Use of Reasonable Force Policy

Restrictive Interventions and Seclusion

Approved by:	Lauren Meston	**Date:**	17/08/2026
Last reviewed on:	17/08/2026		
Next review due by:	16/08/2027		

1. Introduction and policy statement

Future Pathways is committed to safeguarding the welfare, dignity and human rights of every young person. We recognise that restrictive interventions can be distressing and can carry physical, emotional and safeguarding risks. Our starting point is therefore prevention, trauma-informed practice, strong relationships, reasonable adjustments and de-escalation.

This policy replaces the former Restraint Policy. It reflects the Department for Education guidance Restrictive interventions, including use of reasonable force, in schools, effective from 1 April 2026, and Keeping Children Safe in Education (KCSIE) 2026, effective from 1 September 2026. Where a statutory requirement depends on the precise legal status of Future Pathways or the commissioning arrangement, Future Pathways will follow the applicable legal framework and use this policy as its minimum safeguarding standard.

Reasonable force or another restrictive intervention must never be used as punishment, to humiliate a young person, to secure compliance where there is no safety or lawful justification, or simply because a young person is refusing an instruction.

2. Aims

- minimise the need for restrictive intervention through prevention and de-escalation;
- ensure any use of force is lawful, necessary, reasonable and proportionate to the circumstances;
- use the least restrictive option that is safe and effective, for no longer than necessary;
- protect the safety and dignity of young people, staff and others;
- ensure SEND, disability, communication, medical needs, trauma history and other vulnerabilities are considered;
- ensure incidents are recorded, reported, reviewed and used to improve practice;
- ensure safeguarding concerns, injuries and allegations are escalated appropriately;
- work with parents/carers, commissioning schools and relevant professionals to reduce recurrence.

3. Legal and guidance framework

- Education and Inspections Act 2006, including sections 93 and 93A where applicable;
- Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025;
- Department for Education: Restrictive interventions, including use of reasonable force, in schools (effective 1 April 2026);
- Keeping Children Safe in Education 2026;
- Behaviour in schools: advice for headteachers and school staff;
- Equality Act 2010, including the duty to make reasonable adjustments;
- Children and Families Act 2014 and SEND Code of Practice: 0 to 25 years;
- Human Rights Act 1998;
- Health and Safety at Work etc. Act 1974;
- Working Together to Safeguard Children.

4. Definitions

Restrictive intervention: an action that prevents, restricts or subdues movement of a young person’s body, or part of their body. It may be physical or non-physical.

Reasonable force: physical force that is necessary and proportionate in the circumstances. “Reasonable” cannot be defined by a fixed amount of force; it depends on the risk, urgency, age, size, needs and circumstances at the time.

Restraint: a restrictive intervention used to limit movement. It may involve direct physical contact or, in some circumstances, a non-contact restriction.

Seclusion: a non-disciplinary intervention where a young person is kept away from others and prevented from leaving by physical obstruction, blocking or by being made to believe they will be punished if they leave.

Non-restrictive physical contact: ordinary appropriate contact that does not restrict movement, for example first aid, comforting a distressed young person where welcomed, or light guidance with consent. This is not restraint, although all physical contact must remain professionally appropriate.

5. Roles and responsibilities

Lauren Meston - Managing Director and Designated Safeguarding Lead (DSL)

- has overall responsibility for implementing and reviewing this policy;
- ensures procedures are in place for recording and reporting every incident that must be recorded under the 2025 Regulations;
- ensures staff receive appropriate training, supervision and guidance;
- ensures incidents with safeguarding implications are considered under safeguarding procedures;
- monitors patterns, including disproportionate use involving SEND, disability, ethnicity, sex, care experience or other vulnerabilities;
- ensures serious incidents are reviewed and that relevant commissioners, parents/carers and agencies are informed.

All staff

- prioritise prevention, communication and de-escalation;
- know and follow individual support plans, risk assessments and reasonable adjustments;
- call for assistance early where risk is escalating;
- use only interventions they are competent and authorised to use, except where immediate lawful action is necessary to prevent serious harm;
- end any restrictive intervention as soon as it is safe to do so;
- seek first aid or medical attention where required;
- record and report incidents as soon as practicable, aiming for the same day;
- inform Lauren Meston, DSL, or a Deputy DSL of any safeguarding concern arising from the incident.

