

# Aragon Primary School



## Physical Restraint Policy And Guidelines

Approved by governing body January 2026  
Review date: January 2027

### Physical Restraint Policy

**Physical restraint is the positive application of force with the intention of protecting the child from harming him/herself or others or seriously damaging property. It should be regarded as an act of care, not punishment.**

**Whilst it is not expected that physical restraint be used, there may be emergency situations when it is necessary as a last resort, when health and safety are at risk and other strategies have failed.**

Staff must be aware that they have a duty of care to the children/young people in their charge and should therefore take reasonable action to ensure children's or young persons' safety and well-being.

The Education Act 2002 and the Children Act 1989 states the need to 'create and maintain a safe learning environment for children and young people' and 'to manage children's behaviour effectively and in an appropriate manner for their particular individual need.'

The staff are not expected to place themselves in situations where they are likely to suffer injury as a result of their intervention. In some circumstances it may be necessary to seek the help of another member of staff before intervening physically, preferably a member of the Senior Leadership Team.

Incidents involving physical restraint should be recorded immediately on an incident form and statements made by any witnesses.

Individual Risk Assessments/Individual Behaviour Management Plans should be considered for a child/young person who continues to display inappropriate behaviour that requires further interventions and referrals to other agencies.

### **Circumstances when physical intervention might be appropriate**

Section 550A of the Education Act 1996 sets out the circumstances in which reasonable force may be used by members of staff in schools:

- When a pupil is committing an offence
- When a pupil is causing personal injury or damage to property
- When a pupil is engaging in any behaviour prejudicial to the maintenance of good order and discipline in a school or among any of its pupils
- Where action is necessary in self-defence
- Where a pupil attacks another pupil or a member of staff
- Where a pupil absconds from class or tries to leave the school, in circumstances where that pupil could be at risk if not kept in the classroom or school

Members of staff will need to rely on their professional judgement about whether or not to physically intervene by placing themselves in a hazardous situation or standing back and thereby allowing a pupil or colleague to face a potential hazard. Staff must balance the level and duration of the intervention against the seriousness and likely consequences of the incident.

## **Other Physical Contact with Pupils**

**Any form of physical contact should be a conscious, self-aware, reasonable and justifiable act.**

Our school believes that some use of appropriate, positive physical contact with pupils can contribute to its development as a safe and friendly school. Some physical contact may be necessary or unavoidable when staff are working with:

- younger children who may need encouraging, reassurance or guiding
- pupils with special educational needs who may need physical prompts or help
- pupils requiring first aid
- pupils receiving coaching in sport or as part of another curriculum activity
- pupils in distress

Our staff will make professional and sensitive judgements about the nature and extent of their physical contact with pupils. We will have particular regard for cultural sensitivities and gender differences, for the needs of adolescent pupils and of those who may be particularly vulnerable following previous trauma or abuse.

With very young children it is often necessary to help them with toileting situations. Please refer to the Intimate Care Policy January 2026 for detailed information.

### **Guidance**

There may be situations when the need for physical restraint is immediate (e.g. if a child/young person is about to run into a road).

Positive behaviour management strategies, including de-escalation techniques should always be employed. Before using any physical restraint the following alternatives should be attempted:-

- Repeat an instruction until the child/young person complies.
- Using a distraction to interrupt behaviour.
- Withdrawal of attention.
- Giving the child/young person space/time to calm down.
- Informing the child/young person of the consequences if they don't respond.

- Blocking a child's or young person's path, or physically placing yourself between one child/young person and another child/young person or object.

The following are some DO'S and DON'TS to remember in cases where physical restraint is necessary:

## **DO**

- Remain calm.
- In the first instance, send for another adult, preferably a member of the Senior Leadership Team.
- Use simple and clear language.
- Tell the child/young person what you are doing and why.
- Give the child /young person choices.
- Tell the child/young person what they should do for you to remove the restraint (you may need to repeat this frequently).
- Use the minimum force necessary.
- Relax your restraint in response to the compliance of the child/young person.
- Ensure the Senior Leadership Team are informed so that they can contact parents/carers to inform them of the situation.
- Complete the required documentation.

