



# Restrictive Physical Intervention (including the use of reasonable force) and Seclusion Policy

2026-28

Christ Church CE Primary School

A handwritten signature in black ink, appearing to be "J. M. R.", written over a white rectangular background.

---

CEO SIGNATURE

n/a – operational/delegated to CEO

---

CHAIR OF TRUST BOARD SIGNATURE

01/04/2026

---

DATE

Published information reviewed annually or following updated guidance & published at least every 4 years.

---

NEXT REVIEW DATE



## Contents

Introduction .....	3
1. Purpose .....	3
2. Scope.....	3
3. Definitions .....	4
4. Key Principles .....	6
5. The use of Physical interventions and reasonable force .....	7
6. Method of Restraint.....	9
7. Seclusion .....	10
7.1 Use of Seclusion .....	10
7.2 Supervision Requirements .....	10
7.3 Environment.....	11
7.4 Ending Seclusion .....	11
8. Distinction from Other Forms of Removal.....	11
9. Recording and Reporting .....	12
10. Training .....	13
APPENDIX A: Incident Report Form .....	14
APPENDIX B: Parent Notification Letter Template following the use of restrictive physical intervention .....	20



## Introduction

This policy should be read alongside the following policies/documents:

- Behaviour Policy
- Safeguarding Policy
- KCSiE
- SEND Code of Practice

This policy has been written using guidance taken from Restrictive interventions, including use of reasonable force, in schools Guidance for schools in England DfE April 2026 DfE. The MAT acknowledges its legal duty to make reasonable adjustments for disabled children and children with special educational needs (SEND). Equality Act 2010, SEN and Disability Code of Practice 0-25 years 2015.

## 1. Purpose

This policy sets out the school's approach to the safe, lawful and proportionate use of restrictive interventions, including physical restraint and seclusion.

The school is committed to:

- Safeguarding and promoting pupil welfare
- Minimising the use of restrictive interventions
- Using preventative and de-escalation strategies wherever possible
- Ensuring transparency, accountability and parental engagement
- Protecting pupil dignity and human rights

Restrictive interventions are measures of last resort and must never be used as punishment.

## 2. Scope

This policy applies to:

- All staff (including supply, agency and volunteers)
- All pupils
- All school activities, including off-site visits



### 3. Definitions

#### **Restrictive Intervention**

Any action that restricts a pupil's movement, liberty or freedom.

#### **Restraint**

A non-disciplinary intervention which immobilises a pupil or limits their movement. This may or may not include direct physical contact. For example, holding a pupil's arms to their sides or removing a pupil's crutches would both be considered forms of restraint

The use of reasonable force aims to prevent a pupil from:

- Injuring themselves
- Injuring others
- Causing serious damage to property

#### **Reasonable force**

Using no more force than is needed in the circumstances.

#### **Seclusion**

The supervised isolation of a pupil in a room or area where they are prevented from leaving for the purpose of managing serious risk.

#### **Significant incident**

Any incident where the use of force goes beyond appropriate physical contact between pupils and staff as described below. This includes when physical force is used to implement a non-physical restrictive intervention.

#### **Appropriate Physical Contact, Guidance, and Co-Regulation**

Staff may use reasonable and gentle physical contact in everyday situations without this being considered a restrictive intervention or restraint. Such contact must always be proportionate, safe, and in the pupil's best interests. Examples include, but are not limited to:

- Guiding a pupil by the hand or arm to support movement from one area to another, such as returning to line, moving between classrooms, or leaving the playground.
- Offering comfort or reassurance to a distressed pupil, including supportive touches on the shoulder or arm, where appropriate and culturally sensitive.



- Supporting a pupil with personal care, dressing, or mobility needs in accordance with their individual plan or risk assessment.
- Assisting with first aid or medical procedures in line with school policy.
- Holding a pupil's hand briefly to redirect attention, ensure safety near hazards (e.g., stairs, busy corridors), or encourage participation in learning or group activities.

