Wessex Gardens
Primary & Nursery School

Restrictive Interventions Policy

2026 27

Growing Together

At Wessex Gardens we believe that every child has the right to feel safe and to be protected from any situation or practice that could result in them being harmed. Each child's welfare is of paramount importance and we are committed to safeguarding and promoting the welfare of all children in our care and we expect all staff, governors, placements and volunteers to share this firm commitment.

Growing Together

Wessex Gardens Primary and Nursery School is a place where we grow kind, confident, resilient and independent lifelong learners in a trusting and honest environment. Here everyone is welcome and valued. We are motivated and supported to reach our full potential as we continue to aspire to excellence.

Approved by the Governing Body	**8th December 2026**
Review due by:	**November 2027**

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1. Purpose and scope

At Wessex Gardens Primary and Nursery School, the safety, dignity and wellbeing of every child are paramount.

We aim to create a safe, inclusive and nurturing environment in which children experience belonging, develop positive relationships and learn to regulate their behaviour successfully.

Our approach to behaviour is trauma-informed. We recognise that behaviour is a form of communication and that distress, SEND, communication difficulties, sensory needs, trauma and other experiences can affect a child's ability to regulate their emotions and behaviour.

We therefore seek to understand what a child may be communicating, reduce triggers, teach appropriate behaviours and use preventative and de-escalation strategies wherever possible.

The school's 1-2-3 Magic behaviour approach provides clear, calm and consistent expectations and consequences. Restrictive intervention is not part of the school's ordinary behaviour-management system and must never be used simply because a pupil has failed to comply with an instruction.

Restrictive intervention, including reasonable force, will only be used when it is necessary, proportionate and lawful, and when a less restrictive response would not adequately manage the immediate risk.

Reasonable force will only ever be used as a last resort.

2. Legal framework

This policy has been developed with reference to relevant legislation and statutory guidance, including Department for Education guidance on restrictive interventions, including the use of reasonable force in schools; the Education and Inspections Act 2006; Equality Act 2010; Human Rights Act 1998; Children Act 1989 and Children Act 2004; Keeping Children Safe in Education; Behaviour in Schools guidance; Searching, Screening and Confiscation guidance; and guidance relating to reducing the need for restraint and restrictive intervention.

The policy will be reviewed when relevant statutory guidance changes.

3. Our principles

Wessex Gardens recognises that a blanket 'no contact' approach can prevent staff from fulfilling their duty of care or taking necessary action to protect a child or another person. There are also many occasions when appropriate physical contact with a child is entirely proper and necessary.

Restrictive intervention is a significant action and must never become a routine response to behaviour.

Any intervention must be necessary, proportionate, considered, respectful, the least restrictive practicable response and time limited. The child's age, developmental stage, SEND, communication and medical needs, known vulnerabilities, previous experiences, emotional state and individual circumstances should be considered wherever possible.

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The intervention must end or reduce as soon as the immediate risk has reduced sufficiently for it to be safe to do so.

4. Definitions

Restrictive intervention is an umbrella term for physical or non-physical actions that prevent, restrict or limit a pupil's movement.

Reasonable force involves physical contact used to control or restrain a pupil in circumstances permitted by law. 'Reasonable' means using no more force than is necessary for the shortest necessary period.

Restraint involves an intervention that immobilises a pupil or restricts their movement.

Seclusion involves keeping a pupil alone in a space and preventing them from leaving. Seclusion is a restrictive intervention and must not be confused with a pupil voluntarily choosing to use a calm, regulation or sensory space.

5. Appropriate physical contact

Not all physical contact is restrictive intervention. Appropriate contact may include holding the hand of a young child when moving safely around school, comforting or reassuring a distressed pupil, administering first aid, supporting intimate care, helping a child with physical or SEND needs, demonstrating equipment or activities, and preventing an immediate accident.

Any physical contact must be appropriate to the child's age, developmental stage and individual needs and comply with the Staff Code of Conduct.

6. Preventing the need for restrictive intervention

Our primary aim is to prevent situations reaching the point at which restrictive intervention becomes necessary.