6. Prevention and de-escalation

The safest restrictive intervention is the one that can be prevented. Future Pathways is trauma-informed and will seek to understand the function, trigger and context of behaviour rather than responding only to its outward presentation.

- calm, respectful communication and appropriate tone of voice;
- clear routines, predictable transitions and accessible instructions;
- giving processing time and reducing unnecessary verbal demands;
- offering appropriate choices, space, breaks or a change of environment;
- reducing sensory load, audience or known triggers;
- using trusted adults and staff who know the young person well;
- using distraction, redirection and regulation strategies;
- adapting expectations or environment where a reasonable adjustment is required;
- calling for support early rather than allowing risk to escalate.

Staff are not required to exhaust every possible strategy before acting where there is an immediate risk of harm. The response must fit the urgency of the situation.

7. When reasonable force may be used

Where the statutory power applies, reasonable force may be used to prevent a young person from doing, or continuing to do, something that creates a lawful basis for intervention, including preventing injury to

themselves or another person, preventing serious damage to property, preventing an offence, or addressing serious disruption where the legal threshold is met.

At Future Pathways, the clearest justification will normally be immediate safety. Staff must ask: Is intervention necessary now? What harm am I trying to prevent? Is there a less restrictive safe option? Is the degree and duration of force proportionate to the risk?

- Force must never be used simply to secure obedience or punish non-compliance.
- Force must not be used because a young person is verbally challenging, swearing, refusing work or refusing to move unless a separate immediate safety or lawful justification exists.
- Physical intervention must not routinely be used to stop a young person leaving the site. The Absconding / Leaving Without Permission Policy must be followed. Force may only be considered where immediate action is necessary and lawful, for example to prevent imminent serious harm.

8. Principles governing any intervention

1. Remain as calm as circumstances allow and, where practicable, tell the young person what you need them to do and why.
2. Use the least restrictive intervention that is likely to be safe and effective.
3. Use no more force than is reasonable in the circumstances.
4. Use force for the shortest possible time and reduce/release it as soon as risk decreases.
5. Protect breathing, circulation, head, neck and joints and remain alert to signs of distress.
6. Avoid degrading, painful or punitive actions.
7. Where practicable, summon assistance and ensure other young people are moved away from the incident.
8. Continue verbal reassurance and explain what needs to happen for the intervention to end.
9. Afterwards, check welfare, provide first aid/medical support and begin the recording/reporting process.

9. SEND, disability, trauma and medical considerations

Young people with SEND can be disproportionately subject to restrictive intervention. Distress may arise from sensory overload, pain, communication difficulty, fear, anxiety, unfamiliar environments or an unmet need. Staff must avoid interpreting all distressed behaviour as deliberate defiance.

- communication profile and preferred means of communication;
- autism, sensory-processing needs and known sensory triggers;
- learning disability or cognitive understanding;
- mobility, physical disability, pain or use of mobility aids;
- epilepsy, asthma, cardiac or respiratory conditions and other medical risks;
- past trauma, neglect, abuse, attachment disruption or adverse life events;
- mental-health risk, self-harm or suicidal ideation;
- known triggers linked to touch, proximity, gender or past experiences;
- reasonable adjustments and strategies recorded in EHCPs, support plans or risk assessments.

Where restrictive interventions are foreseeable, a proactive individual plan should be co-produced, where appropriate, with the young person, parent/carer, commissioning school and relevant professionals. A plan does not authorise routine restraint and cannot remove the requirement for each incident to be necessary and proportionate in the circumstances.

10. Planned and emergency interventions

Planned intervention may be considered where risk is foreseeable and an individual plan identifies specific prevention and response strategies. Plans must prioritise prevention and the least restrictive approach, identify medical/SEND risks, and be reviewed regularly and after significant incidents.

Emergency intervention may be required where an unexpected and immediate risk develops. Staff should use their professional judgement within the law, seek assistance where possible and act only to the extent necessary to protect safety.

11. Seclusion

Seclusion is not a punishment or disciplinary response. It should only be used as a safety measure to protect others from harm when a young person is experiencing high levels of emotional or behavioural dysregulation and the circumstances justify it.

- The area used must be safe and must not be threatening or intimidating.
- The young person must be supervised throughout.
- Seclusion must not be imposed through threat of punishment.
- The young person must be allowed to leave as soon as the immediate risk of harm has reduced.
- Every incident of seclusion must be recorded and reported under the applicable statutory procedure.

