



RESTRICTIVE INTERVENTIONS AND USE OF REASONABLE FORCE

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1. PURPOSE AND STATUS

This policy sets out a child-centred, least-restrictive approach to preventing and responding to situations in which physical contact, reasonable force or another restrictive intervention may be considered.

The Ark is a non-school alternative provision rather than a registered school. The Department for Education (DfE) guidance "Restrictive interventions, including use of reasonable force, in schools" (April 2026) is written for schools and its school-specific statutory recording and reporting duties do not automatically apply to The Ark merely because a pupil is placed here. Nevertheless, The Ark adopts the core safeguards and recording/reporting standards in that guidance as organisational policy and good practice, because pupils remain the safeguarding responsibility of their commissioning school and because the DfE voluntary national standards for non-school alternative provision expect providers to maintain an appropriate behaviour policy including use of reasonable force.

Nothing in this policy should be read as giving a member of Ark staff a statutory power that they do not otherwise have. Where a commissioning school intends Ark staff to exercise any school-derived power under section 93 of the Education and Inspections Act 2006, the commissioning arrangements should make the legal basis and any headteacher authorisation clear in writing. Staff may also have rights and duties under the ordinary law, for example to act reasonably in self-defence, defence of another person or prevention of crime. Legal advice should be sought where there is uncertainty

2. CORE PRINCIPLES

- Restrictive intervention is exceptional, not routine. Prevention, early support, relational practice and de-escalation are the default.
- Any intervention must be lawful, necessary, proportionate to the risk, and the least restrictive option for the shortest time.
- Force must never be used as punishment, to cause pain, to humiliate, to obtain compliance where no lawful safety basis exists, or because a child is merely refusing an instruction.
- The child's dignity, communication needs, SEND, disability, medical needs, trauma history and other vulnerabilities must be considered.
- Planned interventions must be based on individual assessment and staff competence; emergency action is judged on the circumstances actually faced.
- Every significant restrictive intervention must be recorded, reviewed and used as an opportunity to reduce future reliance on restrictive practice.
- The Ark will share relevant information promptly with parents/carers, the commissioning school and safeguarding agencies where appropriate.

3. DEFINITIONS

TERM	MEANING IN THIS POLICY
Appropriate physical contact	Ordinary, non-restrictive contact that is reasonable for the situation, such as first aid, comforting a distressed child when welcomed, demonstrating an activity, or brief supportive guidance. It does not prevent or restrict movement.
Physical guidance	Light, non-forceful assistance to support a child to move or participate, which the child is not resisting and remains free to stop. If resistance occurs or movement is prevented, the contact may become a restrictive intervention and must be reconsidered.
Restrictive intervention	An action intended to prevent, restrict or subdue movement of a child's body or part of the body. It can be physical or non-physical.
Reasonable force	Physical force that is no more than necessary in the circumstances and is used for the shortest time needed. In schools, section 93 of the Education and Inspections Act 2006 gives school staff a specific power in limited circumstances; The Ark does not assume that power automatically applies to all Ark staff.
Restraint	A non-disciplinary intervention that immobilises a child or limits movement. It can involve direct physical contact or, in some circumstances, a non-contact restriction such as removing a mobility aid.
Seclusion	A non-disciplinary restrictive intervention in which a child is kept away from others and prevented from leaving, whether by physical obstruction, blocking or making the child believe they cannot leave. This is distinct from a voluntary calming space.

Withdrawal / self-regulation space	A child chooses or agrees to move to a quieter area and remains free to leave. This is not seclusion. Staff must not turn a voluntary strategy into confinement.
Significant incident	For this policy, any use of force beyond ordinary appropriate physical contact, and any use of restraint or seclusion. The Ark records these incidents even where the school-specific statutory definition does not directly bind the provider.

4. PREVENTION, EARLY INTERVENTION AND DE-ESCALATION

Staff should seek to understand what the child is communicating through behaviour and reduce avoidable triggers. This is particularly important for children with SEND, sensory differences, communication needs, trauma histories, medical conditions or anxiety.

