Restrictive Interventions, Reasonable Force & Seclusion Policy

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Version Control		
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1.0	Policy written	July 2026
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Contents

Purpose and Scope

Waterloo Primary School and Nursery is committed to providing a safe, calm, inclusive and predictable environment in which every pupil is treated with dignity. Restrictive intervention is not a behaviour-management shortcut. The school will proactively minimise its use through relationships, reasonable adjustments, prevention, early support and skilled de-escalation.

This policy applies to all pupils, including those in the school's five autism bases and cognition and learning base, while pupils are on school premises or under the lawful control or charge of school staff elsewhere, including educational visits and transport arrangements controlled by the school.

It applies to employees and to any other person whom the headteacher has lawfully authorised to have control or charge of pupils. Contractors and visiting professionals remain responsible under their own employer's procedures as well as complying with safeguarding and site arrangements notified by the school.

Core rule:

Restrictive intervention must never be used as punishment, a threat, a deterrent, to secure compliance, or merely for staff convenience.

Legal & Statutory Framework

This policy has regard to, and should be interpreted consistently with:

- Education and Inspections Act 2006, particularly sections 93 and 93A;
- Education Act 1996, particularly sections 550ZA and 550ZB in relation to searches;
- Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025;
- Equality Act 2010, including the duty to make reasonable adjustments and the Public Sector Equality Duty where applicable;
- Human Rights Act 1998;
- Health and Safety at Work etc. Act 1974 and associated regulations;
- Children and Families Act 2014 and the SEND statutory framework;
- Keeping Children Safe in Education 2026;
- DfE, Restrictive interventions, including use of reasonable force, in schools, effective from 1 April 2026;
- DfE, Behaviour in schools;
- DfE, Searching, screening and confiscation at school; and
- HSE, Incident reporting in schools: guidance for employers.

The recording and reporting section of the DfE restrictive-interventions document includes statutory guidance issued under section 93A. The remainder contains non-statutory guidance to which the school has had regard. The 2025 Regulations impose separate legal duties concerning seclusion and restraint.

Principles

- The welfare and safety of pupils and staff are paramount.
- Every pupil has the right to dignity, respect, privacy and protection from avoidable physical and psychological harm.
- Behaviour may communicate unmet need, pain, fear, sensory overload, trauma, communication difficulty or distress.
- Prevention, reasonable adjustments and de-escalation are the preferred approaches.
- Any intervention must be lawful, necessary, proportionate, the least restrictive effective option and used for the shortest necessary period.

- An intervention must be reduced or stopped as soon as the immediate risk has reduced sufficiently.
- The fact that an intervention appears in a pupil's plan does not make its use automatically lawful in a particular incident.
- Parental consent is not the legal basis for reasonable force and is not required before lawful emergency action. Parents and pupils should nevertheless be involved in individual planning wherever appropriate.
- All reportable incidents will be recorded, notified, reviewed and used to improve support and reduce recurrence.

Definitions

Term	Meaning
Restrictive intervention	A means of preventing, restricting or subduing movement of a pupil's body or part of their body. It is an umbrella term covering physical and non-physical actions aimed at restraining pupils.
Reasonable force	Physical force used by staff under the statutory power in limited circumstances. Reasonable means no more force than is necessary, for the least amount of time, judged according to the circumstances.
Significant incident	Any incident where force goes beyond appropriate physical contact between staff and pupils. It includes physical force used to implement a non-physical restrictive intervention. Injury is not required for an incident to be significant.
Restraint	A non-disciplinary intervention which immobilises a pupil or limits their movement. It may occur with or without direct physical contact.
Seclusion	A non-disciplinary intervention in which a pupil is confined away from others and prevented from leaving by physical obstruction, blocking, or a belief that punishment will follow if they leave.
Supportive withdrawal	A non-disciplinary, non-restrictive move to a quieter or safer place for regulation or support. The pupil is not prevented from leaving.
Planned time-out	A brief, agreed behavioural strategy in which access to positive reinforcement is reduced. The pupil remains free to leave and the exit is never blocked.
Classroom removal	A serious disciplinary measure under the behaviour policy, requiring a pupil to spend a limited time out of class in a supervised setting where meaningful education continues. It is not itself seclusion.
Appropriate physical contact	Ordinary, proportionate contact used for care, safety, teaching, comfort or guidance that does not amount to force or restraint.