Routine locked isolation or prolonged confinement is not part of Future Pathways' behaviour approach.

12. Practices that are not acceptable

- use of force as punishment, retaliation, humiliation or intimidation;
- any action intended to cause pain or obtain compliance through pain;
- force that is disproportionate to the risk presented;
- continuing an intervention after the need has passed;
- pressure to the neck, throat, chest or abdomen that could restrict breathing or circulation;
- deliberately obstructing breathing;
- high-risk ground restraint except where unavoidable in an immediate emergency and only to the minimum extent necessary to protect life or prevent serious harm;
- using seclusion as a sanction;
- using an intervention because it is convenient for staff or because appropriate staffing/support has not been arranged.

13. Injuries, first aid and medical attention

Any person who is injured or complains of pain, breathing difficulty, dizziness, loss of consciousness or other concerning symptoms following an intervention must receive prompt first aid and, where appropriate, urgent medical assessment. Emergency services must be called where there is immediate or potentially serious medical risk.

All injuries must be recorded in accordance with Future Pathways' first-aid, accident and safeguarding procedures. Photographs of injuries should only be taken where there is a lawful and safeguarding reason, using approved organisational systems.

14. Recording requirements

Incidents that fall within the statutory recording requirements must be recorded in writing as soon as practicable. Staff involved should endeavour to complete the record no later than the same day. This applies even where restrictive intervention has been anticipated or agreed within a support plan.

The record should include as a minimum:

- name of the young person and staff directly involved;
- date, time, location and approximate duration;
- relevant needs or circumstances, including SEND/disability and SEN status where applicable;
- what happened immediately before the incident and known/potential triggers;
- preventative and de-escalation strategies used;
- why intervention was considered necessary;
- what type of intervention/force was used and the degree of force where relevant;

- any seclusion or non-contact restraint used;
- any injury or adverse effect;
- first aid, medical treatment and post-incident support;
- when and how parents/carers and the commissioning school were informed;
- young person and witness accounts where appropriate;
- follow-up actions, safeguarding decisions and changes to plans.

15. Reporting to parents/carers and commissioners

Parents/carers must be informed as soon as practicable after an incident that is subject to the statutory reporting duty, and Future Pathways will aim to do this no later than the same day. Information should normally also be provided in writing. The report should include the date, time, location, approximate duration, why the intervention was necessary, what force or restrictive intervention was used and any injury.

Where reporting to a particular parent would be likely to result in serious harm to the young person, the DSL will apply the statutory exception and safeguarding procedures, including reporting to another appropriate parent or the relevant local authority where required.

As an alternative provision, Future Pathways will also notify the commissioning/referring school or local authority promptly where the placement arrangements or safeguarding responsibilities require this.

16. Post-incident response and debrief

The immediate priority after an incident is recovery, safety and welfare, not blame. The young person should be given time to regulate before reflective discussion.

- check physical and emotional welfare and arrange medical support if needed;
- offer the young person an opportunity to give their account in an accessible way;
- offer staff involved an opportunity for debrief and welfare support;
- consider the welfare of witnesses and other young people;
- review triggers, early warning signs and whether de-escalation strategies were effective;
- review any behaviour support plan, EHCP strategies, risk assessment or reasonable adjustments;
- consider whether additional specialist, mental-health, SEND or trauma support is needed;
- identify organisational learning and communicate relevant changes to staff.

17. Safeguarding, complaints and allegations

A use-of-force incident may itself raise a safeguarding concern. Any concern that force was excessive, punitive, unsafe, discriminatory, unnecessary or otherwise inappropriate must be reported immediately to Lauren Meston, DSL, or through the appropriate allegations/low-level-concerns procedure.

Where an allegation is made against a member of staff, it must be managed under KCSIE and Future Pathways' safeguarding procedures. The fact that reasonable force can lawfully be used in some circumstances must be considered, but it does not prevent appropriate LADO, police or social-care consultation where the harm threshold may be met.

Complaints about the use of force will be considered under the Complaints Policy, but a safeguarding concern will not be delayed while a complaint is investigated.

18. Staff training and competence

All staff will receive information on this policy, de-escalation, safeguarding, SEND and trauma-informed practice. Staff whose roles make restrictive intervention foreseeable should receive suitable practical training from an appropriately competent provider and refresh this at intervals determined by risk, provider guidance and organisational review.