For pupils with SEND, staff may also use co-regulation strategies that involve gentle physical guidance or proximity support, where this has been agreed as part of the pupil's individual support plan or risk assessment. These strategies are designed to help pupils regulate their emotions, reduce distress, and safely engage in learning. Such approaches must be:

- Planned, documented, and approved by the relevant staff and parents/carers.
- Tailored to the pupil's needs, sensory preferences, and communication abilities.
- Limited to what is necessary to support emotional or behavioural regulation.
- Delivered in a way that preserves dignity, choice, and autonomy wherever possible.

**Staff should always:**

- Explain what they are doing to the pupil, where possible.
- Avoid actions that could cause distress or harm.
- Be sensitive to the pupil's individual needs, including age, SEND status, and cultural considerations.
- Limit physical contact to what is necessary in the moment.

Such contact or co-regulation does not constitute restraint or seclusion and is not a behaviour management strategy. It is a supportive, protective, or therapeutic measure in line with the pupil's plan and the school's safeguarding responsibilities.

**Minimising the Need for Restrictive Interventions**

The MAT is committed to creating school environments in which the use of restrictive interventions is rare and only ever a measure of last resort. This is achieved through a proactive approach that prioritises positive culture and relationships, high-quality teaching, and targeted support.

**Such approaches include but are not limited to:**

**Positive School Culture**

- Staff foster a culture of mutual respect, trust, and inclusion, in which pupils feel safe and valued.
- Behaviour expectations are clear, consistent, and reinforced through modelling by staff.
- Pupils are taught how to take responsibility for their actions and to develop self-regulation skills.



### **High-Quality Teaching and Curriculum**

- Teaching supports the development of executive function skills, including self-control, working memory, and cognitive flexibility, as part of the broader curriculum.
- Lessons are engaging, appropriately pitched, and structured to maintain attention and motivation.
- A strong curriculum, combined with consistent routines, reduces frustration, anxiety, and potential triggers for challenging behaviour.

### **Relationships-Based Practice**

- Staff build strong, positive relationships with pupils, grounded in understanding, empathy, and consistency.
- Interactions emphasise praise, encouragement, and fair use of rewards, alongside proportionate consequences.
- Behaviour management strategies are predictable and transparent, supporting pupils to make positive choices.

### **Early Identification of Needs**

- The school actively identifies pupils who may require additional support, including those with SEND, mental health needs, or social, emotional, and behavioural challenges.
- Individual risk assessments, behaviour plans, and support strategies are developed early to prevent escalation of risk.

### **Targeted Support and External Expertise**

- Appropriate support is provided for pupils in line with their individual needs, including access to specialist staff, targeted interventions, and therapeutic approaches.
- Where necessary, the school draws on the expertise of external agencies, such as educational psychologists, speech and language therapists, mental health practitioners, or social care professionals.
- Multi-agency collaboration ensures that interventions are safe, proportionate, and personalised, and that pupils are supported holistically.

### **Monitoring and Continuous Improvement**

- The school regularly evaluates the effectiveness of its culture, curriculum, and support systems in reducing the need for restrictive interventions.
- Feedback from pupils, staff, and parents informs ongoing refinement of practice.
- Through this proactive and holistic approach, the school seeks to prevent challenging behaviour before it occurs, ensure that pupils feel safe and supported, and maintain a learning environment in which the need for restrictive interventions is minimised.

## **4. Key Principles**



St Bartholomew's CE Primary MAT encourages pupils to make positive behaviour choices. However, pupils sometimes do make the wrong choices, or their actions place themselves or someone else in immediate danger of physical harm. On rare occasions this may result in a situation that requires some form of physical intervention by staff. Our Restrictive Physical Intervention and Seclusion Policy is based upon the following principles:

- Wherever possible, and as a first approach, methods to de-escalate situations should be used to minimise the necessity to use restrictive physical interventions or seclusion.
- Physical intervention/seclusion is used only as a last resort when other appropriate strategies have failed.
- Any physical contact is only the minimum required for the shortest amount of time possible.
- Physical intervention is used in ways that maintain the safety and dignity of all concerned.
- Incidents are recorded on the school's restrictive intervention record sheet (appendix a), recorded on the school's safeguarding platform and reported to the Headteacher (or appropriate deputy).
- Parents are informed of each incident where restrictive physical intervention or seclusion is used (Appendix B).
- Repeated use is a safeguarding concern and must trigger review.
- All staff understanding their powers, obligations and responsibilities when using physical interventions

This policy is a whole MAT policy, adapted to the individual needs and circumstances of each setting and applies to all pupils. Care and consideration will be given to the age of the child when following the guidance in this policy.