Appropriate Physical Contact

The school does not operate a 'no contact' policy and will not agree requests that would prevent staff from taking lawful action needed to protect a pupil or another person. Appropriate contact may include:

- providing first aid or intimate/personal care in accordance with the relevant plan;
- holding a young pupil's hand when moving safely around school or on a visit;
- guiding a pupil to a space they have chosen to use for regulation;
- comforting a distressed pupil where this is appropriate for that individual;
- congratulating a pupil, such as a handshake or pat on the back; and
- demonstrating a musical, practical or physical-education technique.

Staff must consider the pupil's age, communication, SEND, sensory profile, medical needs, culture, trauma history, expressed wishes, safeguarding plan and the circumstances. Named approaches such as a 'safe hug' are never automatically appropriate merely because staff have been trained in them.

Lawful Use of Reasonable Force

A member of school staff may use reasonable force, where reasonable in the circumstances, to prevent a pupil from doing or continuing to do any of the following:

- committing an offence, or what would be an offence if committed by a person of criminal responsibility;
- causing personal injury to themselves or another person;
- damaging property; or
- prejudicing the maintenance of good order and discipline at the school or among pupils, during a teaching session or otherwise.

Examples may include blocking a route towards immediate danger, separating pupils who are fighting, or restraining a pupil to prevent imminent injury. The legal test is always fact-specific: the response must be necessary and proportionate to the risk at that time.

Searching Pupils

The headteacher and staff specifically authorised to search may use reasonable force when conducting a lawful search for an item listed as prohibited in section 550ZA(3) of the Education Act 1996. Force must not be used to search solely for an item banned under school rules. Staff must follow the school's searching procedure and current DfE guidance.

Unacceptable Practice

The following are prohibited:

- force used as punishment, threat, deterrent, retaliation or to cause pain;
- restraint continued to obtain compliance after the immediate risk has sufficiently reduced;
- deliberately restricting a pupil's airway, breathing or circulation, including covering the nose or mouth or applying pressure to the neck or abdomen;
- planned prone or supine floor restraint;
- use of any technique outside its current training parameters as a planned response;
- seclusion as a punishment or disciplinary sanction;
- locking a pupil in a room; and
- degrading, humiliating or deliberately painful treatment.

Force can be especially dangerous on the ground. If a pupil and staff unintentionally go to the ground, staff must release or reposition to a safer alternative or standing position as quickly as possible, summon help, monitor the pupil and obtain medical assistance where appropriate. The exceptional event must be fully recorded and reviewed.

Seclusion, Withdrawal, Time-Out & Classroom Removal

Seclusion

Seclusion may be used only as a safety measure to protect others from harm when a pupil is experiencing high levels of emotional or behavioural dysregulation and is not acting with deliberate intent. It is not a disciplinary response.

- The location must be safe and must not feel threatening or intimidating.
- The pupil must be supervised continuously by at least one member of staff.
- Staff must maintain the pupil's dignity and attend to communication, medical and sensory needs.
- The pupil must be allowed to leave as soon as the immediate risk of harm has reduced sufficiently.
- Every incident must be recorded and reported in accordance with section 15.

Supportive Withdrawal and Planned Time-Out

These are not restrictive interventions only while the pupil remains genuinely free to leave. The exit must not be locked, blocked or controlled through threat. If staff prevent the pupil from leaving, the episode must be treated and recorded as seclusion.

Classroom Removal

Classroom removal is governed by the Behaviour Policy. It must provide supervision and meaningful education and must not involve locking the pupil in or preventing departure as a disciplinary measure. If force is used to implement removal, or the pupil is prevented from leaving for immediate safety reasons, the force or seclusion must be considered under this policy and recorded and reported where required.

Prevention and De-Escalation

The school will minimise restrictive intervention through whole-school and individual measures, including:

- clear routines, calm environments and consistent relational practice;
- reasonable adjustments and attention to sensory, communication and medical needs;
- staff-pupil relationships, predictable responses and accessible communication;
- early recognition of pain, distress, overload, fear or escalating anxiety;
- removing triggers or reducing demands where appropriate;
- time, space, distraction, redirection, reassurance and access to familiar regulating activities or objects;
- using staff who know the pupil well and summoning additional help early;
- co-produced behaviour support plans and risk assessments;
- staff training in prevention, de-escalation and lawful intervention; and
- analysis of incident data to identify patterns and improve provision.