## **DON'T**

- Act in temper or a confrontational manner.
- Act alone.
- Involve other children/young people in the physical restraint.
- Touch or hold the child/young person in inappropriate areas.
- Hold the child/young person in a way that could cause physical pain.

## **Training**

Our school will ensure that a copy of this policy will be given to all staff and fully explained to them.

Our school aims to identify, address and review the training needs of staff with a view to developing a shared awareness of:

- how and when to intervene

- how to prevent, defuse and/or resolve disputes, including an appropriate use of anger management, de-escalation and conflict resolution skills and techniques.

Appropriate training will be made available to staff, in line with the policy and updated guidelines.

Updated January 2026 Review January 2027

Appendices:

1. Record of Incident
2. Examples of Caring, Supportive and Therapeutic Contacts
3. De-escalation Strategies
4. Risk Assessment Factors
5. Examples of Non-acceptable Prohibited Physical Interventions.
6. Definitions

Associated Policies:

Behavior Policy  
 Intimate Care Policy  
 Safeguarding and Child Protection Policy

**APPENDIX 1: RECORD OF INCIDENT**

<b>Serious Incident Record</b>		<b>No:</b>
<b>Name of Child/Young Person:</b>		
<b>Location of Incident:</b>	<b>Date:</b>	
<b>Full Names of Staff Involved:</b>		



Describe precisely what occurred

Who was at risk?

**Controlling Risk**

Describe any changes that you made to routines, personnel or the environment in an attempt to reduce the risk of this happening in the future

**DIVERSION, DISTRACTIONS AND DE-ESCALATION ATTEMPTED**

- Verbal advice and support     Firm clear directions     Negotiation
- Limited Choices     Distraction     Diversion     Reassurance     Planned Ignoring
- Reminders about Consequences

Other:

**PHYSICAL INTERVENTION /STRATEGIES ATTEMPTED**

**Signed:**

**Dated:**

**YOUNG PERSON'S VIEW OF THE INCIDENT:**

(To be either written by the young person or dictated by the young person and recorded by the Headteacher or another senior member staff)

**Signed:**

**Young Person:**

**CONCLUSION:**

(Written by Headteacher or senior member of staff)

## **APPENDIX 2: EXAMPLES OF CARING, SUPPORTIVE AND THERAPEUTIC CONTACTS**

### **1 Caring Responses**

#### **(a) Greetings:**

- Handshake, hand on hand, arm on shoulder and spontaneous hug (b) **Personal Care:**
- Washing hands/face, brushing/combing hair, cleaning wounds on head/limbs
- Assistance with toileting, clothing, cleaning and general washing and drying for the very young and as appropriate for some young people with special needs with **due respect for personal privacy and dignity**
- Assistance with mobility for some young people as required

### **2 Supportive Responses**

#### **(a) Accident Prevention:**

- Holding forearms or elbows e.g. to support balance
- Supporting body, head and limbs for disabled young people to meet individual need
- Support by staff trained in acceptable methods within a specified subject such as gymnastics and swimming
- Adjusting equipment and outer clothing (b) **Skill promotion:**
- Correcting hand, finger, arm and body position in the use of instruments, tools and implements.

Correcting body position in the acquisition of a sporting skill, e.g. holding a racket or performing a headstand in gymnastics

- Preventing inappropriate body movements and facilitating appropriate ones for some young people with special needs
- Physical prompting techniques in modelling behaviour

### 3 Therapeutic Responses

#### (a) **Comforting Contact:**

- Holding hands, hands on shoulders, arms around shoulders
- Sitting on one's lap (as appropriate to the child's age, gender and needs)

#### (b) **Therapeutic Contact:**

- Physiotherapy
- Hydrotherapy
- Holding techniques
  
- Halliwick method (swimming)
- Sherbourne technique (movement)
- Administration of medicine

### **Non-Acceptable Responses**

**Avoid** Contact with parts of the body other than shoulders, arms and hands in all but exceptional circumstances, e.g. staff working with physical disabled pupils. Teachers responsible for physical education should refer to 'Safe Practice in Physical Education and School Sport' published by the Association of Physical Education (formerly BAALPE). Another exception would be sitting a young child on one's lap.