### **Prevention and Early Intervention**

The school prioritises:

- Positive behaviour support
- Trauma-informed practice
- Individual risk assessments
- SEND reasonable adjustments
- De-escalation strategies
- Personalised behaviour plans

Restrictive interventions must never replace appropriate support.

## **5. The use of Physical interventions and reasonable force**

### **Who can use Reasonable Force?**



- All members of school staff have a legal power to use reasonable force to safeguard children and adults from risk of harm.
- It can also apply to people whom the Head has temporarily put in charge of pupils such as unpaid volunteers or parents accompanying students on a school organised visit.
- The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned using a dynamic risk assessment of the immediate circumstances.

### **When can Reasonable Force be used?**

Reasonable force can be used when:

- There is an immediate and significant risk of harm.
- De-escalation strategies have been attempted or are not feasible.
- The intervention is proportionate to the risk.
- To prevent a pupil from attacking a member of staff or another pupil, or to stop a fight
- To restrain a pupil at risk of harming themselves through physical outbursts.
- To stop a pupil committing a criminal offence, damaging property or causing disorder among pupils at the school, whether during a teaching session or otherwise

### **When can Reasonable Force NOT be used?**

- Restrictive interventions should not be used as a form of punishment.
- Restrictive interventions should not be used solely because a pupil is non-compliant, has refused to follow an instruction, or is failing to meet behavioural expectations, unless there is an immediate risk of serious harm.
- Restrictive interventions should not be used in response to verbal aggression alone, including shouting, swearing or verbal threats, where there is no immediate risk of physical harm to the pupil or others.
- Restrictive interventions should not be used for reasons of staff convenience, including to manage workload, staffing pressures or organisational challenges.
- Restrictive interventions must only be used where they are necessary, proportionate and reasonable in the circumstances, and where no less restrictive alternative is available.

### **Considerations for staff**

- Staff should not hesitate to act in an emergency provided they follow the guidelines in this policy.
- Staff should always satisfy themselves that the action they take would be considered justifiable by a wider audience of professional colleagues.



- In any application of physical restraint, the minimum reasonable force for the shortest amount of time should be used to calm down the situation.
- Help should be summoned from colleagues.
- Pupils should never be involved in restraint.
- Staff should be aware of their own feelings during any use of physical interventions and ensure that feelings of anger do not influence the methods use.

#### **What to do in circumstances when the use of physical restraint and reasonable force is needed**

- Approach the pupil calmly but firmly.
- Where possible, the consequences of refusing to stop the behaviour should be explained and it should be communicated to the pupil that physical contact or restraint will stop as soon as it ceases to be necessary.
- A calm and measured approach is required by staff throughout.
- Continuously assess risk during the intervention.

## **6. Method of Restraint**

The method of restraint employed must use the minimum force for the minimum time and must observe the following:

#### **Restraint must not:**

- Involve hurting the pupil
- Involve deliberately inflicting pain on the pupil
- Restrict the pupil's breathing
- Involve contact with sexually sensitive areas

#### **During any incident the person restraining should:**

- Offer verbal reassurance to the pupil
- Cause the minimum level of restriction of movement
- Reduce the danger of any accidental injury

#### **Physical intervention/restraint can be:**

- Non- contact such as positioning your body in between pupils to prevent harm.
- Partial – restricting and preventing particular movements.
- Total – as in the case of immobilisation.



## **7. Seclusion**

### **7.1 Use of Seclusion**

Seclusion is the supervised isolation of a pupil in a room or area from which they are prevented from leaving for the purpose of managing an immediate and significant risk of harm.

The use of seclusion must be exceptional, time-limited, and applied only where it is necessary to manage a serious and imminent risk of physical harm to the pupil or to others. It must be used only when de-escalation strategies have been attempted, or where it is not reasonably practicable to attempt such strategies due to the level of risk presented.

