

ASIS Appropriate Touch & Restrictive Intervention Policy

Purpose and Scope

This policy sets out our school's approach to appropriate touch and restrictive interventions, including the use of reasonable force, restraint and seclusion.

It applies to all staff, Governors, volunteers, supply staff and external professionals working within our school.

Restrictive intervention is never a behaviour management strategy. It is a last resort safety response.

Legislation and statutory requirements

This policy has been drafted in line with the [Restrictive interventions, including use of reasonable force in schools](#) guidance (DfE, April 2026).

The principal legislation to which this DfE guidance relates:

- Education and Inspections Act 2006, especially sections 93 and 93A
- Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025
- Health and Safety at Work etc. Act 1974 and associated regulations
- Human Rights Act 1998
- Equality Act 2010

Where this policy uses **must**, this indicates a statutory requirement. Where it uses **should**, this indicates expected practice unless there is good reason not to follow it.

Our Approach

Our school is committed to a relational, trauma-informed approach, recognising that behaviour is often a communication of unmet need, distress or dysregulation.

We:

- Prioritise connection before correction
- Use attunement, empathy and curiosity
- Create predictable and emotionally safe environments
- Recognise the importance of co-regulation and adult support

This approach underpins all decisions relating to touch and restrictive intervention. Any intervention must be grounded in the best interests of the child, preserving dignity and rights at all times.

Definitions

Appropriate touch: Touch that is non-restrictive, developmentally appropriate and used to support care, safety, reassurance or learning.

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

Reasonable force: Physical force used by staff to prevent injury to self or others, serious damage to property, a criminal offence or significant disorder, using the minimum force for the shortest time.

Significant incident: Any incident where force goes beyond everyday physical contact and triggers statutory recording and reporting duties.

Seclusion: a non-disciplinary intervention involving keeping a student 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 non-disciplinary intervention that immobilises or limits a student's movement, with or without physical contact.

Appropriate Touch

We do not operate a "no touch" policy. In some circumstances, withholding appropriate touch would be unsafe, unkind or emotionally harmful.

Examples of appropriate touch include:

- Holding a young child's hand
- A light touch on the arm or shoulder, where appropriate
- Comforting a distressed student (for example, a hand on the back, arm squeeze or deep pressure touch), where appropriate and agreed within individual plans – particularly if on advice from specialists such as Occupational Therapists or Physiotherapists
- Congratulating or praising a student, 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
- Supporting a child with personal care, particularly within EYFS and SEND contexts, in line with agreed care plans
- Guiding a student away from danger
- Administering first aid

See below for further specific guidance on appropriate touch for different age groups.

This policy recognises that, in some circumstances, abstaining from touch would be inhumane, unkind and potentially psychologically or neurobiologically damaging. We are therefore clear that we should not operate a "zero touch policy".

This does not diminish the requirement for professional judgement, consent where possible, and adherence to safeguarding expectations at all times. Staff must always consider context, age, vulnerability, consent (where possible) and safeguarding expectations.

Inappropriate touch includes any touch that is invasive, sexualised, coercive, humiliating or used as punishment. Such conduct will be treated as a serious safeguarding concern.

Age-Appropriate Expectations for Touch

We recognise that expectations around appropriate touch will vary according to a student's age, stage of development, needs and context. Staff must always exercise professional judgement and adhere to safeguarding expectations.

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Early Years (Nursery–Reception)
Touch is a natural and important part of early emotional development. Staff may, where appropriate:

- Hold hands with a child
- Provide physical comfort in response to a distressed child, where this is welcomed and appropriate
- Use gentle physical guidance
- Engage in contact play and coregulation strategies

Primary (Years 1–6)

Touch remains appropriate in a range of circumstances, including:

- Offering reassurance (for example, a hand on the shoulder)
- Guiding safely
- Supporting emotional regulation
- Participating in structured, supervised play

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Neurobiological and Thrive Aligned Rationale for Touch

We recognise the extensive neurobiological research demonstrating that:

- Safe, attuned touch supports co-regulation, reduces stress responses, and promotes feelings of safety
- Touch is a vital component of healthy social, emotional, cognitive and physical development
- Touch can support the release of calming neurochemicals such as oxytocin, opioids and dopamine, promoting emotional regulation and readiness to learn
- Failing to soothe a distressed child may contribute to hyperarousal and toxic stress responses, with potential long-term consequences for wellbeing

Prevention & De-escalation

We are committed to minimising the need for restrictive intervention through proactive, relational and preventative practice.

All schools must prioritise:

- Predictable routines and emotionally safe environments
- Early identification of triggers and escalation
- Consistent use of de-escalation strategies
- Thrive aligned relational practice
- Reasonable adjustments for students with SEND or additional vulnerabilities

De-escalation strategies may include:

- Calm verbal reassurance and tone modulation
- Reducing sensory input or environmental demands
- Allowing time and space for regulation
- Reducing the number of adults involved
- Use of agreed regulation strategies within support plans

Restrictive intervention must only be considered where de-escalation has been attempted or is not safe or appropriate in the circumstances.

Principles Governing Restrictive Intervention

Restrictive intervention is always a last resort. Staff must ensure that:

- All de-escalation strategies have been attempted where safe and appropriate to do so
- The intervention is lawful, necessary, proportionate and time limited
- The child's welfare, dignity and rights are prioritised at all times
- The level of force used is the minimum necessary to manage the immediate risk
- The intervention is recorded, reported and reviewed in line with statutory requirements
- Parents/carers are informed as soon as practicable after the incident, and schools should endeavour to do this no later than the same day, unless doing so would place the student at risk of serious harm
- The student's voice is captured as part of follow-up and review, where appropriate

- Restraint is only ever used as a last resort safety measure, and the best interests of the student take precedence over every other consideration.

