediate risk of harm.

- 4.3 Where seclusion is used, the place in which the child is confined must be safe, suitable and non-threatening, taking account of the child's age, needs, vulnerabilities and sensory sensitivities. The environment must not present a risk to the child's physical or psychological wellbeing and should allow the child to calm and regain regulation.
- 4.4 A child who is secluded must be continuously supervised at all times by a member of staff. Supervision must be active and purposeful, enabling staff to monitor the child's physical and emotional wellbeing, communicate appropriately, and respond immediately if the child becomes distressed, unwell or at risk.
- 4.5 Seclusion must end as soon as the immediate risk of harm has reduced. It must not continue beyond the point at which it is necessary to manage risk, and children must be supported to rejoin others safely when they are able to do so.
- 4.6 Any incident involving seclusion must be treated as a significant safeguarding event.
- 4.7 All incidents of seclusion must be recorded and reported in line with statutory duties on the Trust's incident recording system.
- 4.8 Following any use of seclusion, appropriate post-incident actions must take place, including welfare checks, reflection, support and review of preventative strategies and assessment of risk.

## **5.0 RECORD KEEPING & REPORTING**

- 5.1 HEdT recognises that incidents involving restrictive interventions are significant safeguarding events.
- 5.2 The governing body/proprietor ensures that clear procedures are in place for the recording and reporting of all relevant incidents.

### **5.3 Recording Of Incidents Involving Restrictive Intervention Or The Use Of Force**

- 5.3.1 All incidents must be recorded in writing using the Restrictive Interventions Incident Record Form as soon as practicable after the event. Staff should endeavour to complete records no later than the same day.
- 5.3.2 Records must be completed by all the staff member(s) involved and must provide a clear, factual account of the incident.
- 5.3.3 The Restrictive Interventions Incident Form includes:
  - The name of the child and the names of staff directly involved
  - The date, time, location and approximate duration of the incident

- A brief account of what happened, including any known context, antecedents, early indicators of distress, observable signs of dysregulation and behaviours of concern
- Details of any preventative or de-escalation strategies attempted prior to the use of force
- Where relevant, the type of reasonable force used and the degree of force applied
- A brief explanation of why the use of force was assessed as necessary at the time
- Details of any physical injuries, distress or welfare concerns
- Details of any immediate and ongoing post-incident support, including medical attention where provided

5.3.4 The requirement to record applies even where the use of restrictive interventions has been discussed or anticipated within a behaviour support plan.

## **6.0 REPORTING OF INCIDENTS INVOLVING RESTRICTIVE INTERVENTION OR THE USE OF FORCE**

6.1 Parents must be informed in writing of each significant incident involving the use of force as soon as practicable after the incident, and the Headteacher should ensure this is completed by the relevant staff member no later than the same day, unless a statutory exception applies

6.2 Reports to parents will include, as a minimum:

- The date, time, location and approximate duration of the incident
- A brief account of why the intervention was assessed as necessary
- A brief description of what type of force was used and the degree of force applied
- Details of any physical injuries or welfare concerns, where applicable

6.3 The academy will normally invite parents to discuss the incident, including any relevant antecedents, early indicators of distress and factors contributing to dysregulation, the effectiveness of preventative strategies, and whether any behaviour support plans or risk assessments require review.

6.4 Exceptions to the duty to report apply only where:

- A pupil is aged 20 or over, or -
- It appears that informing a particular parent would be likely to result in serious harm to the child. In such cases, the incident will be reported to any parent to whom it can safely be reported, or, where this is not possible, to the relevant local authority.

## **7.0 POST-INCIDENT SUPPORT & REVIEW**

7.1 Following any restrictive intervention, the headteacher will ensure that appropriate and timely actions are taken to safeguard the physical and emotional wellbeing of all those involved, to understand what happened and why, and to reduce the likelihood of future incidents.

### **7.2 Immediate Welfare & Medical Checks**

7.3 As soon as is practical after the incident, staff will check the child and any staff involved for signs of injury, distress or illness. Where appropriate, first aid will be administered and medical assessment or treatment sought. The headteacher will

ensure that any injuries or health concerns are recorded on the relevant system, by the appropriate staff member within the academy.

## **8.0 EMOTIONAL WELLBEING & SAFEGUARDING SUPPORT**

8.1 The academy recognises that restrictive interventions can be distressing. Consideration will therefore be given to the emotional wellbeing needs of the child, any staff involved, and any children who may have witnessed the incident. Support may include access to pastoral staff, counselling services, trusted adults or other appropriate support mechanisms.

## **9.0 REFLECTIVE DEBRIEF & LEARNING**

9.1 The academy will hold and record the outcomes of reflective debrief conversations following incidents involving restrictive interventions. These discussions are intended to support wellbeing, enable learning and improvement, and reduce future risk.

