SS John & Monica Catholic Primary School

Physical Intervention and Restrictive Practices Policy

Our Mission

'At SS John and Monica's we learn through the example of Jesus to love, respect, understand and value each other'

Contents

SS John & Monica Catholic Primary School ... 3
Physical Interventions Policy ... 3
Introduction ... 3
Duty of Care ... 4
Legal Justification ... 4
Understanding Physical Contact and Intervention ... 5
Physical Contact ... 5
Restrictive Physical Intervention ... 5
Unacceptable Use of Force ... 5
Planned, Unplanned and Emergency Interventions ... 6
Seclusion ... 6
Risk Assessment and Planning ... 6
SEND and Vulnerable Pupils ... 6
Recording and Reporting ... 6
Post-Incident Support, Listening and Learning ... 7
Governance Oversight ... 7
Review ... 7
References ... 8
References and Further Reading ... 8
Legislation ... 8
Statutory and Non-Statutory Guidance ... 8
Health and Safety Guidance ... 9
Professional and Academic Reading ... 9

SS John & Monica Catholic Primary School

Physical Interventions Policy

Our Mission

'At SS John and Monica's we learn through the example of Jesus to love, respect, understand and value each other.'

At SS John & Monica Catholic Primary School, we are committed to ensuring that all children are safe, valued and treated with dignity. Guided by our Catholic faith, we believe that every child is made in the image of God and is deserving of compassion, understanding and care, particularly in moments of distress or crisis.

This policy reflects our mission by ensuring that any physical contact or intervention is rooted in **care, protection and respect**, and is used **only when necessary** and **only in the best interests of the child and those around them**.

Introduction

This policy has been reviewed and updated in line with the Department for Education guidance *Restrictive interventions, including use of reasonable force, in schools* (April 2026) and the *Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025*.

The policy considers relevant legislation, regulations and guidance from the Department for Education, the Department of Health, the Health and Safety Executive and other relevant bodies. Where applicable, the Mental Capacity Act must also be considered for pupils aged 16 and over.

This policy applies to all staff, including teachers, support staff, supply staff, volunteers and students working within the school. It should be read alongside the Behaviour Policy, Safeguarding Policy, SEND Policy and Health & Safety procedures.

The purpose of this policy is to:

- support staff in understanding their **duty of care**
- give staff the **confidence to act lawfully and professionally**
- ensure children are **protected from harm**
- ensure restrictive physical intervention is used **rarely, proportionately and ethically**

At any particular time, the key question for everyone involved with children whose behaviour may challenge is:

“What is in the best interests of the child and/or those around them in view of the risks presented?”

Duty of Care

All staff at SS John & Monica have a **duty of care** towards the children and young people in their care, as well as towards colleagues and others on the school site, under Health and Safety legislation.

Staff are responsible for:

- familiarising themselves with relevant policies and risk assessments
- participating in appropriate training
- identifying obvious hazards
- taking reasonable steps to reduce foreseeable risks

Failure to act where there is evidence that significant harm may occur could constitute a failure in that duty of care.

Employers also have a duty of care to staff, ensuring that the working environment is safe and that appropriate guidance and training are provided where risks are identified.

Commented [MSC1]: Could the policy clarify the school’s training expectations and which staff are authorised to use restrictive interventions? So, staff the have not recieved appropiate training should seek help from those that have.

Commented [MS2R1]: All teaching staff and LSA's have training. Will add the training provider. Training requirement for this used to be every 3 years. This was reduced to every 2 years. Now they are pushing for every year due to the needs of pupils. It is very expensive for a school to train staff in this area.

Commented [MS3R1]: Will add a sentence regarding training.

Training (Team Teach) is provided for all Teaching staff and Learning Support Assistants every 2 years. Lunchtime Supervisors seek those who have been trained, if they require help.

Schools **must not operate a “no contact” policy**. To do so could leave staff unable to intervene appropriately and place them at risk of breaching their duty of care.