Training does not create a requirement to use force. Staff must continue to exercise judgement in each situation. Staff should not attempt specialist physical techniques for which they have not been trained

unless immediate action is necessary to prevent serious harm and the action is otherwise lawful and reasonable.

19. Monitoring and governance

Lauren Meston will oversee monitoring of restrictive-intervention data. Reviews will consider frequency, duration, location, staff involved, injury, triggers, effectiveness of prevention, repeat incidents and patterns by SEND, disability, ethnicity, sex, care status or other relevant factors. Disproportionate use will be investigated and action taken.

The policy will be reviewed at least annually and sooner following a serious incident, significant injury, safeguarding learning, complaint, change in legislation/guidance or evidence that practice is not operating safely or fairly.

20. Related Future Pathways policies

- Safeguarding and Child Protection Policy;
- Behaviour Policy;
- SEND Policy;
- Inclusion Policy;
- Mental Health and Wellbeing Policy;
- Absconding / Leaving Without Permission Policy;
- Low-Level Concerns Policy;
- Anti-Bullying Policy;
- Health and Safety / First Aid procedures;
- Educational Visits Policy;
- Complaints Policy.

Appendix 1 - Staff quick guide

10. Assess immediate risk and call for support early.
11. Use calm communication, space, choices, de-escalation and reasonable adjustments where safe to do so.
12. If intervention is necessary, use the least restrictive safe option and no more force than is reasonable.
13. Protect breathing, circulation and dignity; stop/reduce the intervention as soon as the risk reduces.
14. Check for injury and obtain first aid/medical help.
15. Inform Lauren Meston, DSL, of any safeguarding concern.
16. Record the incident in writing as soon as practicable, aiming for the same day.
17. Inform parents/carers and the commissioning school in line with the reporting procedure.
18. Debrief the young person and staff when calm and review risk/support plans.
19. Escalate any concern about inappropriate force through safeguarding, low-level-concern or allegations procedures.

Appendix 2 - Restrictive Intervention / Use of Force Record

Young person: _____
Date and time: _____
Location / activity: _____
Staff directly involved: _____
Other staff / witnesses: _____
Relevant SEND, disability, medical, communication or trauma information:

What happened before the incident / trigger:

Preventative and de-escalation strategies used:

Immediate risk being prevented:

Why intervention was necessary:

Type of restrictive intervention / reasonable force used:

Approximate duration:

How and when the intervention ended:

Any seclusion or non-contact restraint used:

Injuries / adverse effects:

First aid / medical assessment:

Young person's account:

Witness accounts:

Parent/carer informed - date/time/method:

Commissioning school / local authority informed:

DSL / safeguarding action:

Post-incident support:

Risk/support plan changes:

Further action / review date: _____

Staff completing record / signature / date:

…… Date ……..

Senior review / signature / date:

…… Date ……..

Appendix 3 - Post-incident review checklist

- ☐ Was the intervention necessary and proportionate to the immediate risk?
- ☐ Were reasonable prevention/de-escalation strategies attempted where circumstances allowed?
- ☐ Were the young person's SEND, disability, communication, trauma and medical needs considered?
- ☐ Was the least restrictive safe option used?
- ☐ Was the intervention ended as soon as the risk reduced?
- ☐ Was first aid/medical attention offered or obtained?
- ☐ Was the incident recorded as soon as practicable and no later than the same day where possible?
- ☐ Were parents/carers informed in line with statutory requirements?
- ☐ Was the commissioning school/local authority informed where appropriate?
- ☐ Was the young person offered an accessible debrief?
- ☐ Were staff/witnesses offered support?
- ☐ Does the incident raise a safeguarding, LADO, low-level concern or complaints issue?
- ☐ Does the risk assessment, behaviour support plan, EHCP strategy or reasonable adjustment need updating?
- ☐ Is additional specialist or multi-agency support required?
- ☐ Has organisational learning been identified and shared?

Reference guidance

- Department for Education - Restrictive interventions, including use of reasonable force, in schools (effective from 1 April 2026).
- Department for Education - Keeping Children Safe in Education 2026.
- Department for Education - Behaviour in schools: advice for headteachers and school staff.
- Department for Education - SEND Code of Practice: 0 to 25 years.
- Department for Education - Equality Act 2010: advice for schools.

Approval

Signed: L. Meston

Lauren Meston - Managing Director and Designated Safeguarding Lead, Future Pathways

Date: 16/08/2026

Next review due: 16/08/2027