Less restrictive alternatives should be attempted where safe and practicable. They do not have to be exhausted where delay would increase an immediate risk of harm.

Pupils with SEND, Medical Needs & Other Vulnerabilities

Restrictive intervention may be particularly distressing or risky for pupils with SEND, communication needs, medical conditions, sensory impairments, mental-health needs, trauma or other vulnerabilities. Staff must consider these factors and relevant equality duties when deciding whether and how to intervene.

For pupils at identified increased risk, the SENCO and relevant staff will work with the pupil, parents and professionals to identify triggers, communication strategies, reasonable adjustments, contraindications and safer responses. Health advice must be sought where a medical condition could affect the safety of an intervention.

Individual Planning & Risk Assessment

Where there is an identified increased likelihood that reasonable force, restraint or seclusion may be required, the school must have a written risk assessment. An individual behaviour support and restrictive-intervention plan should be completed using Appendix E.

- Plans must be person-centred, preventative and specific to the pupil.
- The pupil and parents should be involved in co-production wherever appropriate.
- The plan must identify adjustments, triggers, early signs, preferred communication, effective de-escalation, medical or sensory risks, techniques that must not be used and the least restrictive responses that may be considered.

- Agreement in a plan does not remove the need for staff to assess necessity and proportionality during each incident.
- Plans and risk assessments must be reviewed periodically and after every significant incident.

Roles, Authority & Training

Trust Board and Governing Body

- Ensure that compliant procedures are in place and take all reasonable steps to ensure they are followed.
- Approve or oversee this policy in accordance with the Trust scheme of delegation.
- Regularly review data, including repeated use and disproportionality by protected characteristic, SEND/SEN status and vulnerability.
- Assure itself that staff training, risk assessment, recording, reporting and improvement actions are effective.

Headteacher

- Implement the policy and ensure staff understand it.
- Determine needs-based training and maintain an accurate training register.
- Authorise non-employees to have control or charge of pupils where lawful and appropriate.
- Ensure individual plans and risk assessments are in place.
- Ensure every incident is recorded, notified, reviewed and followed up.
- Report patterns, serious incidents and assurance information to the Trust and governing body.

Staff

All members of school staff have the statutory power to use reasonable force in the circumstances set out in section 6. The school does not withdraw this power from particular employee groups. However, only currently trained staff should use named Team Teach techniques as planned responses. In an unforeseen emergency, lack of accredited training does not prevent a member of staff from taking reasonable and proportionate action to prevent harm.

Volunteers, students and visitors should summon staff assistance and must not undertake planned restrictive interventions. A person who is not a member of staff may exercise the power only where the headteacher has lawfully authorised them to have control or charge of pupils.

Training

Staff likely to use restrictive interventions will receive needs-based training covering prevention, de-escalation, communication, legal principles, medical risks, safe practice, recording, reporting and post-incident learning. Current Team Teach techniques authorised for planned use must be recorded in Appendix G; their inclusion does not authorise use by an untrained person or make them appropriate in every incident.

For each pupil at risk of anaphylaxis, the visit leader completes a specific individual risk assessment covering food and allergen exposure, venues/providers, transport, accommodation, emergency access and the nearest appropriate hospital. Prescribed medication accompanies the pupil and remains immediately accessible; an appropriately trained staff member is assigned; spare devices may travel where appropriate.

During an Incident

Staff should, insofar as time and safety permit:

- assess the immediate risk and whether intervention is likely to reduce rather than escalate it;
- use calm verbal and/or non-verbal communication accessible to the pupil;
- state what is happening and why, and what change in risk will allow the intervention to stop;

- use the least restrictive effective response and minimum force;
- consider age, size, SEND, medical needs, trauma, sensory needs, communication and equality implications;
- summon assistance and allocate one person to communicate with the pupil;
- protect privacy and dignity, including moving peers away where possible;
- continually monitor breathing, colour, consciousness, distress and the effect of the intervention;
- reduce, change or stop the intervention if it is escalating risk or causing greater harm; and
- stop as soon as the immediate risk has reduced sufficiently.