- use calm, clear language, appropriate tone and non-threatening body language;
- allow processing time and reduce verbal demands;
- offer choices and predictable next steps;
- increase space, reduce audience and remove unnecessary stimuli;
- use known interests, familiar activities or trusted adults to redirect and co-regulate;
- adapt the environment where practical, including noise, crowding, animal proximity, tools, gates and other hazards;
- follow the child's support plan, risk assessment, communication plan or positive handling plan;
- summon additional support early where escalation is foreseeable.

5. WHEN PHYSICAL INTERVENTION MAY BE NECESSARY

The Ark's operating principle is that restrictive intervention is used only where there is a clear and immediate need to reduce a significant risk and less restrictive options are not sufficient or are not practicable in the time available. Examples can include preventing a child from:

- running into a road, through an unsafe gate, towards water, machinery, fire, livestock or another hazardous area;
- using a tool, object or item in a way that creates an immediate risk of injury;
- harming themselves, another child, a member of staff or another person;
- causing serious harm to an animal;
- committing an offence or causing serious damage where immediate action is reasonably necessary to prevent the risk.
- creating disorder that presents a genuine safety risk, where a school-derived statutory power is legally applicable. Mere disruption, refusal or non-compliance is not in itself a sufficient justification for force at The Ark.

Staff must make a dynamic assessment: Is action necessary? Is there a less restrictive option? Is the proposed action likely to reduce rather than increase risk? Is the level and duration proportionate? What are the child's individual vulnerabilities?

6. WHAT IS NOT ACCEPTABLE

- force as punishment, chastisement, retaliation, intimidation or to secure compliance where there is no lawful safety basis;
- any technique intended to inflict pain or deliberately cause distress;
- covering the mouth or nose, pressure to the neck, throat, chest or abdomen, or any action that compromises airway, breathing or circulation;
- planned prone (face-down) or supine (face-up) floor restraint, or deliberately taking a child to the ground, except where an unforeseeable emergency results in a fall and staff are acting to prevent immediate serious harm while moving to a safer position as quickly as possible;
- holding a child in a position that prevents them communicating distress, or ignoring signs of breathing difficulty, collapse, altered consciousness or medical distress;
- seclusion as punishment, convenience, behaviour management for deliberate misbehaviour, or because staffing is insufficient;
- locking a child alone in a room or area, or leaving a secluded child unsupervised;

7. POSITIONAL ASPHYXIA AND MEDICAL RISK

All restraint carries physical and psychological risk. Risk increases where breathing is restricted, a child is on the ground, there is pressure to the torso or neck, the child is exhausted, distressed, intoxicated, medically vulnerable, very young, of small stature, obese, or has respiratory, cardiac, neurological or other relevant conditions. Staff must continuously monitor breathing, colour, responsiveness and distress. If a child is unintentionally on the ground, staff should release or reposition to a safer alternative or standing position as quickly as possible.

Call 999 immediately where there is breathing difficulty, loss or alteration of consciousness, suspected serious injury, seizure, severe chest pain, collapse, or any other medical emergency.

8. SECLUSION, ISOLATION AND WITHDRAWAL

The Ark does not use seclusion as a disciplinary sanction. A child may use a voluntary quiet or regulation space and may leave it. Staff may also move other pupils away from an incident to create safety without confining the child in crisis.

If, in an exceptional safety emergency, a child is prevented from leaving an area, that is seclusion and is a restrictive intervention. It must only be used to protect people from harm during high levels of dysregulation, never by threat of punishment. The space must be safe and non-threatening, the child must be supervised continuously, communication maintained where possible, and the restriction ended as soon as the immediate risk has reduced. Every use must be recorded and reported under section 13 of this policy.

9. SEND, DISABILITY, TRAUMA, COMMUNICATION AND EQUALITY

Before placement, The Ark should receive relevant EHCP information, risk assessments, behaviour/support plans, medical information and communication guidance from the commissioning school.

