



## Physical Intervention Policy

<b>POLICY OWNER</b>	<b>Behaviour &amp; Belonging Lead</b>	<b>MONITORING &amp; EVALUATION BY</b>	<b>Inclusion Team</b>
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## **1. Introduction**

Staff in GLF Schools recognise that the use of restrictive physical intervention is the last in a range of strategies available to secure pupil safety/well-being and also to maintain good order and discipline. This policy should therefore be read in conjunction with schools' Safeguarding & Child Protection and Behaviour policies.

'Physical intervention and violence should never be normalised as part of the job, and staff should feel reassured that their safety matters. Training in de-escalation, early recognition of signs of distress, and safe intervention strategies equip staff to respond calmly and effectively. Alongside training, staff need systems that treat every incident seriously, prioritise safety, provide opportunities for debriefing, and offer emotional ([Occupational Violence and Aggression in Schools](#), Team Teach, September 2025)

Team Teach training equips staff with personal safety techniques in the event that they encounter behaviour that place them at risk. It is recommended that at least one senior leader and minimum of three other staff in each school have undertaken Team Teach Level 1 training specific physical intervention training to enable them to use safe breakaway and positive handling techniques alongside crisis intervention strategies.

## **2. Aims of policy**

- To protect every person in the school community from harm.
- To protect all pupils against any form of physical intervention that is unnecessary, inappropriate, excessive or harmful.
- To provide adequate information for staff so that they are clear about what constitutes physical intervention and safe touch.
- To ensure that any incidents of physical intervention are accurately recorded and reported using clear terminology.
- To embed the principles and approaches of Team Teach

## **3. The legal framework**

### **3.1 Reasonable force**

This policy is written in accordance with section 93 of the Education and Inspections Act 2006, the Equality Act 2010 and DfE guidance: Restrictive interventions, including the use of reasonable force 2026:

Members of staff may use such force as is reasonable in the circumstances for the purpose of preventing a pupil from doing (or continuing to do) any of the following, namely

- committing any offence,
- causing personal injury to, or damage to the property of, any person (including the pupil himself), or

- prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

Use of Reasonable Force During Searches:

- staff may use reasonable force when conducting a lawful search for prohibited items only when it is necessary to prevent harm, serious disruption, criminal behaviour, or damage to property.
- Staff must not use force to conduct a search where the risks outweigh the potential benefits.

Schools cannot:

- use force as a punishment – it is always unlawful to use force as a punishment

### **3.2 Best interests**

All action should be taken with the best interests of the child. This is the first thing we should think about and it takes precedent over all other considerations. If we act on good faith, in the best interests of the individuals we care for, we should be protected.

Three questions to consider:

1. How is this intervention in the best interests of the individual?
2. Is it proportionate to the circumstances it is intended to prevent? (if we did not take this action, is something worse likely to happen?)
3. Is it necessary to do this now? (If we wait, might it get better or is it likely to get worse?)

This also means that children should be involved in decisions that affect them in a way that is appropriate to their age and level of understanding. (Team Teach level 1 Handbook, p55, 2025)

### **3.3 Duty of candour**

This is the legal duty to be open and honest when things go wrong and applies to everyone at all levels of organisations. We need to be transparent and truthful and ensure that all information is reported to appropriate people and bodies, so everyone can learn from incidents. (Team Teach level 1 Handbook, p56, 2025)

### **3.4 Duty of care**

We have a shared duty of care to the individuals we support, as well as colleagues and others within the vicinity. We all have a responsibility to ensure that any acts or omissions when responding to risk behaviour do not cause unreasonable harm. 'Negligence' involves a breach of the duty of care. (Team Teach level 1 Handbook, p55, 2025)

A breach of duty of care may involve either taking unreasonable action or failing to take reasonable action. Where a risk of harm is reasonably foreseeable [...] a responsible

approach is to look ahead, anticipate what could possibly go wrong, and take reasonable steps to prevent it. (Team Teach level 1 Handbook, p55, 2025)

### **3.5. Statutory duty to record and report**

In accordance with the Department for Education's statutory guidance the school must record every significant incident involving the use of force.