Emergency help:

Call emergency services immediately where there is a medical emergency, serious injury, loss of consciousness, breathing difficulty or other urgent risk. First aid must not be delayed for completion of records.

Immediate Action After an Incident

- Check the pupil and staff for injury, distress or other adverse effects and arrange first aid or medical assessment where appropriate.
- Support the pupil to recover in a way matched to their communication and regulation needs.
- Consider support for peers who witnessed the incident.
- Preserve relevant evidence and inform the DSL immediately where the incident raises a safeguarding concern.
- Allow involved staff a short recovery period where operationally possible.
- Complete records as soon as practicable and normally the same day.
- Notify parents in accordance with section 15.
- Conduct separate pupil and staff reflections, preferably facilitated by a person not directly involved.
- Review necessity, proportionality, reasonable adjustments, the pupil's plan and the risk assessment.
- Make and communicate any immediate changes required to prevent recurrence.

Recording & Reporting

Incidents That Must be Recorded

The following must be recorded in writing as soon as practicable:

- every significant incident in which a member of staff uses force on a pupil;
- every incident of seclusion; and
- every incident of restraint, including restraint without direct physical contact.

Staff involved should endeavour to complete the record no later than the same day. The duty applies even where the intervention was anticipated or discussed in an agreed plan.

Minimum Written Record

Appendix B must be used. The record must include, as a minimum:

- names of the pupil and staff directly involved;
- date, time, location and approximate duration;
- relevant needs and circumstances, including identified SEND and SEN status code;
- what happened before and during the incident, including known or potential triggers;
- prevention and de-escalation attempted where safe and practicable;
- the exact intervention, type and degree of force and any changes during its use;
- why intervention was assessed as necessary and proportionate;

- injuries and other physical or psychological adverse effects;
- medical assessment, treatment and post-incident support;
- the pupil's and witnesses' accounts where practicable;
- how and when parents were informed; and
- review findings and actions.

Reporting to Parents

Each significant use of force must be reported to the pupil's parent as soon as practicable. Parents must also be informed of each incident of seclusion or restraint and provided with the required written information. Staff should endeavour to do this no later than the same day. Waterloo's operational expectation is that verbal contact and written notification using Appendix C will normally be completed by the end of the same day.

For these duties, 'parent' includes carers and persons with parental responsibility and may also include a local authority providing accommodation under section 20 of the Children Act 1989. The school will follow the legal definition applicable to the particular reporting duty.

The written report for a significant use of force must include at least the date, time, location, approximate duration, why the intervention was necessary, the type and degree of force, and any physical injuries. The school will provide fuller information through Appendix C and invite a follow-up discussion where appropriate.

Safeguarding exception:

Call emergency services immediately where there is a medical emergency, serious injury, loss of consciousness, breathing difficulty or other urgent risk. First aid must not be delayed for completion of records.

Duplicate Reports

Where restraint also constitutes a significant use of force, the school need not report the same information twice. The record must nevertheless identify all applicable classifications and demonstrate that the relevant procedure has been completed.

Injuries and External Reporting

Injuries will be recorded under the school's first-aid and health-and-safety procedures. The headteacher or delegated competent person will determine whether notification to the employer, local authority, safeguarding partners, police, insurer or Health and Safety Executive is required. RIDDOR reporting will be considered against current HSE criteria; injury alone does not automatically make an incident reportable to HSE.

Complaints, Allegations & Safeguarding Concerns

Complaints will be considered under the school's complaints procedure. Allegations or concerns about an adult's conduct will be managed under KCSIE, the safeguarding and child-protection policy, the staff code of conduct, low-level-concerns arrangements and, where applicable, disciplinary procedures. The DSL and headteacher must be informed immediately unless the concern relates to them, in which case the policy's alternative reporting route must be used.

No separate 'false allegations' register will be maintained. Records must use neutral, factual language and must not prejudge a pupil's account.