**Avoid** Contact when a young person is in a reactive emotional state unless essential for reasons of safety.

**Avoid any contact** when alone with a young person unless it is clearly relevant:

- (a) When teaching a skill e.g. individual instrumental tuition; or
- (b) The need for dignity of disabled young people e.g. when helping with toileting

#### **Avoid denial of food or drink - it is forbidden**

Offer the child or young person food or drink if it is a normal meal or snack time. Do not withdraw food or drink as a sanction.

**REMEMBER** The way our behaviour is experienced and interpreted may not match our intentions, however well meaning! Young people should always be helped to understand the purpose of physical contact.

## **APPENDIX 3**

### **De-escalation Strategies**

#### **Structuring the Environment**

Where we choose to speak to the child or young person, whether we sit or stand can communicate the nature of the discussion e.g. warm and friendly or cold and businesslike and may help the child to modify his/her own behaviour.

#### **Planning to ignore**

For some young people not giving attention to minor, harmless attention seeking behaviours can reduce the behaviour. Don't forget that it is equally important to praise appropriate behaviour.

#### **Prompting**

Gentle reminders to a child of what they need to do to stop doing or to prepare for can help the child to adjust to a change. This can be verbal or sensory input. Be careful to avoid 'nagging' the child.

#### **Active Listening**

Sometimes listening to what the young person has to say, exploring and acknowledging their feelings through the use of reflective responses, can help a young person to stay in control.

#### **Backing Away**

This is not the same as backing down; you are not giving in, simply giving the young person time to calm down before you discuss the situation with them. Staying and continuing to challenge someone who is already aroused is likely to exacerbate the situation. Alternatively, allow the young person to back away through offering them a verbal or physical way out. **Humour**

Often suggested as a way of taking the heat out of a situation, but care is needed. Humour can be experienced as critical, demeaning and a superficial reaction to real feelings. If this is the case the young person is likely to become more annoyed rather than less. Use humour with great care. **Affection**

If a child's behaviour is motivated by fear, anxiety or uncertainty, a big injection of affection, verbal or physical, can help to head off a crisis. Children do not always

appreciate the care that is provided for them on a daily basis and need additional affection to understand how much the adults really care for them. **Hurdle Help**

Where the child is 'stuck' (e.g. in an activity, thought or action) then providing assistance can help overcome feelings of failure or inadequacy.

**Non-verbal Interventions including:**

- Nods or looks to signal when a change of behaviour is needed
- Proximity control - using an adult's physical presence to help children modify their own behaviour
- Touch control – a gentle touch on the arm maybe enough for the child to stop

**Redirecting**

Divert and distract - Try to refocus the child away from what they are doing now, on to something else as a way of avoiding trouble. **Summon Assistance**

Send for another appropriately trained member of staff.

**Offer choices**

Reason with the young person and offer appropriate **choices**.

**Time Out**

This involves restricting the young person's access to all positive reinforcements as part of a behavioural programme.

**Withdrawal**

Removing the young person from the situation that causes anxiety or distress to a location where they can be continuously observed and supported until they are ready to resume their usual activities.