Parents or carers must be informed of every significant incident involving the use of force as soon as practicable and, wherever possible, on the same day the incident occurs.

All records of Physical Intervention should be uploaded onto CPOMS to ensure an audit trail if necessary.

## **4. Definitions**

**Physical intervention** refers to any method of responding to behaviour which involves some degree of direct physical force to limit or direct movement. It operates along a continuum, ranging from least intrusive to the most restrictive:

**Restrictive intervention:** a means to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil. This policy uses 'restrictive interventions' as the umbrella term to describe both physical and non-physical actions aimed to restrain pupils in different ways.

**Reasonable force:** a term used in legislation which includes physical restrictive interventions. All members of school staff have the legal power to use reasonable force in limited circumstances. Reasonable means using no more force than is necessary for the minimum amount of time needed to reduce immediate risk. The application of this will depend on the circumstances.

**Significant incident:** any incident where the use of force goes beyond appropriate physical contact between pupils and staff as described in 'Other physical contact with pupils' within this document. This includes when physical force is used to implement a non-physical restrictive intervention.

**Non-restrictive** when minimal contact is used e.g. 'Caring C guide' or a safe personal safety breakaway technique e.g. bite release

**Seclusion:** a non-disciplinary intervention involving keeping a pupil confined to a place away from others, and preventing them from leaving either by physical obstruction, blocking, or making them believe they will be punished if they try to leave. Outside of an emergency, seclusion is likely to be a breach of human rights.

**Restraint** is the non-disciplinary intervention with the intention of immobilising or limiting of a person's voluntary movement, in effect it temporarily restricts their liberty. This may or may not include direct physical contact. It must only be used to protect a child from harming themselves or others or seriously damaging property.

**Dynamic risk assessment** means the continuous process of identifying hazards, assessing risk, and taking action to eliminate or reduce risk in the rapidly changing circumstances of an

incident. Dynamic risk assessment is done in 'real time'. It involves thinking and evaluating the likely outcomes of the available options before deciding which to choose.

**Risk assessments** (formal) are written down. Risk assessments of behaviour are informed by previous behaviour; they anticipate what could go wrong, how people could be hurt and what might be done to reduce the chance of it happening. It is not always possible to eliminate risk, but reasonable steps should be taken to reduce risks where possible.

**Safe touch** is developmentally appropriate, informal touch of the hand, arm or shoulder of a child to comfort, reassure or congratulate. Very young children may need hugs or rocking at times.

**Safe holding** is a planned, reparative strategy to support a child in calming down, agreed with parents, the child and staff as part of a written risk assessment or individual support plan.

**Withdrawal** is moving somebody to a safer place where they can be monitored and supervised until calm.

## **5. Underpinning principles**

### **5.1 Values-driven approach**

- Person-centred, holistic, and ethical i.e. decisions are always guided by the best interests of the child or young person being supported.
- This principle underpins all behaviour policies and individual support plans.

### **5.2 Prevention and early support**

- Schools place a strong emphasis on proactive planning, early support, and de-escalation strategies to minimise the need for restrictive interventions.
- Staff are expected to identify underlying causes of distress, implement preventative strategies, and promote a positive behaviour culture.

### **5.3 Behaviour as communication**

- All behaviour has meaning and reflects internal states such as emotions, experiences, and thoughts.
- Professionals are responsible for understanding the function behind behaviours.
- Support strategies must be tailored to address the underlying causes.

### **5.4 Personalised support**

- Strong, trusting relationships are central to effective behaviour support.
- Support plans should reflect the unique needs of each individual and be regularly reviewed.
- Connection and mutual respect are especially important during moments of crisis or dysregulation.