The Children Act 1989 makes clear that **the welfare of the child is paramount**. This must be the first consideration in any decision involving physical contact or intervention, both in the short and longer term.

Legal Justification

The Education and Inspections Act 2006 gives school staff the legal power to use reasonable force to prevent a pupil from:

- injuring themselves or others
- causing damage to property
- committing a criminal offence
- causing serious disorder

Section **93A** of the Education and Inspections Act 2006 places a statutory duty on schools to **record and report each significant incident involving the use of force**.

Commented [MSC4]: Should we define “significant incident” to ensure consistency in recording?

Commented [MS5R4]: This is the language of the 2006 Act. Significant would relate to higher risk responses, see further down.

Any use of force must be:

- reasonable
- proportionate
- necessary
- used for the shortest time possible

Reasonable adjustments must be made for disabled pupils and those with Special Educational Needs, in line with the Equality Act 2010.

The expectation is that staff act **in good faith**, with **professional judgement**, and with the **best intentions** to safeguard pupils.

Understanding Physical Contact and Intervention

Physical Contact

Positive physical contact is a normal and necessary part of school life and may be required to:

- provide care or comfort
- offer reassurance
- guide or escort pupils safely
- support access to the curriculum (e.g. PE, practical activities)

Physical contact should:

- never be used as punishment
- never be intended to cause pain
- always be appropriate to age, understanding, context and environment
- respect dignity and privacy

Children with SEND, autism or sensory differences may have specific needs around touch. These should be clearly documented in individual plans.

Restrictive Physical Intervention

Restrictive physical intervention should **only be used as a last resort**, when all other strategies (range of de-escalation strategies used) have failed or are inappropriate, and where **not intervening would present a greater risk of harm**.

Commented [MSC6]: The policy rightly states that intervention is last resort, but could preventative strategies (e.g. de-escalation, distraction, changes to environment) be emnhasised more?

Commented [MS7R6]: I have added Team Teach training, which is what we follow and is 99% de-escalation.

Interventions range from:

- low-risk responses (guiding or escorting)
- to higher-risk responses (separating a fight or holding to prevent injury)

All interventions must:

- use the **minimum force necessary**
- last for the **shortest time possible**
- maintain the dignity of the child and adult
- allow for communication throughout

Restrictive intervention is a **safeguarding response**, **not a sanction**.

Unacceptable Use of Force

- force must never be used as punishment
- restraint that affects breathing, circulation or airway is prohibited

- pressure to the neck, chest or abdomen is prohibited
- prone restraint is not permitted

Planned, Unplanned and Emergency Interventions

- **Planned interventions** – informed by written risk assessments and behaviour support plans
- **Unplanned interventions** – based on dynamic risk assessments in response to unforeseen risk
- **Emergency interventions** – immediate action to prevent serious injury or loss of life

Seclusion

Seclusion refers to keeping a pupil confined to a space away from others and preventing them from leaving.

At SS John & Monica:

- seclusion is **not a disciplinary measure**
- it may only be used as a **safety response during acute dysregulation**
- it must never be implemented through threat or punishment
- the pupil must be **continuously supervised**
- it must end **as soon as the risk has reduced**

All incidents of seclusion **must be recorded and reported** in line with statutory requirements.

Commented [MSC8]: Can you specify what should be recorded? For example, reason, duration, staff involved etc.

Commented [EG9R8]: It comes later on in the policy

Risk Assessment and Planning

Risk assessment is central to decision-making. Staff must balance the risks of taking action against the risks of not taking action.

Risk assessments may be:

- **planned**, where risks are foreseeable
- **dynamic**, where risk emerges unexpectedly

Where appropriate, a **Risk / Restrictive Intervention Reduction Plan** will be developed. Parents and pupils should be involved wherever possible.

SEND and Vulnerable Pupils

Pupils with SEND may be disproportionately affected by restrictive interventions.