Where a child is at increased risk of restrictive intervention, a specific individual risk assessment and support/positive handling plan should be co-produced, so far as appropriate, with the child, parents/carers, commissioning school and relevant professionals.

Plans should identify triggers, early signs, preferred communication, reasonable adjustments, de-escalation strategies, environmental adaptations, known medical risks, approaches to touch and any agreed physical supports.

Reasonable adjustments under the Equality Act 2010 must be considered. Data should be reviewed for disproportionate impact on children with SEND or other protected characteristics.

A plan does not make an intervention automatically lawful or appropriate; the actual circumstances at the time still govern necessity and proportionality.

10. STAFF COMPETENCE, TRAINING AND AUTHORISATION

All staff must receive induction and periodic refresher input on this policy, prevention, de-escalation, safeguarding, incident reporting and the risks of restrictive intervention. Staff whose role makes restrictive intervention reasonably foreseeable must receive practical training appropriate to the risks of the provision and the children placed.

The Ark currently uses Team Teach as its chosen framework for trained staff. The policy does not treat any branded programme as creating legal authority. The Director must keep records of who is trained, the level and date of training, expiry/refresher date and any restrictions on competence. Staff must not use planned physical techniques for which they are not trained and currently competent.

Where a child's known risks cannot be safely managed within staff competence, the placement/risk assessment must be reviewed with the commissioning school and additional specialist training or an alternative support arrangement considered before the activity continues.

11. STAFF RESPONSIBILITIES DURING AN INCIDENT

- Call for assistance and reduce environmental hazards where possible, including moving other children, securing tools and controlling access to animals or hazardous areas.
- Use de-escalation and the least restrictive option practicable. Explain calmly what is happening and what the child needs to do, using communication support where needed.
- Use no more force or restriction than necessary and reduce/end it as soon as the risk permits.
- Protect privacy and dignity, avoiding public exposure where circumstances allow.
- Continuously monitor the child's breathing, physical condition and emotional presentation.
- Where another adult is present, they should support safety, observe and summon first aid/emergency help as needed rather than automatically joining the hold.
- After release, ensure the child is safe and monitored; do not immediately re-engage in confrontation or demand an account before they are ready.

12. IMMEDIATE POST-INCIDENT CARE

- Offer first aid and, where appropriate, a medical assessment as soon as possible. Record refusal as well as acceptance.
- Where there is any injury, pain, breathing concern, head impact, loss of consciousness, prolonged restraint or other clinical concern, seek appropriate medical advice or emergency treatment.
- Inform the Lead Coordinator/DSL or Director without delay.
- Consider whether the incident itself raises a safeguarding concern about practice or a member of staff.
- Provide support to witnesses where they have been distressed by the incident.

13. RECORDING AND REPORTING

The Ark will record every significant use of force, every restraint and every seclusion as soon as practicable and normally on the same day. This voluntarily mirrors the 2026 school standard and exceeds the minimum expected of a non-school provider.

- names of the child and staff directly involved;
- date, time, location and approximate duration;
- relevant needs/circumstances, including SEND, disability, medical, communication or trauma factors where pertinent;
- what happened before, including known/potential triggers and preventative/de-escalation strategies tried;
- what intervention was used, including type, degree and duration of force/restriction;
- why staff assessed it as necessary and proportionate;
- any injuries, first aid, medical assessment/treatment or other adverse impact;
- the child's account, when they are ready and with communication support if needed;
- witness accounts where relevant;
- when and how parents/carers and the commissioning school were informed;
- post-incident support, debrief and follow-up actions; and
- whether risk assessments/support plans require review.

Parents/carers and the commissioning school should normally be informed as soon as practicable and on the same day, with written information. If notifying a parent may create a serious safeguarding risk to the child, the DSL must decide the safest lawful reporting route in consultation with the commissioning school and, where necessary, children's social care.