- For a small number of children planned “safe holding” is an appropriate response to their distressed behaviour

### 5.5 De-escalation and risk reduction

- Emphasis on early, proactive strategies to prevent escalation.
- Restrictive practices are a last resort—they must be:
  - **Reasonable:** justified by the situation.
  - **Proportionate:** not excessive.
  - **Necessary:** no other viable option.
- Used with **minimal force** and for the **shortest time** possible.

### 5.6 Considerations for pupils with SEND

- Staff must consider the individual needs of pupils with SEND when determining whether a restrictive intervention is necessary. This includes assessing:
  - Sensory processing differences or vulnerabilities that may contribute to distress.
  - Communication difficulties that may influence the pupil’s ability to express needs or regulate emotions.
  - Whether the use of force may escalate distress or result in greater harm.
  - Any intervention must be tailored to the pupil’s needs and used only when no less restrictive option is available.

The safety and dignity of all involved are always prioritised.

## 6. The practicalities of physical intervention.

### 6.1 General guidance

**Purpose:** Used only to prevent harm, by stopping a child’s action or removing a dangerous object.

**When to use:** Only when a child is unable to control their emotions or behaviour and poses a risk.

**Judgement:** Staff must use dynamic risk assessment; not every situation can be predefined.

**Duty of care:** Staff act in loco parentis and must take reasonable steps to ensure pupil safety.

**Negligence risk:** Failing to intervene could be considered negligent if harm occurs.

**Staff safety:** No staff member is expected to put themselves at risk of injury.

**Alternative strategies:** should follow individualised behaviour support plan where available.

**Recording:** All incidents of restrictive physical intervention must be recorded.

### 6.2 Alternative strategies

There are some situations in which the need for physical restraint is immediate and where there are no equally effective alternatives (e.g. if a pupil is about to run across a road). However, in many circumstances there are alternatives e.g. use of de-escalation skills such as:

- using the attunement, validation, containment and regulation techniques modelled by Thrive Practitioners.
- remaining calm in the face of the young person's powerful emotion and behaviour,
- withdrawal of attention to the behaviour (audience) e.g. if an action such as damage to property is threatened
- avoiding conflict, or using conflict resolution strategies to reduce confrontation
- using humour designed to defuse the situation (in these cases the incident can be dealt with later when emotions are no longer running high),
- allowing time and space to follow the instruction and emotionally regulate.
- a distraction such as a loud whistle, to interrupt the behaviour (such as a fight)

### **6.3 Use of restrictive physical intervention.**

Restrictive physical intervention should be applied as an act of care and control with the intention of re-establishing verbal control to ensure safety as soon as possible and, at the same time, allowing the pupil to regain self-control. It should never take a form which could be seen as a punishment. It must be recorded using a Record of Physical Intervention.

All members of staff are authorised to use reasonable force in applying physical intervention, this means using no more force than is needed.

If restrictive physical intervention becomes necessary

#### **DO**

- Tell the pupil what you are doing and why
- Use the minimum force necessary
- Involve another member of staff if possible
- Tell the pupil what s/he must do for you to remove the restraint (this may need frequent repetition)
- Use simple and clear language
- Hold limbs above a major joint if possible e.g. above the elbow
- Relax your restraint in response to the pupil's compliance
- Report the incident using the Record of Physical Intervention Form (Appendix 2)

#### **DON'T**

- Act in temper (involve another staff member if you fear loss of control)

- Involve yourself in a prolonged verbal exchange with the pupil
- Involve other pupils in the restraint
- Touch or hold the pupil in private areas
- Twist or force limbs back against a joint
- Bend fingers or pull hair
- Hold the pupil in a way which will restrict blood flow or breathing e.g. around the neck, mouth, nose, abdomen or chest
- Slap, punch, kick or trip up the pupil
- Intentionally hold a pupil on the ground, acknowledging the inherent physical and psychological risks associated with floor holds.

#### **6.4 Use of withdrawal**

This involves assisting a pupil to move away from a situation in which they are struggling to cope, to a safer or more comfortable space where they have a better chance of recovering their composure. As a general rule, the best way to support a pupil is to be in the same room as them. In some circumstances, a pupil may just want to be left alone. If staff choose to give the pupil space, they must remain close enough to monitor the situation and to offer immediate support if required. Giving space should not become seclusion.