The school will:

- seek to understand triggers and underlying need
- use preventative and de-escalation strategies
- make reasonable adjustments
- co-produce behaviour support plans
- review plans following any significant incident

Recording and Reporting

All **significant incidents involving force, restraint or seclusion** must be:

- recorded **as soon as practicable and no later than the same day**
- recorded by the staff involved
- recorded on **CPOMS** (the school's approved electronic safeguarding and incident recording system)

Records must include:

- names of pupils and staff
- SEN status
- date, time, location and duration
- triggers and de-escalation used
- type and degree of force
- injuries and medical support
- justification for the intervention

Parents must be **informed in writing with a follow-up email as soon as practicable**, even where interventions form part of an agreed plan.

Parents and carers who have concerns about the use of physical intervention may raise these through the school complaints procedure. Concerns will be reviewed promptly by the Head Teacher and, where appropriate, the Governing Body.

Post-Incident Support, Listening and Learning

After any restrictive intervention:

- pupil and staff wellbeing must be checked
- medical support sought where required
- debriefing and reflection should take place
- behaviour support plans reviewed

Incidents should be used as opportunities for learning, repair and rebuilding relationships.

Governance Oversight

The Governing Body will:

- ensure statutory procedures are in place
- receive and interrogate termly data
- monitor patterns, including SEND and vulnerability
- use data to inform training and policy review

Review

This policy will be reviewed annually and in response to statutory change.

Next review: Autumn 2026

Commented [MSC10]: The policy could more clearly explain how parents can raise concerns or challenge decisions. Suggested wording: 'Parents and carers who have concerns about the use of physical intervention may raise these through the school's complaints procedure. Concerns will be reviewed promptly by the Headteacher and, where appropriate, the Governing Body.'

Commented [MS11R10]: Added.

Commented [MSC12]: This could be strengthened. For example, should we specific that staff must check for signs of injury or distress following any restrictive intervention and seek medical advice where appropriate?

Commented [MS13R12]: It says well-being must be checked and medical support sought, so I don't think anything additional needs to be added here.

References

- DfE (2026) *Restrictive interventions, including use of reasonable force, in schools*
- Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025
- Behaviour in Schools Guidance
- Keeping Children Safe in Education
- Equality Act 2010: Advice for Schools

References and Further Reading

Legislation

- The Children Act 1989 and 2004
- The Education and Inspections Act 2006, **Sections 93 and 93A** *(use of reasonable force; recording and reporting of significant incidents)*
- The Equality Act 2010
    - Part 6 – Education
- The Human Rights Act 1998
    - European Convention on Human Rights, Article 3
- Health and Safety at Work etc. Act 1974
- The Mental Capacity Act 2005 (as amended 2019)
- Management of Health and Safety at Work Regulations 1999
- Management of Health and Safety at Work (Amendment) Regulations 2006

Statutory and Non-Statutory Guidance

- **Department for Education (2026)**
  Restrictive interventions, including use of reasonable force, in schools
- **Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025**
- Department for Education (2014)
  The Equality Act 2010 and schools: departmental advice for school leaders, school staff, governing bodies and local authorities
- Department for Education
  Behaviour in schools
  https://www.gov.uk/government/publications/behaviour-in-schools--2
- Department for Education
  Keeping Children Safe in Education
  https://www.gov.uk/government/publications/keeping-children-safe-in-education--2
- Department for Education
  School exclusion
  https://www.gov.uk/government/publications/school-exclusion

- Department of Health and Social Care / Department for Education (2019)
  Reducing the need for restraint and restrictive intervention – children and young people with learning disabilities, autistic spectrum disorder and mental health difficulties (non-statutory)

Health and Safety Guidance

- HSE
  Management of Health and Safety at Work Regulations 1999 – Approved Code of Practice and guidance
- HSE (2007)
  Five steps to risk assessment