14. SAFEGUARDING CONCERNS, ALLEGATIONS AND COMPLAINTS

Any concern that force or another restrictive intervention was unnecessary, excessive, punitive, discriminatory, unsafe or otherwise inappropriate must be treated as a safeguarding concern as well as an incident-management issue. Staff must report it immediately under The Ark's Safeguarding and Child Protection Policy and Staff Code of Conduct.

Where an allegation or concern about a person working with children meets or may meet the Leeds LADO criteria, The Ark will follow KCSIE 2026-aligned allegations procedures and Leeds Safeguarding Children Partnership arrangements. The Leeds LADO should be informed within one working day of allegations that come to the employer's attention where the

threshold is met. Complaints will also be managed under The Ark's Complaints Procedure without delaying safeguarding action.

15. DEBRIEF, REFLECTION AND SUPPORT

Debrief is for learning and wellbeing, not blame. It should occur when the child and staff member are sufficiently regulated to participate safely.

- The child should be offered a separate, child-centred conversation to understand their perspective, what helped or did not help, and what should change. They may decline or defer.
- Staff involved should have a separate reflective review with a Director/DSL or other appropriate manager, ideally facilitated by someone not directly involved.
- The review should consider whether policy and support plans were followed, whether the intervention was necessary and proportionate, whether any safeguarding issue arose, and what prevention changes are needed.
- Staff wellbeing, supervision and any need for refresher or specialist training should be addressed.
- Relationship repair and restorative work should be offered where appropriate, without requiring the child to apologise or accept the staff account.

16. INDIVIDUAL PLANS AND REPEATED INCIDENTS

A support/positive handling plan must be reviewed after any significant restrictive intervention and sooner where the incident reveals a new risk. The Ark will normally aim to complete the review within 5 working days, consistent with its previous due-diligence arrangements. Repeated incidents trigger a multi-agency review with the commissioning school to consider whether needs, environment, staffing, timetable, activities, health, communication support or placement suitability have changed.

Plans must not rely on "graduated force" as a predetermined sequence. The least restrictive response appropriate to the actual risk should always be used; escalation or reduction of physical intervention must be based on dynamic assessment, not a fixed ladder of force.

17. MANAGEMENT OVERSIGHT AND DATA REVIEW

- Directors will review restrictive-intervention records at least termly and after any serious incident.
- Reviews will identify repeat patterns, triggers, locations, times, activities, staff training needs and effectiveness of prevention measures.
- Data will be considered for disproportionate use affecting children with SEND, disabilities or other protected characteristics, while recognising the limitations of small-number data.
- Learning will be fed back into staff training, risk assessment, support plans, environmental controls and commissioning discussions.
- Serious or recurring concerns will be shared with the commissioning school and relevant safeguarding/health and safety agencies.

18. OUTDOOR SMALLHOLDING-SPECIFIC CONTROLS

- Activity and site risk assessments must consider how a child could access roads, gates, fences, water, woodland, uneven terrain, livestock, feed stores, vehicles, tools, fires and other hazards.
- Before higher-risk practical activities, staff must confirm the child's individual risk assessment and support plan remain suitable and that staffing is sufficient.
- Where a child becomes dysregulated around animals, priority should be separation of the child and animal using environmental controls and additional staff where possible, rather than physical restraint.
- Tools or equipment should be made safe or removed where this can be done without escalating risk. Physical intervention to stop immediate dangerous use may be necessary only where less restrictive action is not practicable.
- Emergency intervention to stop a child entering an immediate hazard should end once the danger is controlled; it must not continue as punishment or to secure subsequent compliance.

19. RELATED POLICIES AND DOCUMENTS

- Safeguarding and Child Protection Policy
- Positive Behaviour Policy
- Staff Code of Conduct and Safer Working Practice Policy
- Health and Safety Policy and relevant activity/site risk assessments
- First Aid Policy
- Complaints Procedure
- Whistleblowing Policy
- Individual pupil risk assessments, EHCP information, behaviour/support plans and positive handling plans
- Commissioning school placement agreement and safeguarding information-sharing arrangements