Whatever strategies you use, staff must take care to **remember:**

- **Be aware of the meaning of touch from the child's perspective**
- **Talking quietly and in a low key manner can reduce the "heat" in a situation; reduce the amount of language that you are using when appropriate**
- **Consider your body language, avoid threatening body posture and be aware of the nonverbal messages your body is communicating**
- **Be positive about the child or young person; do not call them names or make derogatory remarks**
- **Only make promises you can keep**
- **Do the things that you have promised**
- **Consider the level of eye contact you make with the child or young person. Too much could be threatening, too little could make it appear that you don't care or you are frightened/uninterested**

## **APPENDIX 4**

### **Risk Assessment Factors**

In order that the **physical interventions of a child or young person should calm the situation**, and not lead to greater injury or an escalation of violence, the following factors need to be taken into account in assessing the risks involved and in determining the techniques to be employed on any particular situation or specific service setting:

- What is the relationship between the staff member and the child or young person
- How does the child or young person respond to authority
- The age, and relative physiques and known medical conditions of both the adult and the child or young person
- The relative genders of staff and the child or young person
- Their ethnic and cultural background
- The scope to secure the presence of a second adult, available to assist, supervise and become involved in intervention wherever possible – this will depend on the individual physical intervention training programme adopted by the setting, specifying whether single person or two person holds are permitted
- Spectacles, hearing aids, jewellery and clothing being worn by staff, child or young person
- The adult's capacity to act calmly and systematically
- The location of the incident and the potential for the physical intervention to be carried out safely
- A child or young person with a history of violence
- A child or young person who is/or maybe high on alcohol, drugs or solvents
- The presence of other young people who may attempt to intervene in the physical interventions and increase the risk of injury to the staff
- Where the individual handling plan for the young person specifically includes/excludes the use of physical interventions as part of a programme or because of known physical/sexual abuse

- Knowledge of the young person's previous experience of physical interventions and their predicted reactions
- The presence of any weapons

## **APPENDIX 5**

### **Examples of Non-acceptable or Prohibited Physical Interventions:**

Physical interventions must **not**:

- Involve hitting or kicking the child or young person
- Involve "punitive" acts: i.e. deliberately inflicting pain on the young person (so, for example, cannot involve joint locks, finger holds or twisting limbs)
- Restrict the child or young person's breathing (so, for example, must not involve throat or neck holds or pressing their face into soft furnishings)
- On no account should the weight of the adult be placed on the chest, neck or head areas of the child or young person; continuous checks should be made to ensure they are breathing adequately
- Adults should not use another young person in assisting with the physical interventions

Staff must:

- Avoid intentional touching of the genital area, buttocks or the breasts of a child or young person
- Avoid the adult putting any weight upon the young person's spine, chest or abdominal area
- Avoid taking a child or young people down, especially to the floor

However, should there be a significant risk of harm to a member of staff, other children or young people, or self-harm to the young person being restrained, then taking them down to a prone position may be acceptable. This form of restraint must be pre-determined by the service setting, which should specify what hold is acceptable and the number of staff who can be involved in the restraint.

## **APPENDIX 6.**

### **Definitions**

**NB The standards and regulations about children's homes have different definitions.**

In considering the use of reasonable force to control/restrain young people, it is essential that there is clarity about the terms that are used to describe physical interventions when they occur. For the purposes of this policy the following definitions have been used:

**Escorting:** Accompanying for protection or guidance. The level of compliance from the young person being escorted and the degree of physical force being used by member(s) of staff will determine whether this act should be considered as a restraint i.e. was the young person being overpowered in order to be escorted?

**Holding:** To assert authoritatively. The degree of force used in relation to the level of cooperation and compliance being displayed by the young person that determines when holding becomes restraining. The higher the level of force the more likely the action will be deemed restraint. Ultimately it will rest upon whether the young person was overpowered and had no choice but to remain in the hold.

**Physical Intervention:** The action that is used against resistance from a young person.

**Restraint:** Physical control as defined by the application of force with the intention of overpowering the young person to prevent them from harming themselves or others or damaging property.

***Since there is no legal definition of what constitutes 'reasonable force', it is not possible to set out comprehensively when it is reasonable to use force, or to describe the degree of force that may be reasonably used in any given case.***