Professional and Academic Reading

- Allen, B. (2012)
  The Legal Framework for Restraint. Steaming Publishing.
- Allen, B. (2012)
  Risk Assessment for Behaviour. Steaming Publishing.
- Allen, B. (2015)
  Physical Contact: Care, Comfort, Reassurance and Restraint. Steaming Publishing.
- British Institute of Learning Disabilities (BILD) (2006)
  Guidance on the use of seclusion.
- National Institute for Health and Care Excellence (2015)
  Challenging behaviour and learning disabilities: prevention and interventions.
- National Institute for Health and Care Excellence (2018)
  Learning disabilities and behaviour that challenges: service design and delivery.
- Team-Teach Ltd (2018)
  Team-Teach Workbook (v2021).
- Ofsted (2018, updated 2021)
  Positive environments where children can flourish – a guide for inspectors about physical intervention and restrictions of liberty.

Appendix 1 – Types of Positive Handling Techniques- To be used by Team Teach Trained Staff only

Commented [MSC14]: It might be useful to protect the school by beeing clear that the techniques listed here are only to be used by staff who have received appropriate training.

Commented [MS15R14]: added.

T Wrap

- Standing, sitting or kneeling behind a small person, holding the small person's hands crossed in front of their hips, leaving elbows apart with ribs and abdomen clear.

Single Elbow

- Standing, sitting or kneeling alongside the person, holding the nearest forearm drawn back to be parallel to the ground with hands close to the chest and supporting pressure through the hip. The nearest hand holds the forearm with the other supporting the shoulder.

Double Elbow

- Standing alongside the person, holding both forearms drawn back to be parallel with the ground with hands close to the chest and supporting pressure through the hip. One arm is supporting the person's back.

Figure of Four

- Standing, sitting or kneeling alongside the client with the hand of the outer arm holding underneath the person's nearest forearm and the other passing under the armpit, across the top of nearest forearm to hold own wrist.

Back Ground Recovery

- Kneeling alongside a supine person, entirely supporting own weight, securing the person's elbows at sides with hip and heal of hand on the floor. Ribs and abdomen are left clear.

Front Ground Recovery

- Kneeling facing towards a prone person securing the wrist and elbow, limiting movement of the shoulder, but leaving ribs and abdomen clear.

Legs

- Sitting or kneeling, entirely supporting own weight, using hip, arm and forearm to limit the range of kicking.

Appendix 1

Team-Teach Hold Aide Memoire

Smaller People

Cradle Hug

Take care of heads and elbows.

T Wrap

Approach leading with the hip to keep the head out of range with wrists crossed in a protective stance. Start at the shoulders then slide down to control the arms, just above the elbows. Briefly cup the elbows in the palm of the hand and move them together so that the arms cross. Drop from the elbows to the wrists, then press them down towards the hips so the elbows come apart again. Elbows should be apart with wrists together. T Wrap is for people at least a head smaller than the person holding and narrow in girth.

Take particular care to explain the difference between a T Wrap and a Basket hold. T Wrap is a natural body position like a batter in cricket. Hands are on the hips, not pulled around the ribs as in a Basket hold.

T Wrap on the Ground

The adult should support the lower spine with the knee and the upper spine with the shoulder. The child's elbows should be apart with wrists pressed at the front of the hips.

Another adult can support alongside with a help hug or take the far hand to allow the other adult to come alongside. Alternatively if help protocols require a change of face this can be accomplished by moving close behind the colleague keeping the head low. The person leaving protects the head by resting the forearm on the back with a hand preventing the head from coming backwards as they shuffle to change place.

Help-Hug Support and De-escalation

Move the knees forward so that the hips are just behind the elbows. With the elbows supported by Caring Cs as shown the hips are prevented from moving forward and the child feels secure, yet there is no restriction to breathing and staff can keep their heads out of range. The back can be supported without reaching all the way to hold the hands in the conventional T Wrap.

The most important point to emphasise throughout training is that there is no restriction to the expansion of the chest or abdomen. Arms should not be pulled around the chest, instead the wrists are pressed towards the hips to open the elbows. The body is not forced forward so there is no restriction to the abdomen.