Seclusion must not be used as a form of punishment, nor as a response to non-compliance, refusal to follow instructions, or minor disruption. It must not form part of a routine behaviour management strategy. It must not be used because staff are unavailable, to manage staffing pressures, or as a substitute for appropriate supervision or support.

The decision to use seclusion must be proportionate to the circumstances at the time, must represent the least restrictive available option, and must cease as soon as the risk of serious harm has reduced.

Repeated or planned use of seclusion must trigger a formal review of the pupil's risk assessment, behaviour support plan, and any relevant SEND provision. Where appropriate, multi-agency advice and involvement should be sought.

### **7.2 Supervision Requirements**

During any period of seclusion, a member of staff must supervise the pupil continuously. The pupil must be seen and heard at all times.

A pupil must never be locked in a room and left unattended. Where a door is secured for safety reasons, staff must remain present and maintain continuous oversight.

Staff must monitor the pupil's physical and emotional wellbeing throughout the period of seclusion, including observing breathing, visible distress, and any medical concerns. Seclusion must not compromise the pupil's access to basic needs, including access to toilet facilities, drinking water, or required medication.

The duration of seclusion must be kept to the absolute minimum necessary to manage the risk presented.

#### **Post Intervention support**

Following all instances of the use restrictive physical interventions, a post incident review should take place to ensure the welfare of all parties involved. This might include:



- Physical wellbeing checks for injuries, medical needs, or signs of distress
- Emotional wellbeing checks which provide reassurance, calm, and opportunities to debrief (for pupils and staff)
- A review of any support or behaviour plan with readjustment where necessary.

### **7.3 Environment**

Any room or area used for seclusion must be safe, hazard-free, and suitable for the age, size, and needs of the pupil. The space must be appropriately ventilated and lit, and free from objects or fixtures that could present a risk of harm.

The environment must preserve, as far as reasonably practicable, the pupil's dignity and welfare. Spaces used for seclusion must not resemble punitive or degrading environments.

Schools should ensure that any designated space is subject to regular risk assessment and health and safety checks.

### **7.4 Ending Seclusion**

Seclusion must end as soon as the risk of serious harm has reduced to a level that can be safely managed through less restrictive means.

Seclusion must also be discontinued immediately if the pupil becomes distressed beyond what can be safely managed, if there are signs of physical or emotional harm, or if continued isolation would increase risk.

Following seclusion, the pupil must be supported to re-engage safely with learning or an appropriate alternative provision and offered an opportunity for a restorative conversation at a suitable time.

Repeated use of seclusion must trigger:

- A review of the pupil's risk assessment
- A review of the behaviour support or individual support plan
- Consideration of SEND reassessment or reasonable adjustments
- Consideration of safeguarding implications
- Consideration of multi-agency involvement where appropriate

## **8. Distinction from Other Forms of Removal**

It is important to distinguish seclusion from other lawful and appropriate practices.

**Seclusion differs from:**



### **Withdrawal to regulate or calm down**

This occurs where a pupil chooses, or agrees, to move to a quieter space in order to regulate their emotions. The pupil must be free to leave, and the arrangement must not involve confinement.

### **Time-out within a classroom or supervised setting**

This refers to a planned behaviour strategy in which a pupil is directed to a separate space within a classroom or nearby area but is not prevented from leaving and remains under ordinary supervision.

### **Internal isolation as a behavioural consequence**

Internal isolation is a disciplinary response in which a pupil is removed from their usual class and required to work in a supervised setting. It must not involve preventing the pupil from leaving for safety reasons and must not amount to seclusion. Internal isolation must be proportionate, time-limited, and consistent with the school's behaviour policy.

### **Removal from class**

Removal from class for disciplinary reasons does not constitute seclusion provided the pupil is not confined and is able to leave the space under normal supervision arrangements.

## **9. Recording and Reporting**

All significant incidents of physical restraint (appendix a) or seclusion (appendix b) must be recorded as soon as possible and include:

- Date, time and location
- Names of pupils and staff involved
- Circumstances leading to the incident
- De-escalation attempts
- Type and duration of intervention
- Any injuries
- Follow-up actions

Parents/carers must be informed as soon as practicable. This may be in person in the first instance (via a meeting or telephone call) but must also be followed up with a written notification (Appendix B).