Preventative strategies may include predictable routines, clear expectations, consistent use of 1-2-3 Magic, calm tone, processing time, reduced language or demands, visual communication, choices, removing an audience, physical space, environmental adjustments, sensory or regulation strategies, access to a familiar adult, and recognition of early signs of dysregulation.

Staff should avoid unnecessarily escalating a situation through repeated instructions, confrontation, raised voices or attempting to reason extensively with a child who is highly dysregulated.

7. Trauma-informed practice

Restrictive intervention can be distressing and, for some children, may interact with previous experiences of trauma or adversity. A child experiencing significant dysregulation may not be deliberately choosing their behaviour.

Adults should remain calm, use minimal and clear language, reduce unnecessary demands, avoid confrontational positioning, explain what is happening where possible, reassure the child, preserve dignity, avoid shame or humiliation and support a return to regulation.

A trauma-informed approach does not mean unsafe behaviour is permitted. Adults maintain appropriate boundaries and act when necessary to keep children and others safe.

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8. When reasonable force may be used

Staff may use reasonable force in circumstances permitted by law. This may include preventing a pupil from hurting themselves or another person; preventing serious damage to property or significant disorder; preventing a criminal offence; stopping a fight or attack; preventing a pupil leaving an area where doing so would create a significant safety risk; safely managing a serious incident on a visit or event; or intervening where behaviour creates an immediate risk of harm.

The fact that force may legally be used does not mean that it should automatically be used. Staff must make a professional judgement based on the circumstances and level of immediate risk.

9. Reasonable force must never be punishment

Wessex Gardens will never use force as a punishment.

Physical intervention must not be used to punish a pupil; simply to secure compliance; because a child refuses an instruction where there is no immediate safety risk; to cause pain; to frighten or humiliate; as retaliation; because an adult is angry or frustrated; or as a substitute for effective behaviour management.

Restrictive intervention must not form part of the 1-2-3 Magic consequence system.

10. Safety during physical intervention

Where reasonable force becomes necessary, staff must use no more force than is necessary for the shortest possible time and continually assess whether the intervention remains necessary.

Restraint must never intentionally obstruct a pupil's airway, compromise breathing or circulation, place inappropriate pressure on the neck, chest or abdomen, or cause unnecessary pain.

If there is any concern about injury or the child's physical condition, appropriate first aid or medical assistance must be obtained.

11. Seclusion

Seclusion is a serious restrictive intervention and must only be considered where necessary to protect the pupil or another person from an immediate risk of harm.

It must never be used as punishment, simply because a pupil is disruptive, to enforce compliance, because staffing arrangements are difficult, as a threat, or for longer than necessary to manage the immediate risk.

A child must be appropriately supervised and monitored throughout. As soon as the assessed immediate risk has sufficiently reduced, the child must be permitted to leave.

A pupil voluntarily accessing a quiet, sensory or regulation space is not seclusion provided they are free to leave. Any use of seclusion must be recorded, reported to the Headteacher/DSL and reviewed.

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12. Supporting pupils with SEND and additional vulnerabilities

Wessex Gardens recognises that pupils with SEND, communication difficulties, neurodivergence, medical conditions, sensory differences, social, emotional or mental health needs, or previous experiences of trauma or adversity may require additional consideration.

The school will have regard to its duties under the Equality Act 2010, including reasonable adjustments. Where restrictive intervention is foreseeable, the school should consider an individual risk assessment, behaviour support plan, communication and regulation strategies, sensory support, reasonable adjustments and agreed de-escalation approaches, involving the pupil and parents/carers where appropriate.

13. Individual risk assessments and behaviour support plans

Where there is an increased likelihood that restrictive intervention may be required, the school will undertake an individual assessment of risk. This should identify known triggers, early warning signs, communication and sensory needs, preventative strategies, successful de-escalation approaches, environmental adjustments, strategies known to worsen the situation, crisis actions, post-incident arrangements and any additional staff training required.

The existence of a plan does not provide automatic permission to restrain a pupil. Staff must still consider necessity and proportionality in each incident.

14. Staff training

The Headteacher will determine appropriate training according to pupil needs, staff roles, identified risks and the context of the school.

