

# South View Community Primary School and Pre-School



## Restrictive Interventions and Use of Reasonable Force (Formerly known as Positive Handling Policy)

## 1. Introduction

The purpose of this policy is to provide clear guidelines on the use of reasonable force and restrictive interventions to ensure the safety of students, staff, and visitors. This policy applies to all staff members and any individuals authorised by the Headteacher to supervise pupils. This policy should be read alongside the school's behaviour and SEND policies. No member of staff will be expected to use reasonable force or restrictive intervention without suitable training unless a child is in immediate danger. It is based on the Department for Education's (DfE) [latest guidance](#), which includes statutory duties for recording and reporting incidents.

## 2. Core Principles

- **Last Resort:** Physical intervention is only used when all other de-escalation strategies have failed.
- **Minimum Force:** Any force used must be the minimum necessary for the shortest time possible to reduce risk.
- **Proportionality:** The intervention must be proportionate to the risk presented.
- **No Punishment:** It is strictly illegal to use force as a form of punishment.

## 3. Definitions

- **Reasonable Force/Positive Handling:** Physical contact used to guide, control, escort or restrain a pupil.
- **Physical/Restrictive Intervention:** An umbrella term for actions that limit a pupil's movement, including physical restraint and seclusion, this may also be used to keep a child safe to prevent stepping into a road etc.

## 4. When Restrictive Intervention May Be Used

Staff may use reasonable force (Section 93 of the Education and Inspections Act 2006) to prevent a pupil from:

- Risk of injury to themselves
- Risk of physical harm to others.
- Causing serious damage to physical environment/property.
- Engaging in behaviour that prejudices good order and discipline including prevention of learning.
- Committing a criminal offence.

## 5. Unacceptable Practices

Staff must **never**:

- Apply pressure to the neck, throat, chest, or abdomen or use holds that restrict breathing or circulation.
- Deliberately hold a pupil on the ground; if this happens unintentionally, they must be moved to a safer position immediately.

## 6. Statutory Recording and Reporting (Effective 1 April 2026)

The school will:

- **Record:** Every significant incident of force or seclusion must be recorded in writing as soon as practicable, and no later than the end of the same day. This would include any injuries sustained to the pupil or adult. Team Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent “side-effect” of ensuring that the service user remains safe.
  
- **Report to Parents:** Parents are contacted by a member of staff on the day of the incident and a discussion takes place which may include the following –
  - Triggers or warning signs that were noted prior to the incident.
  - What de-escalation strategies were used and the impact of these.
  - What can be put into place to avoid further incidents of physical intervention
  - Parents/Carers to share if they are noting similar things at home and how they are resolving these
  
- Parents must be informed of the incident in writing as soon as practicable, ideally on the same day.
  
- **Data Analysis:** The Governing Body will review incident data regularly to monitor patterns, particularly regarding pupils with SEND, to reduce the future need for interventions.

## 7. Support for Pupils who have needed a physical intervention including those with SEND and Behaviour as communication (this may be due to other factors not SEND)

The school will:

- Work with families and pupils to co-produce Behaviour Support Plans.
- Ensure staff understand individual triggers and de-escalation techniques tailored to the child's needs.

## 8. Staff Training

The Headteacher is responsible for ensuring that staff likely to deliver these interventions receive appropriate, up-to-date training in safe techniques and de-escalation. At South View this is delivered by Team Teach.

## RECORD OF PHYSICAL INTERVENTION

**Appendix - Guidance around degree of force – please be aware this is not an exhaustive list.**

Definition	Examples including Team Teach descriptions	Definitions
<p><b>Light:</b> Simple guidance/ prompting touch.</p>	<p>Holding a hand (not pulling or propelling movement). Arm around shoulders. Child snuggling in and initiating physical contact.</p>	
<p><b>Moderate:</b> Guiding or containing movement.</p>	<p>Caring Cs - Hands on shoulders or elbows to gently move child to place of safety.  Hands gently placed on forearms to stop flailing or legs to stop kicking. Pressure no more than the child would accept as a relaxation technique.</p>	<p>Hands on shoulders or elbows to gently move child to place of safety.  Hands gently placed on forearms to stop flailing or legs to stop kicking. Pressure no more than the child would accept as a relaxation technique.</p>
<p><b>Strong:</b> Restrictive holding or restraining.</p>	<p>Help hug – hands placed on child’s arms, arm around the back of the child, adult hip tucked next to child hip.  Half shield – arm tucked through child’s arm/elbow crease, wrapping around to the back, walking parallel to the child, other hand placed using caring Cs on the opposite arm.  Single person double elbow – one hand through the crease of the elbow, holding onto the wrist round the back of the child, other hand holding the arm tucked up against the child’s waist.</p>	<p>Help Hug - An adult stands next to the child and places their arms around the child’s arms and back; their hands on the child’s arms. The adult stands close beside the child.  Half Shield (moving) - The adult stands beside the child and holds one of the child’s arms. The adult’s other hand supports the child’s other arm. The adult then walks beside the child to guide them somewhere safer. This child is moved safely without pulling or dragging.  Single Person Double Elbow (standing or sitting) - The adult supports both of the child’s arms by holding near the elbows and wrists. The adult keeps the child’s arms safely against their sides.</p>

## RECORD OF PHYSICAL INTERVENTION

<p><b>Maximum:</b> more than one person required to restrain.</p>	<p>Two-person single Elbow – one hand holding the wrist, arm tucked under child’s arm, using caring Cs, the other hand placed on the shoulder, adult hip tucked next to child’s hip. Repeated on the other side with another adult.</p> <p>Figure of four – two-person single elbow, however the hand that was holding the wrist of the child using caring Cs is placed on the same adults opposite wrist, with the outside hand holding the child’s wrist.</p> <p>Double elbow – two adults cross arms behind the child to hold the child’s wrist using caring Cs, hips tucked next to child’s hips, outside arm supporting holding the same side child’s wrist.</p> <p>Seated hold – using two person single elbow, hips tucked close to the child’s hips, walk to the seating (make sure this is big enough for three people to sit on) and sit with the child in the middle, maintaining the two person single elbow, hips tucked close.</p>	<p><b>Two-Person Single Elbow (standing)</b> Two trained adults stand on either side of the child. Each adult supports one of the child’s arms, one hand on the wrist and the other on the shoulder while standing close beside them.</p> <p><b>Figure of Four</b> - Two adults hold the child’s arms in a way that stops sudden movements while still keeping the child safe and balanced.</p> <p><b>Double Elbow</b> - Two adults stand beside the child and each supports one of the child’s arms by crossing arms behind the child. The adults keep close to the child and guide them safely.</p> <p><b>Seated Hold</b> - Two adults gently support the child’s arms and guide the child to sit down. The adults sit on either side of the child while keeping their arms supported and hips close to the child.</p>
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