9.2 Where appropriate, debriefs will include:

- A factual review of what happened and why.
- Reflection on antecedents, early indicators of distress, observable signs of dysregulation and any factors contributing to the incident.
- Consideration of what preventative and de-escalation strategies were used and their effectiveness.
- Identification of any alternative approaches that may reduce the likelihood of recurrence.
- The collation of both parent and child voice.
- Where possible, debriefs should be facilitated by a member of staff who was not directly involved in the incident, and may include the child and their parent where appropriate.

## **10.0 REVIEW OF SUPPORT & RISK MANAGEMENT**

10.1 Following any restrictive intervention, the academy will review relevant behaviour support plans, risk assessments and reasonable adjustments. Changes will be made where necessary to better support the child, address underlying needs, and strengthen preventative measures. Consideration must be given as to the best approach to obtaining child voice, particularly for children who choose not to speak or find communication challenging.

## **11.0 REPAIRING RELATIONSHIPS & REINTEGRATION**

11.1 The academy is committed to repairing and rebuilding relationships following incidents involving restrictive interventions. Where appropriate, restorative approaches will be used to support the child's reintegration, rebuild trust between children and staff, and promote a sense of safety, dignity and belonging.

## **12.0 MONITORING & ESCALATION**

12.1 Leaders will monitor incidents and post-incident actions to identify patterns, emerging risks or training needs. Where restrictive interventions occur repeatedly or where concerns arise, this will trigger further review, multi-agency

engagement where appropriate, and escalation through safeguarding or SEND processes.

## **13.0 GOVERNANCE**

- 13.1 HEdT recognises that the use of restrictive interventions is a significant safeguarding matter and will provide appropriate oversight to ensure that practice across HEdT is lawful, proportionate and focused on prevention.
- 13.2 In line with statutory duties and the April 2026 Department for Education guidance, the trust board will ensure that suitable arrangements are in place to support the effective implementation of this policy and the associated recording and reporting requirements.
- 13.3 In fulfilling this responsibility, the trust board will:
- Ensure that this policy is implemented and reviewed regularly
  - Assure itself that statutory recording and reporting duties are being met
  - Receive and consider information about the use of restrictive interventions, including emerging patterns or trends
  - Be mindful of any disproportionate impact on children with special educational needs and disabilities or other identified vulnerabilities
  - Use information from incidents to inform discussion about prevention, training and support
  - Ensure that staff are appropriately supported and trained
  - Ensure that learning from incidents contributes to the ongoing development of practice
  - Monitor repeat interventions involving individual children and ensure these trigger appropriate review and challenge
- 13.4 Oversight of restrictive interventions will form part of the governing body's wider safeguarding, child protection and child wellbeing responsibilities.

## **14.0 COMPLAINTS**

- 14.1 Any complaint raised in relation to the use of restrictive interventions will be managed in accordance with HEdT's complaints procedure. The HEdT policy is available on the HEdT website or via the academy office.
- 14.2 Where an allegation is made that a member of staff has used restrictive interventions inappropriately, unlawfully or in a way that may have placed a child at risk, the matter will be managed in line with Keeping Children Safe in Education (2025), the Allegations Against Staff and Low Level Concerns Policy and the Staff Disciplinary Policy.
- 14.3 Learning arising from complaints and allegations will be used to inform training, policy review and preventative practice.



## **APPENDIX 1**

### **Definitions**

**Restrictive intervention:** Any action that prevents, restricts or subdues a child's movement, including physical and non-physical interventions.

**Reasonable force:** Physical force used by staff to prevent injury, damage, criminal behaviour or serious disorder. It must be the minimum necessary for the shortest time.

**Restraint:** A non-disciplinary intervention that immobilises or limits a child's movement, with or without physical contact.

**Seclusion:** A non-disciplinary safety measure involving keeping a child in a place away from others and preventing them from leaving.

**Significant incident:** Any incident where force goes beyond everyday physical contact and requires formal recording and reporting.

## **APPENDIX 2**

### **Statutory power to use reasonable force (Education and Inspections Act 2006)**

Under section 93 of the Education and Inspections Act 2006 , all members of school staff have a statutory power to use reasonable force in limited circumstances to prevent a child from causing injury to themselves or others, committing a criminal offence, damaging property, or causing disorder.

This power applies while staff are lawfully in charge of children and extends to situations both on and off site, including educational visits.

Section 93 provides the legal basis for the use of reasonable force in schools, and any such use must be reasonable in the circumstances, meaning that it must be necessary and proportionate to the risks presented at the time.

In addition, section 93A of the Act places a statutory duty on governing bodies and proprietors to ensure that arrangements are in place for recording and reporting significant incidents involving the use of force.