Monitoring, Governance & Data Protection

The headteacher will ensure termly analysis of:

- number, type, location, duration and time of incidents;
- repeat incidents involving individual pupils or staff;
- known triggers and effectiveness of prevention and de-escalation;
- injuries, medical attention and other adverse effects;
- whether plans and risk assessments were followed and reviewed;
- timeliness and quality of recording and parent notification;
- use by protected characteristic, SEND/SEN status and other vulnerability;
- patterns suggesting disproportionate use or unmet need; and
- training, environmental, staffing or policy improvements required.

Governors and trustees will receive proportionate, anonymised or appropriately aggregated information while recognising the limitations of small datasets. Individual case information will be shared only where necessary for governance, safeguarding or legal purposes.

Records are confidential personal data. They will be stored securely, access will be limited to those with a lawful need, and retention and disclosure will follow the Trust's data-protection and records-management arrangements. Statutory safeguarding or personnel records must not be kept solely in an informal incident book.

Appendix A: Staff Quick Decision Guide

Question	If yes	Action
Is this ordinary care, teaching, comfort or guidance?	Appropriate physical contact	Follow safeguarding, care and professional-boundary expectations. Record only if another policy requires it.
Is the pupil free to leave the space?	Withdrawal/time-out may be non-restrictive	If the exit is blocked, locked or controlled through threat, treat as seclusion.
Is this a disciplinary classroom removal with supervised education?	Removal under Behaviour Policy	If force is used or the pupil is prevented from leaving for safety, also apply this policy.
Is movement being immobilised or limited?	Restraint	Use only if lawful, necessary and proportionate. Record and report.
Is the pupil confined away from others and prevented from leaving?	Seclusion	Safety measure only; continuous supervision; stop when risk reduces; record and report.
Does physical force go beyond appropriate contact?	Significant use of force	Record and report as soon as practicable; endeavour to complete the same day.

In Every Restrictive Incident

- Is it necessary?
- Is it proportionate?
- Is it the least restrictive effective response?
- Have the pupil's needs, communication, medical risks and reasonable adjustments been considered?
- Can it be reduced or stopped now?
- Has medical attention, recording, parent notification and review been completed?

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Appendix B: Restrictive Intervention Incident Record

Complete as soon as practicable, normally the same day. Each directly involved staff member should contribute. Attach continuation sheets and witness/pupil accounts where needed.

Pupil Name:		**DOB:**		**Class:**	
SEN Status:	[ ] None [ ] SEN Support [ ] EHC Details:				
Relevant disability, medical, communication, sensory or safeguarding information:					
Date:		**Start time:**		**End time:**	
Staff involved (& roles):		**Other Witnesses:**			

Incident type:	[ ] Significant use of force [ ] Physical restraint [ ] Non-contact restraint [ ] Seclusion [ ] Force used to implement another intervention
Related context:	[ ] Immediate safety incident [ ] Classroom removal [ ] Pupil search [ ] Other: _____

Antecedents, known/potential triggers and what happened immediately before:	
Preventative and de-escalation strategies attempted, where safe and practicable, and their effect	
Immediate risk identified	[ ] Injury to pupil [ ] Injury to others [ ] Offence [ ] Property Damage [ ] Serious disorder Details:
Why was intervention necessary?	
How was it proportionate and least restrictive?	
Pupil communication during the incident:	

Intervention Details

Start/end	Intervention or hold	Staff involved	Type/degree of force	Pupil response and monitoring	Reason reduced / changed / stopped

Did anyone unintentionally go to the floor?	[ ] No [ ] Yes – explain how, duration, release/repositioning, monitoring & medical action:
Were any prohibited features present?	[ ] No [ ] Airway/breathing/circulation concern [ ] Pressure to neck / abdomen [ ] Other concern Immediate action taken:

Injury, Wellbeing & Support

Injuries or adverse physical effects	
Psychological distress or other adverse effects	
First aid / medical assessment / treatment	
Emergency services / external agency contact	
Post-incident support for pupil	

Accounts and Notification

Pupil account	[ ] Yes [ ] Not practicable [ ] Declined Summary:
Witness accounts:	[ ] Attached [ ] Not applicable
Parent contacted:	Date/time: _____ Method: _____ By: _____
Written notification:	Date/time: _____ Method: _____ By: _____
Serious-harm exception?	[ ] Yes [ ] No