All staff should understand the principles of this policy, preventative approaches, behaviour as communication, trauma-informed practice, SEND and neurodiversity, de-escalation, appropriate physical contact, when reasonable force may and may not be used, safeguarding responsibilities, and recording and reporting requirements.

Staff should not attempt specialist physical intervention techniques for which they have not been appropriately trained.

15. Reporting and recording

Every incident involving restrictive intervention must be reported and recorded.

The member of staff involved must inform the Headteacher or a member of SLT as soon as practicable. The incident must be recorded using the school's agreed Restrictive Intervention Record as soon as possible and normally on the same day.

The record must include the pupil and staff involved; date, time, location and approximate duration; relevant needs; circumstances, triggers and behaviour; preventative and de-escalation strategies; why intervention was necessary; the intervention used and degree/duration of force; pupil response; injuries/adverse effects and treatment; parent notification; and post-incident support.

Records must be factual and distinguish clearly between observation, fact and professional judgement.

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16. Informing parents and carers

Parents/carers will be informed whenever restrictive intervention, including reasonable force or seclusion, has been used with their child, as soon as practicable and wherever possible on the same day.

Parents should receive appropriate information about what happened, why intervention was necessary, what intervention was used, its approximate duration, any injury, support provided afterwards and proposed follow-up.

Any copy shared with parents must protect the personal information of other pupils, families, staff and witnesses where disclosure would be inappropriate.

17. Post-incident support

Following restrictive intervention, the immediate priority is the wellbeing of everyone involved.

The pupil should be given time and support to regulate, checked for injury or discomfort, offered first aid where necessary, given an opportunity to communicate their experience when ready and reassured that relationships can be repaired.

Staff involved should be able to report injuries, reflect with an appropriate senior leader and access support where necessary. Post-incident conversations should not become an immediate interrogation of a dysregulated child.

18. Restorative and relational follow-up

Where appropriate, a restorative conversation should take place after the pupil has regulated. Its purpose is to understand what happened, hear the pupil's perspective, identify what could help next time, repair relationships, reinforce appropriate boundaries and support reintegration into learning.

Restorative practice does not remove appropriate consequences under the Behaviour Policy.

19. Review following an incident

Significant incidents should be reviewed by an appropriate senior leader. The review should consider antecedents and risks, preventative strategies, necessity, proportionality, whether the least restrictive practicable response was used, impact on the pupil and others, SEND or other needs, what worked, what could be different next time and whether plans, provision, support or training require amendment.

20. Safeguarding

Restrictive intervention is a safeguarding matter. Any safeguarding concerns arising from an incident must be reported to the DSL.

Where a member of staff is concerned that another adult's use of force may have been inappropriate, excessive or inconsistent with the Staff Code of Conduct, they must report this to the Headteacher. A concern about the Headteacher must be reported to the Chair of Governors.

Staff must not investigate concerns themselves or decide that a concern is too minor to report. The Headteacher or Chair will determine whether the matter is a management issue, low-level concern, disciplinary matter, or allegation that may meet the harm threshold and require LADO consultation.

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21. Governance and monitoring

The Headteacher and Safeguarding Team will review records regularly. Monitoring should consider frequency, repeated interventions, locations and times, triggers, injuries, effectiveness of de-escalation, training needs, individual plans, whether intervention is reducing over time and any disproportionate use involving pupils with SEND or other protected characteristics.

Relevant trends will be reported to the Governing Board as part of safeguarding oversight while maintaining confidentiality. The purpose is to learn from incidents and reduce the need for restrictive intervention.

22. Complaints

Parents and carers who have concerns about restrictive intervention should raise these with the school. Complaints will be considered under the Wessex Gardens Complaints Policy and relevant safeguarding procedures.

An allegation against a member of staff will not automatically result in suspension. The school will follow relevant safeguarding and employment guidance and seek LADO advice where appropriate. Staff subject to a formal allegation will be provided with appropriate support.

23. Policy review

This policy will be reviewed annually, or sooner where statutory guidance or legislation changes, monitoring identifies a need, a significant incident identifies learning, or related school policies require amendment.