Chairs to T Wrap

- Bring a chair for the child to sit on and brace it firmly with the instep of both feet and one hand. (the child is not shown in the picture on the left but the chair is facing towards the child).

The adult bracing the chair reaches through to the far shoulder of the child and draws the child into the chair. The person holding the child kneels behind the chair. To change face slide an arm down the colleagues arm to find the child's wrist.

The person leaving protects heads by resting the forearm on the spine with a hand stopping the head from flying back as they swap positions. The person leaving sinks to one knee to allow the new face to take both wrists and place a shoulder below the child's shoulder to keep heads safe.

T Wrap to Chairs

Turn the child's hips slightly away and keep the shoulder low to protect heads. Elbows should be apart with wrists pressed to hips. Help hug support to T Wrap in chairs. To take over take the nearest wrist first then tell the colleague that how have it. The colleague now has a free hand and can take your hand and place it on the child's other wrist. Then the colleague can leave supporting their own weight on their own knee. Do not push off the child's hip or shoulder. If kicking legs are a problem they can be swept on to the chairs and supported as shown.

Larger People

Single Elbow

Approaching wild arms control the upper arm first from the shoulders, sliding down to just above the elbow.

In a friendly hold the hands are down at the hips, with the gate covered by the body. To disengage cover the gate at the wrist to step away whilst bracing the elbow to prevent flapping arms.

For additional security the elbows are drawn back to turn o ff the large muscles, reducing the need for force.

To prevent spitting a Caring C can be placed close to the jawline to prevent the head from turning. Note the gap for the ear between finger and thumb. We never cover the ears.

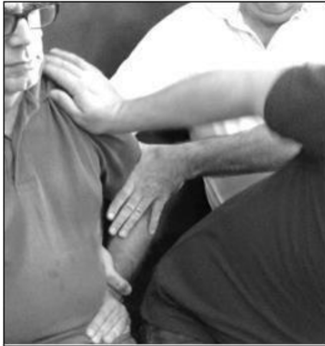
•

Single Elbow to Chairs

To sit somebody in a single elbow, reach over the shoulders and bow them forward. At the same time drop the wrists to the hips and press the hips back into the chair. Hands should be drawn back to the hips, creating "chicken wing" shaped arms.

- Changing Face

For smaller people it is possible to go into a temporary double elbow to allow a quick change of face.

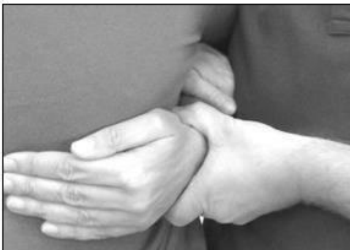


For larger people slide in from the side to take the wrist. Then secure the elbow. Finally cover the elbow with the body and cup the shoulder to prevent forward movement. The person leaving waits keeping the shoulder and knee secure until the colleague is safely in position.

As an alternative where space is limited, for instance on a couch, drop in from above. The person coming in takes the wrist with one hand and secures the elbow with the other.

The person leaving dives forward, away from the person being held, supporting their own weight on their own leg. They let the arm that was holding the wrist go slack and trail after them. The person coming in drops into position with the body covering the elbow as Double Elbow the hand moves up to cup the shoulder. This can be a very quick and efficient change over.

Whereas the single elbow is always a two person hold, as you only have control of one elbow, the double elbow can be a single or two person hold.



Note that all the fingers and the thumb of the far hand are hooked over the forearm so there is not danger of the pressure of knuckles being felt in the ribs.

The nearest hand can cup under the wrist. Once again for additional security the elbows can be drawn back to turn off the larger muscles to reduce the use of force and grips. A double elbow can be used to negotiate a doorway by bracing the foot against the door frame.

Figure of Four

The key teaching point in the figure of four is that the outside arm must support underneath the wrist, with the inside arm over the top.

Half Shield

In the half shield the body position is T shape, similar to the T Wrap. The nearest arm is secured firmly as shown.