## 10. Training

All members of school staff have a legal power to use reasonable force in certain circumstances.

The MAT recognises that appropriate and ongoing staff training is essential to ensure the safe, proportionate, and lawful use of any restrictive interventions, including physical restraint and seclusion. Training is intended to equip staff with the knowledge and skills to prevent incidents, manage risk effectively, and safeguard pupils and staff.

All staff will receive induction training that covers:

- The principles of the school's restrictive interventions policy
- The distinction between supportive physical contact, co-regulation, and restrictive interventions
- De-escalation and positive behaviour support strategies
- Recognising early signs of distress or dysregulation, including in pupils with SEND
- The legal framework for use of force, restraint, and seclusion, including safeguarding obligations

Staff identified as having a role in managing high-risk situations or providing support to pupils with an individual support plan will receive additional practical training in:

- Approved physical intervention techniques, consistent with nationally recognised standards
- Safe and effective use of seclusion spaces
- A minimum of 2 members of staff in each school have been trained by a recognised provider on Positive Handling/Physical Intervention techniques. These will be identified in the school staff safeguarding policy, during the induction of new staff and to all staff on at least a yearly basis during annual safeguarding training.

The Designated Safeguarding Lead is Sean Davies

Deputy Designated Safeguarding Leads are: Natasha Molineux, Shelley Till, Rebecca MacDonald, Tracey Smith, Rebecca LeMoigne, Hayleigh Rogers, Chloe Chapman, Bean Hall, Katie Turner

The following members of staff have been trained in Positive Handling approaches by Dynamis Training and all staff have received to de-escalation training. The following members of staff received positive handling: Sean Davies, Nathasha Molineux, Shelley Till, Tracey Smith, Chloe Chapman, Dean Hall, Rachel Moore, Nicole Ball, Evie Baugh, Lisa Wood, Abbie Hearsy, Rebecca LeMOigne, Bethany Rowley, Becky Evans, Chelsea Hendy, Sian McGeough, Fern Matthews.



## APPENDIX A: Incident Report Form

### Section 1: Basic Incident Details

School Name:			
Date of Incident			
Time Incident Started		Time Incident Ended	
Total Duration			
Location(s) of Incident			

### Section 2: Pupil Details

Pupil's Name:			
Date of Birth		Age	
SEND Status	<input type="checkbox"/> EHCP <input type="checkbox"/> SEN Support <input type="checkbox"/> No identified SEND		
Relevant support plans in place:	<input type="checkbox"/> EHCP <input type="checkbox"/> Behaviour Support Plan <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Other (specify)		
Diagnosed (or suspected) Disorder/ Disability		Known Trauma History	Yes / No

### Section 3: Staff Involved

Your Name:	
Name of staff member leading the intervention:	
Other persons present	



#### Section 4: Type of Restrictive Intervention Used

Type of Restrictive Intervention (Tick all that apply)		
Restraint	Seclusion	Other

#### Section 5: Report of Incident

<p><b>Adult statement – what occurred in your own words</b></p> <p>Your statement <b>must</b> set out what happened; give details of <b>your</b> part in the significant incident, what use of restrictive intervention that <b>you</b> have used and how the incident was finally resolved. It should give details of any attempts made to de-escalate throughout the incident. Your statement should be completed independently of other staff involved in the incident. The written report <b>must</b> be completed as soon as practicable after the event. Staff <b>should</b> endeavour to do this no later than the same day.</p>
<p>If physical restraint was used, please tick your primary role:</p> <p><input type="checkbox"/> Right arm</p> <p><input type="checkbox"/> Left arm</p> <p><input type="checkbox"/> Supervising</p>
<p><b><i>Antecedents and Context</i></b></p>
<p>What were you doing just before the significant incident took place?</p>
<p>What was the pupil doing just before the significant incident took place?</p>
<p><i>What signs of dysregulation were being communicated by the pupil?</i></p>
<p><i>Explain what you think may have triggered this behaviour?</i></p>
<p><i>How did you try to de-escalate the situation?</i></p>
<p><i>What was the pupil's response?</i></p>