There are occasions when other children may be asked to leave or withdraw from a situation or environment to protect the dignity of a distressed child, or to remove an audience to unexpected behaviours. In these circumstances, a child should not be left unattended.

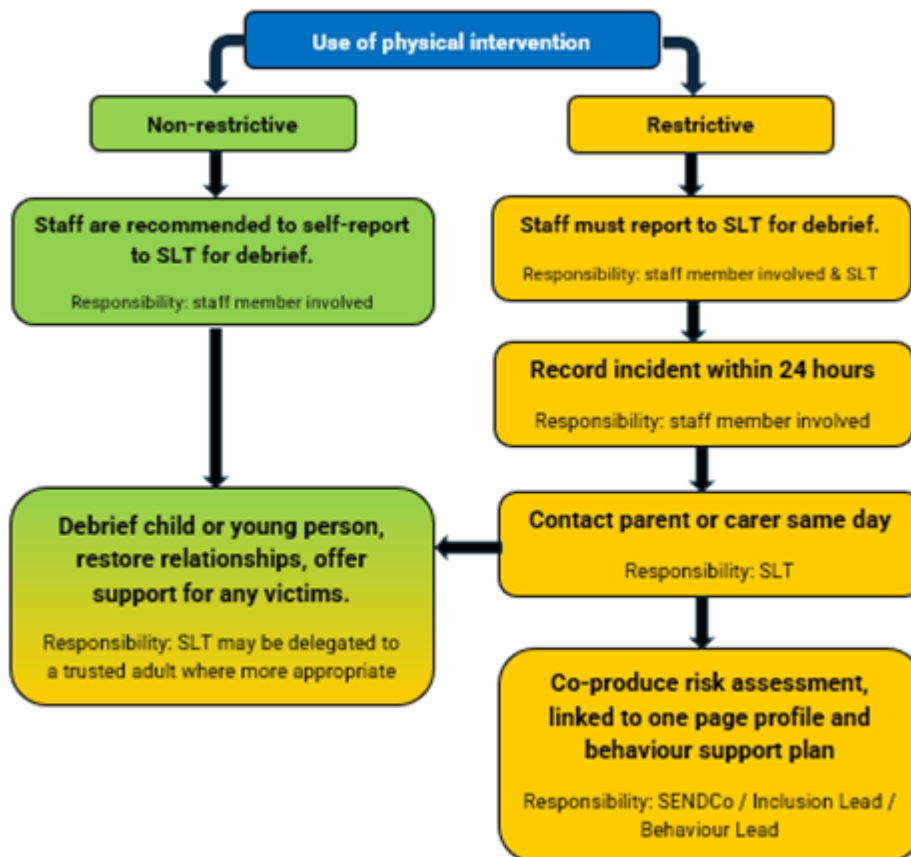
#### **6.5 Use of seclusion**

It is not appropriate to use *planned* seclusion in mainstream education; there may be rare occasions where seclusion is used in an emergency situation. If a pupil's behaviour leads to a seclusion a change of placement should be considered through appropriate mechanisms e.g. Early Annual Review.

Any use of seclusion should be treated as restrictive physical intervention and recorded as such (see section 3.5). Seclusion should only be used as a safety measure used solely to prevent harm to others when a pupil is experiencing high levels of emotional or behavioural dysregulation; it must never be used as a punishment

## 6.6 Actions after an incident

### 6.6.1 Decision tree



It is expected that there would be a clear reduction in the need to use physical intervention with individual pupils over time, therefore incidents must be tracked.

### 6.6.2 Medical assessment following restrictive intervention

Where appropriate, pupils should receive a medical assessment following any restrictive intervention to ensure that any injury or delayed harm is identified. Staff should remain alert to the possibility of harm that may not be immediately visible.