The far arm is secured just above the elbow. Hips should be pressed in with heads out of the way.

To turn a person away from danger press with back of the hand, which is against the back. At the same time draw the clamped arm towards you, pivoting on the nearest foot to waltz away from danger.

Separating Fights

The half shield can be used for separating fights or to move a person a short distance away from danger. Alternatively run an arm under an attackers arm and pivot on the shoulder, lifting the arm away.

Gathering elbows weakens the strength of a grip.

Appendix 2

Incident

High Risk Resonse e.g Team Teach Manoeuvers

Lower Risk Response e,g Guiding , Caring C, shepherding, hand-holding side hugs

- Inform Head Teacher or Deputy Head Teacher
- Record Incident on Cpoms
- Record Incident in Red Number Bound Book
- Scan copy from red book and attach to cpoms log
- As well as speaking to parent, follow-up email to be sent to parent regarding incident

- Inform Class Teacher/SENCO
- Record Incident on Cpoms

Appendix 3

Letter to Parents / Carers Following Use of Physical Intervention with a Student

While our focus should always be on de-escalation, there may be occasions when a member of staff at your school feels it is reasonable, proportionate and necessary to use a restrictive intervention to keep everyone safe.
In these situations, it is vital to keep parents and carers fully informed about what has happened and ensure they are offered the opportunity to discuss the incident with any relevant staff members. Open, two-way communication underpins the restorative process, enabling schools and families to work collaboratively to find ways forward together.

A 3-step approach to support

It can be upsetting for parents and carers to find out that a physical intervention has been used to support their child. They may feel angry, worried, confused, or frustrated about why the intervention was necessary and what will happen in the future to reduce the likelihood of it happening again.
It's helpful to put a robust 3-step system in place following the use of any restrictive practice so you can inform and support families and ensure they are part of decision-making processes:

1. **In-Person/ Phone Call**
   As soon as possible, let parents/carers know what has happened, either in person or by phone. Where there is a face-to-face meeting, it should take place in a quiet, private, and comfortable space to ensure confidentiality. This conversation is an opportunity to clarify the reasons for the intervention, allay any fears, and offer reassurance.
2. **Written Follow-Up**
   After talking about the incident, write a letter (see template example) that provides details of the incident, explaining what will happen next to move forward together. You may also want to share the Team Teach information leaflet so that parents/carers can better understand the behaviour support strategies used in school.
3. **Planned Meeting**
   Set up a meeting with parents/carers to identify ways to prevent similar situations in the future and to review and update individual risk assessments and support plans. If appropriate, you may also want to involve the student and any relevant staff members. This can form part of a wider restorative process to encourage the repairing of damaged relationships and to promote a culture of post-incident reflection and support.

Appendix 4

SS John & Monica Catholic Primary School

Head Teacher:
M.Elliott (B.Ed. Hons, NPQH)
Chantry Road
Moseley
Birmingham B13 8DW
Telephone: 0121 464 5868
Email: enquiry@stjonmon.bham.sch.uk
Website: www.stjonmon.bham.sch.uk

Dear [insert parent/carer name],

Further to our conversation, here are the details of the recent incident involving your child:

Date, time and location of the incident	*Insert the date, time and location of the incident*
Details of the incident	*Give a brief description of the incident, including the type of physical intervention used and why it was a reasonable, proportionate and necessary response.* *Use clear, factual language and avoid any emotive statements.*
Discussion points with parent	

We understand that you may be feeling worried or upset about what has happened. Please be reassured that the safety and well-being of your child are always our priority, and physical interventions are used only as a last resort to keep everyone safe. The Team Teach information leaflet explains how we support your child at school Team Teach information leaflet

We would like to find a convenient time to discuss how we can reduce the likelihood of this happening again and the best ways to support your child moving forward.

Please get in touch to let us know when you would be available to meet.

If you have any concerns about your child's physical, emotional or mental wellbeing as a result of this incident, or if you have any questions, please do get in contact.

Yours sincerely