<b>Dynamic Risk Assessment &amp; Rationale</b>	
<i>Why did you believe it was necessary to use restrictive intervention on the child/ young person?</i>	
<input type="checkbox"/> To prevent or stop harm to themself	<input type="checkbox"/> To prevent or stop harm to others
<input type="checkbox"/> To prevent or stop a crime	<input type="checkbox"/> To prevent or stop damage to property
<input type="checkbox"/> To prevent or stop causing disorder at the school	<input type="checkbox"/> Other – Please specify
<i>Describe exactly what happened (i.e. what use of force were used and by whom, why it was absolutely necessary, strictly proportionate and what your 'Honestly Held Belief' was, other steps taken to gain assistance)</i>	
<i>Did any other factors impact on your choice of intervention? (Welfare/Medical conditions / SEND considerations)</i>	
<b>Ending the Intervention</b>	
<i>What indicated that the risk had reduced and the intervention could end?</i>	
<i>How was the pupil helped back to calm state of regulation?</i>	
<b>Injury or Distress</b>	
<i>Did the pupil sustain an injury or report pain or distress? If so, what did you do?</i>	
<i>Did any staff member sustain an injury or report pain or distress? If so, what did you do?</i>	
<i>SLT/ Manager informed (Name/ Date/ Time)</i>	
<b>Staff Member's Name:</b>	
<b>Staff member's signature:</b>	
<b>Date/Time:</b>	



**Section 6: Pupil Voice (*where appropriate*)**

Who consulted the child/ young person?	
Date/time of consultation:	
Pupil's Statement:	
Pupil's Name:	
Pupil's Signature:	
Date/Time:	

**Section 7: Parent / Carer Communication**

Details of Parent/Carer Notification (Date, Time, Person Informing)				
<input type="checkbox"/> Face to face	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email	<input type="checkbox"/> Letter	<input type="checkbox"/> Text/ Messaging system
<i>Parent/ Carer Invited to Follow Up Discussion on:</i>				
<i>Parent/ Carer Meeting Attended by:</i>				
<i>Points from the meeting:</i>				



### Section 8: Post-Incident Review and Follow-Up for Risk Assessment

Staff De-brief completed	Yes / No
Date/ Time	
Staff Present	
<i>Was the practice in keeping with an existing risk assessment and behaviour support plan?</i>	
<i>What can we learn regarding the pupil's behaviour from this specific incident?</i>	
<i>What actions are to be taken to avoid a repeat of this behaviour? (e.g. changes to support plan, environmental adjustments, further assessment.)</i>	
<i>What might be done differently in the future?</i>	
<b>Referral or escalation required:</b> <input type="checkbox"/> SENCo <input type="checkbox"/> DSL <input type="checkbox"/> SLT <input type="checkbox"/> External agency	

### Section 9: SLT Oversight

Reviewed by (Name and Role)	Yes / No
Date of Review	
Any Safeguarding concerns Identified <i>(If yes, include actions taken)</i>	Yes/ No
Signature	



### Section 10: SLT Signature sign off

Name	
Signature	
Date of Sign off	



## APPENDIX B: Parent Notification Letter Template following the use of restrictive physical intervention

Insert school logo here

Dear [Parent/Carer Name],

I am writing to inform you of an incident that occurred at school involving your child, [Pupil Name], on [date].

During the incident, staff needed to use a restrictive intervention in order to manage an immediate risk of harm and to keep [Pupil Name] and others safe. This decision was taken only after attempts to de-escalate the situation.

Insert Summary of the incident

- Date:
- Time:
- Location:
- Type of intervention used: (e.g. physical restraint / seclusion)
- Duration:

Reason for the intervention

[Give a brief, factual explanation of the risk that led to the intervention.]

Following the incident, staff supported [Pupil Name] to return to a calm state, and the incident has been fully recorded and reviewed in line with school policy. You may ask to be provided with a copy of this record by contacting the school office.

If this incident indicates that further support or adjustments are required, we will work with you to review this.

Please do not hesitate to contact the school if you would like to discuss this further or arrange a meeting.

Insert Staff Member name here