When Restrictive Intervention May be Used

Restrictive intervention may only be used in exceptional circumstances where it is:

- Lawful
- Necessary
- Proportionate
- Time limited

To prevent a student from:

- Injuring themselves or others
- Committing a criminal offence
- Causing serious damage to property
- Causing significant disorder

Restrictive intervention must never be used:

- As punishment or sanction
- To force compliance
- For staff convenience
- To manage behaviour without immediate risk

Reasonable force may also be used during a lawful search for prohibited items, where such force is necessary and proportionate. Force must not be used to search for items banned solely under school rules. Any use of force during a search must be recorded and reported in line with this policy.

While staff will always make every reasonable effort to ensure that any restrictive intervention is conducted safely, calmly and proportionately, it is recognised that, in rare circumstances, minor unintended injuries may occur. Such injuries are not automatically indicative of misconduct but may represent an unfortunate and accidental consequence of a lawful and proportionate intervention carried out to prevent harm and maintain the safety of the student and others.

Any injury, distress or harm arising from a restrictive intervention must be recorded and will be subject to appropriate review and investigation.

Unacceptable Practice

The following practices are strictly prohibited:

- Any technique that restricts breathing, circulation or airway
- Pressure to the neck, chest or abdomen
- Covering the mouth or nose
- Ground restraint (except where unavoidable and for the shortest time)
- Threatening or using seclusion as punishment

Any use of restrictive intervention that is inconsistent with this policy, compromises a student's safety or dignity, or may constitute inappropriate conduct must be escalated immediately in line with

- safeguarding and allegations procedures. Where thresholds are met, consultation with the Local Authority Designated Officer (LADO) will take place.

Student with SEND & Additional Vulnerabilities

Where restrictive intervention is more likely:

- A risk assessment must be in place
- A behaviour or support plan must outline prevention and agreed strategies
- Reasonable adjustments must be considered
- Parents/Carers and relevant professionals must be informed and involved

Restrictive intervention must always be assessed on current risk, regardless of any prior agreement or plan.

Seclusion

Seclusion may only be used as a short-term safety measure where there is an immediate risk of harm, and the student is highly dysregulated.

Seclusion:

- Must never be used as punishment
- Must involve continuous supervision
- Must end as soon as risk reduces
- Must take place in a safe, suitable and non-threatening environment

All incidents of seclusion are statutorily recordable and reportable.

Staff Training & Competence

It is recommended that staff who are likely to work in situations where restrictive interventions may be required receive appropriate training in:

- Prevention and de-escalation strategies
- Safe and lawful use of reasonable force
- Assessing necessity and proportionality
- Risks to physical and psychological wellbeing
- Trauma, SEND and neurodiversity

Training requirements will be informed by student need, data, patterns of incidents and risk assessments.

It should be noted however, that it is not a legal requirement for staff to have received training in order to physically intervene with a child. All staff have a duty of care to keep students safe and there may be occasions, following a dynamic in the moment risk assessment, that a staff member needs to use restrictive intervention without training.

We recognise our duty as an employer to take reasonably practicable steps to ensure the health, safety and welfare of staff and students.

Recording Requirements

All significant incidents, including use of force, restraint and seclusion, must be recorded on **CPOMS** as soon as practicable and no later than the same day.

Records must include:

- Names of student and staff involved
- Date, time, location and duration
- Relevant needs (including SEND status)
- Antecedents, triggers and de-escalation used
- Type and degree of force (if applicable)
- Rationale for necessity
- Injuries or medical treatment
- Post incident support

Records form part of the safeguarding record and are retained in line with the Retaining Records Policy.

Staff are expected to complete the CPOMS form in full following a relevant incident. DSLs and senior leaders are responsible for reviewing entries to ensure completeness, accuracy and compliance with this policy.

Reporting to Parents/Carers

Parents/carers must be informed in writing as soon as practicable after the incident and schools should endeavour to do this no later than the same day, unless doing so would be likely to result in serious harm to the student.

Reports must include:

- Date, time, location and duration
- Why the intervention was necessary
- Type and degree of force used
- Any injuries or welfare concerns

Where reporting to parents is not safe, the incident must be reported to the relevant local authority. Where same day notification is not practicable, the rationale must be clearly recorded on CPOMS.

Post-Incident Support & Review

Following any restrictive intervention, including the use of reasonable force, restraint or seclusion:

- Welfare and medical checks must take place where appropriate
- The student's voice should be captured, where appropriate and practicable
- A reflective debrief should occur for staff involved
- Relationships should be repaired using restorative approaches
- Behaviour plans, support plans and risk assessments must be reviewed and updated where necessary

Students who witness an incident may also require emotional or pastoral support.

Monitoring, Governance & Oversight

DSLs and Headteachers must ensure statutory compliance in school, which will be overseen by the Governors.

Restrictive intervention data is treated as safeguarding intelligence.

Complaints & Allegations

Complaints relating to restrictive intervention are managed under the school's Concerns and Complaints Policy.

Allegations against staff are managed in line with:

- Allegations Against Staff Policy
- Child Protection and Safeguarding Policy
- LADO procedures where required

Review

This policy will be reviewed every two years or sooner if statutory guidance changes.

Links to other guidance

- [Reducing the need for restraint and restrictive intervention](#)
- [Searching screening and confiscation](#)
- [Mental health and behaviour in schools](#)