Responsible person: Headteacher
Approval: Governing Board
Academic year: 2026/27
Next review: September 2027

Related school policies

- Behaviour Policy
- Child Protection and Safeguarding Policy
- SEND Policy
- Staff Code of Conduct
- Health and Safety Policy
- Intimate Care procedures
- Complaints Policy
- Individual pupil behaviour support plans and risk assessments where applicable

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Appendix 1 - Restrictive Intervention Record

This record must be completed following any restrictive intervention, including the use of reasonable force or seclusion. It should be completed as soon as practicable following the incident and normally on the same day. Records must be factual, objective and specific. Record what was seen, heard and done; avoid assumptions about a pupil's intentions.

1. Incident details

Pupil:

_____

Class / Year Group:

_____

Date:

_____

Location:

_____

Start time:

_____

End time:

_____

Approximate duration of restrictive intervention:

_____

Staff directly involved:

_____

Other staff/witnesses present:

_____

Approximate number and age of other pupils present:

_____

2. Relevant information about the pupil

Age:

_____

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SEND status, where applicable:

_____

Relevant SEND, disability, communication, sensory, medical or other needs:

_____

_____

Was an individual Behaviour Support Plan and/or Risk Assessment in place? Yes / No

If yes, were the agreed preventative and de-escalation strategies followed? Yes / No / Partially

Please explain where relevant:

_____

_____

3. What happened before the incident

Describe factually what was happening immediately before the incident, including who was present, known or possible triggers, environmental factors, what the pupil said or did and signs of distress or dysregulation.

Factual account:

_____

_____

_____

_____

4. What was the pupil doing?

Describe observable behaviour rather than general labels such as 'aggressive', 'challenging' or 'out of control'. Record the specific actions seen or words heard.

Factual description:

_____

_____

_____

_____

5. What immediate risk was identified?

- injury to the pupil

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- injury to another pupil/pupils
- injury to a member/members of staff
- injury to another person
- serious damage to property
- significant disorder
- a criminal offence
- another significant safety risk

Who or what was at risk and how?

_____

_____

_____

6. Preventative and de-escalation strategies

Describe strategies attempted before restrictive intervention was used, where circumstances allowed.

Strategy 1 - what was tried?

_____

_____

Pupil's response:

_____

_____

Strategy 2 - what was tried?

_____

_____

Pupil's response:

_____

_____

Further strategies, if applicable:

_____

_____

7. Why was restrictive intervention necessary?

Explain why, at this point, a less restrictive response was not sufficient to manage the immediate risk.

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Explanation:

_____

_____

_____

At the point intervention was used, I reasonably believed intervention was necessary because:

_____

_____

_____

8. Physical intervention / other restrictive intervention used

Describe exactly what staff did. Do not simply record the name of a training technique. Include who initiated the intervention, staff involved, positioning, how the pupil was supported, approximate duration, any changes, what was communicated, the pupil's response, and how and when the intervention ended.

Factual description:

_____

_____

_____

_____

_____

How was the intervention kept to the minimum necessary?

_____

_____

Why was the intervention proportionate to the immediate risk?

_____

_____

What changed that allowed the intervention to be reduced or ended?

_____

_____

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9. Pupil's response during the intervention

Describe factually how the pupil responded, using their actual words in quotation marks where relevant:

_____

_____

_____

10. Injuries, medical treatment and adverse effects

Pupil

Was any injury, pain or physical mark identified? Yes / No

If yes, describe factually:

_____

_____

First aid provided: Yes / No Provided by: _____

Further medical assessment required: Yes / No

Details:

_____

Ambulance called: Yes / No

Further medical advice recommended: Yes / No

Staff or others

Were any staff, pupils or other people injured? Yes / No

Details:

_____

_____

Other adverse effects

Were any immediate emotional, psychological or other adverse effects identified? Yes / No / Not known at this stage

Details:

_____

_____

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11. Immediate post-incident support

Support provided to the pupil:

_____

_____

_____

Support offered to staff/other pupils affected:

_____

_____

12. Pupil's account

The pupil should be given an appropriate opportunity to communicate their experience when sufficiently regulated and able to do so. This should not become an immediate interrogation following a distressing incident.