### 6.6.3 Post incident- support

The school will ensure that both pupils and staff receive appropriate emotional support and a structured debrief following any significant incident involving the use of force, in line with the safeguarding emphasis of the 2026 DfE guidance.

## 7. Safe touch

### 7.1 Guidance

It is crucial that in all circumstances, staff only touch children in ways which are appropriate to their professional or agreed role and responsibilities.

DfE Guidance makes it clear that it is not illegal to touch a pupil. There are occasions when physical contact, other than reasonable force, with a pupil is proper and necessary. For example:

- Holding the hand of the child at the front/back of the line when going to assembly.
- When comforting a distressed pupil.
- When a pupil is being congratulated or praised.
- To demonstrate how to use a musical instrument.
- To demonstrate exercises or techniques during PE lessons or sports coaching.
- To give first aid.

Staff should remember that while some children and cultures welcome such physical contact, others do not, and so knowledge of the individual child is key. The hands, arms and outer shoulders are generally considered neutral zones and are the only appropriate areas that staff may touch to offer informal emotional support.

This policy takes into account the extensive neurobiological research and studies relating to attachment theory and child development that identify the above examples of safe touch as a positive contribution to brain development, mental health and the development of social skills. We have adopted an informed, evidence-based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning.

Safe touch strategies e.g. hand massage during a Thrive session must be part of an action plan included in timetabled sessions which will always take place within an area visible to other members of staff. Action plans which include safe touch strategies must be shared and agreed with parents & carers and SENDCOs or inclusion leads.

## **7.2 Child -initiated physical contact**

Touch is an important part of relationship building and some pupils may seek this through e.g. bear hugs, asking to be lifted or climbing onto laps. Staff should offer alternatives such as a sideways "Help hug" or a high five and reiterate the difference between home and classroom expectations.

If any child-initiated interaction takes place that staff consider could be open to misinterpretation, they should consider it a significant incident that needs to be reported and recorded as such e.g. a child tickling a teacher.

## **7.3 Safe holding**

It is better to predict and prevent escalation of behaviour than wait to react until the child has reached a crisis point. We recognise that some children with Social, Emotional or Mental Health issues need experience of being physically contained in a safe manner.

Safe holding differs from restraint in that adults familiar to the child will proactively use agreed techniques such as deep pressure holds to support the child to calm down. The child is able to breakaway at any point and may ask to be held.

Safe holding must be part of a planned approach to an individual child's behaviour, agreed with parents or carers, the child and key staff. A risk assessment that details strategies and holds must be in place. It is expected that there would be a clear reduction in the need to hold over time, therefore occasions of safe holding need to be recorded and tracked.

## **8. Governance and oversight duties:**

- The School Standards Board is responsible for ensuring that procedures are in place to meet all statutory duties relating to restrictive interventions, including:
- Maintaining systems for recording and reporting all significant incidents involving the use of force.
- Monitoring patterns and trends in incident data to support school improvement.
- Ensuring staff are trained and supported in the lawful and safe use of restrictive interventions.
- Ensuring the policy is implemented consistently and reviewed regularly.

## **9. Complaints**

A clear physical intervention policy and recording system adhered to by all staff and shared with parents, should help to avoid complaints from parents. Inclusion teams should be working in partnership with parents to complete comprehensive risk assessments and behaviour plans where necessary which reduce the need for physical intervention over time. However, if an allegation is made against a member of staff the LADO must be informed and this could lead to an investigation, either under disciplinary procedures or by the Police and social services department under child protection procedures.

Other complaints around Physical Intervention should be dealt with using the GLF Complaints policy.

## **10. Links with other policies**

This physical intervention policy is linked to GLF Schools'

- Staff code of conduct
- Exclusions policy
- Managing children in crisis
- Complaints policy
- Intimate care policy

Individual school's

- Behaviour policy

- SEN policy and information report
- Safeguarding and child protection policy
- Supporting children with medical conditions

**Further guidance on support for staff involved in a physical intervention is published in our [Staff Portal](#) on Sharepoint.**