Staff Signature: _____ Date/time: _____

Management Review

Was the intervention lawful, necessary and proportionate?	[ ] Yes [ ] Concern identified Summary:
Were policy, plan and risk assessment followed?	[ ] Yes [ ] N/A [ ] Concern identified Summary:
Safeguarding referral or allegation procedure required?	[ ] Yes [ ] No Summary:
Health & Safety / RIDDOR consideration:	Outcome and rationale:
Immediate changes communicated:	
Reviewer name & role:	

Reviewer Signature: _____ Date/time: _____

Appendix C: Written Notification to Parents

Private and Confidential

Dear _____

Restrictive intervention involving _____

Date / approximate time	
Location	
Approximate duration	
Type of intervention	☐ Significant use of force ☐ Physical restraint ☐ Non-contact restraint ☐ Seclusion
Why staff assessed intervention was necessary	
Brief factual account	
Type of force/intervention and degree of force	
Injuries or adverse physical effects	☐ None observed/reported ☐ Details:
First aid / medical assessment or treatment	☐ Not required ☐ Details:
Post-incident support provided	
Review & next steps	

Restrictive intervention is never used as punishment. Staff must use the least restrictive effective response, no more force than is necessary, and stop as soon as the immediate risk has reduced sufficiently.

We would welcome a follow-up discussion with you about triggers or warning signs, the effectiveness of the pupil's support plan and de-escalation strategies, and what may reduce the likelihood of recurrence.

Please contact _____ on _____ if you would like to discuss this incident or require this information in another format.

Yours sincerely,

Name: _____

Role: _____

Date/time written notification issued: _____.

Appendix D: Post-Incident Review & Debrief

This is a learning and wellbeing process, not a requirement for an immediate apology or admission. Pupil and staff reflections should initially be gathered separately and, where possible, facilitated by someone not directly involved.

Pupil / date of incident	
Facilitator / date of review	
Communication support and adjustments used	
Pupil account: what happened and how it felt	
Pupil view of triggers, warning signs and helpful/unhelpful responses	
Staff account and reflection	
Impact on pupil, staff and witnesses	
Was intervention necessary, proportionate and least restrictive?	
Were reasonable adjustments and the pupil's plan followed?	
What worked well?	
What should change?	
Relationship repair / restorative follow-up, if appropriate	
Further wellbeing or medical support	

Actions

Action	Owner	Deadline	Completed/ reviewed

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Appendix E: Individual Behaviour Support and Restrictive-Intervention Plan

This plan supports prevention and safer decision-making. It does not provide blanket authorisation, remove the need for case-by-case assessment, or replace emergency professional judgement.

Pupil / DOB / class or base	
Plan date / review date	
SEN status / primary need / relevant diagnoses	
People involved in co-production	
Pupil's strengths, preferences and communication	
What the pupil wants adults to know	
Known triggers, pain indicators and high-risk situations	
Early signs of anxiety or escalation	
Reasonable adjustments and environmental changes	
Preferred prevention and de-escalation strategies	
Strategies known to increase distress or risk	
How the pupil communicates stop, pain, fear or need for space	
Medical, sensory, trauma and safeguarding considerations	
Techniques or positions that must not be used	
Circumstances in which increased physical contact may be appropriate	
Least restrictive responses that may be considered	
How breathing, circulation, distress and wellbeing will be monitored	
Post-incident recovery and communication preferences	

Risk Assessment

Hazard / Behaviour	Who may be harmed / how	Existing controls	Likelihood	Severity	Further Action

Agreement & Review

Pupil views	
Parent views	
Professional advice	
Plan Sharing Information	
Review Triggers	[ ] Scheduled date [ ] After every incident [ ] Change in need/health [ ] Concerns raised

Pupil signature (or agreed consent): _____ **Date:** _____

Parent signature: _____ **Date:** _____

Author signature: _____ **Date:** _____

HT signature: _____ **Date:** _____

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Appendix F: Training and Authorised Techniques

Listing a technique means only that it may be considered by currently trained staff within the training provider's current parameters and this policy. It does not make its use automatically necessary or proportionate.

Approved training provision

Training provider / programme	Team Teach / _____
Current course/version	
School trainer/contact	
Quality assurance / renewal arrangements	

Techniques approved for planned use

Technique	Permitted context	Prohibited / medical cautions	Training level required	Headteacher approval date

The school retains a list of all trained staff members.

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