Pupil's account:

_____

_____

_____

_____

What does the pupil think might help if a similar situation arises again?

_____

_____

If an account was not obtained, state why:

_____

13. Witness information

Were there witnesses to the incident? Yes / No

Where a witness account is necessary, it should be recorded separately.

1. Witness name / role:

_____

2. Witness name / role:

_____

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3. Witness name / role:

_____

Information about other pupils and staff must not be unnecessarily disclosed in any version provided to parents/carers.

14. Parent/carer notification

Parents/carers should be informed as soon as practicable and, wherever possible, on the same day.

Parent/carer informed: Yes / No

Date:

_____

Time:

_____

Method: Telephone / In person / Other

_____

Staff member who informed parent/carer:

_____

Summary of information provided:

_____

_____

Parent/carer's comments or response, where relevant:

_____

_____

Parent/carer version of the incident record provided: Yes / No

Date provided:

_____

Any version shared with parents/carers must protect the personal information of other pupils, families, staff and witnesses where disclosure would be inappropriate. The complete, unredacted record must be retained securely by the school.

15. Post-incident review

Review completed by:

DRAFT

_____

Role:

_____

Date:

_____

- What happened before the incident and what were the triggers or antecedents?
- Were there earlier opportunities to prevent escalation?
- Were appropriate preventative and de-escalation strategies attempted?
- Was restrictive intervention necessary and proportionate?
- Was the least restrictive practicable response used for the shortest necessary period?
- Was it reduced or ended as soon as the immediate risk reduced?
- What was the impact on the pupil, other pupils and staff?
- What did the pupil tell us?
- Did SEND, communication, sensory, medical or other needs contribute?
- Were agreed reasonable adjustments implemented?
- What worked well and what could be done differently next time?
- Does the Behaviour Support Plan or Risk Assessment need to be created or amended?
- Is additional SEND, pastoral or safeguarding support required?
- Do staff require additional guidance or training?

16. Learning and actions

Action required	Person responsible	By when	Completed

Does the pupil's Risk Assessment require review? Yes / No / Not applicable

Does the pupil's Behaviour Support Plan require review? Yes / No / Not applicable

Is further SEND/pastoral support required? Yes / No

Is further staff training or guidance required? Yes / No

17. Restorative follow-up

Where appropriate, a restorative conversation should take place once the pupil is sufficiently regulated. Its purpose is to understand what happened, hear the pupil's perspective, identify what might help in future and repair relationships.

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Restorative conversation completed: Yes / No / Not yet appropriate

Date:

_____

Key points/actions:

_____

_____

_____

18. Safeguarding consideration

Did this incident give rise to a safeguarding concern about the pupil? Yes / No

Referred to DSL: Yes / No / Not applicable

Date/time:

_____

Did the incident raise a concern about the conduct of an adult? Yes / No

If yes, this must be reported to the Headteacher. A concern about the Headteacher must be reported to the Chair of Governors. Staff must not investigate concerns themselves or decide that a concern is too minor to report.

19. Record completion

Record completed by:

_____

Role:

_____

Signature:

_____

Date:

_____

Time completed:

_____

Senior Leader Review

Reviewed by:

DRAFT

_____

Role:

_____

Date:

_____

Necessary: Yes / No / Further information required

Proportionate: Yes / No / Further information required

The least restrictive practicable response: Yes / No / Further information required

Used for the minimum necessary time: Yes / No / Further information required

Consistent with the pupil's individual plan where applicable: Yes / No / N/A

Further action required: Yes / No

Details:

_____

_____

_____

Recording principles

- Record facts rather than assumptions.
- Use the pupil's actual words where relevant.
- Describe observable behaviour rather than relying on labels.
- Record what staff actually did rather than relying solely on the name of a physical intervention technique.
- Explain why intervention was necessary and proportionate.
- Demonstrate that the least restrictive practicable response was used.
- Record the approximate duration.
- Record injuries and known adverse effects.
- Identify when and why the intervention ended.
- Record post-incident support.
- Maintain confidentiality.
- Complete the record as soon as practicable following the incident.

Restrictive intervention must never be used as punishment or simply to secure compliance.

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