University of Chichester Academy Trust

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Physical Intervention Policy 2026-2028

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1 Introduction

Staff in the University of Chichester Academy Trust recognise that the use of restrictive physical intervention is the last in a range of strategies available to secure pupil safety/well-being and to maintain good order and discipline. This policy should therefore be read in conjunction with schools' Safeguarding and 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 support' (Occupational Violence and Aggression in Schools, Team Teach, September 2025).

Team Teach training equips staff with personal safety techniques if they encounter behaviour that place them at risk. The Team Teach approach is a behavioural framework, with an emphasis on safety for all, with the need for staff to understand what is potentially causing the behaviours of concern and what environmental changes, non-verbal and verbal strategies should be used first where possible before any restrictive physical interventions are applied.

Level 1 – It is recommended that all staff who work with pupils are trained in Team Teach Level 1.

Level 2 - It is recommended that at least one senior leader and minimum of three other staff in each school have undertaken Team Teach Level 2 training specifically physical intervention training to enable them to use safe breakaway and positive handling techniques, alongside crisis intervention strategies.

If the academy has a resourced provision for pupils with SEMH needs, then the recommendation is that all staff who work in the provision, have undertaken Level 2 training.

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 which states that 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 themselves), 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.

Clarification guidance in 'Use of reasonable force' July 2013 states that schools can use reasonable force to:

- remove disruptive children from the classroom where they have refused to follow an instruction to do so
- prevent a pupil behaving in a way that disrupts a school event or a school trip or visit
- prevent a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others
- prevent a pupil from attacking a member of staff or another pupil, or to stop a fight in the playground
- restrain a pupil at risk of harming themselves through physical outbursts

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 matter 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 this applies to everyone at all levels of an organisation. 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 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:

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

Restrictive when free movement is prevented e.g. physically blocking someone's path or actively holding them.

Restraint is the intentional restriction of a person's voluntary movement or behaviour; in effect it temporarily restricts their liberty. 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.

Seclusion is isolating an individual from others in an area from which the child is prevented from leaving for a period of time. Outside of an emergency, seclusion is likely to be a breach of human rights.

4 Underpinning principles

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.

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.

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.

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.

Safety and dignity of all involved are always prioritised.

5 Practicalities of Physical Intervention

5.1 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.

5.2 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
- 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)

5.3 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 on CPOMs.

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 1)

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 or chest
- Slap, punch, kick or trip up the pupil

5.4 Use of withdrawal

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 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

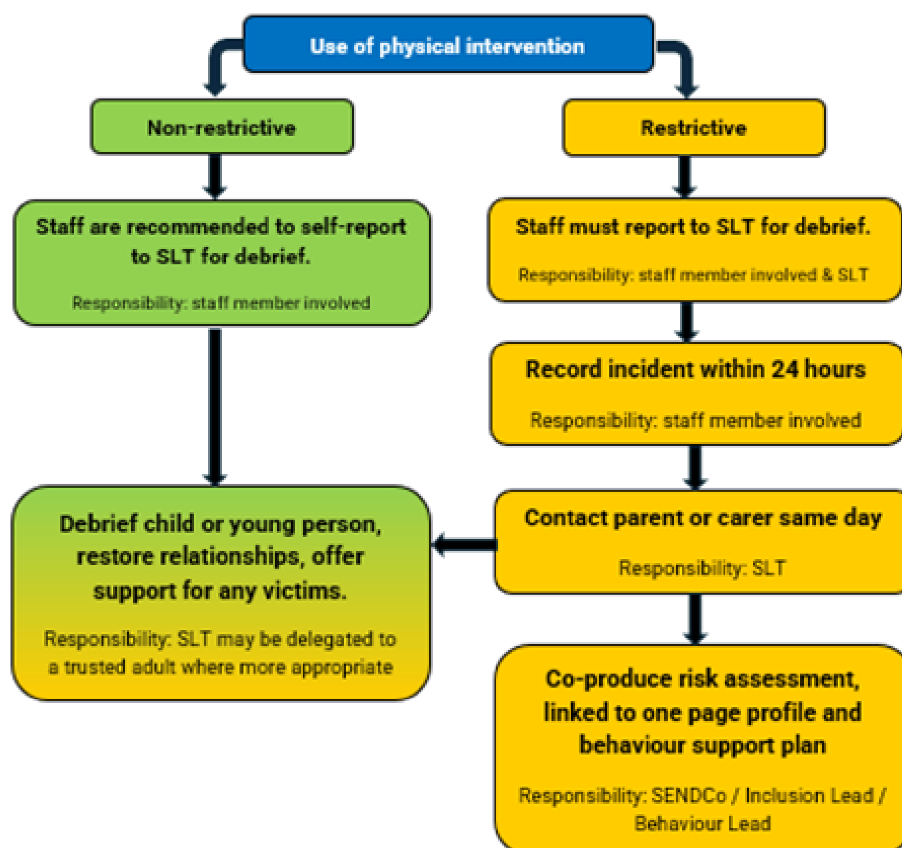
enough to monitor the situation and to offer immediate support if required. Giving space should not become seclusion.

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.

5.5 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. 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.

5.6 Actions after an incident



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 Safe Touch

6.1 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 (July 2013) 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 considers 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 1:1 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 and carers and SENDCOs or inclusion leads.

6.2 Child-initiated Physical Contact

Touch is an important part of relationship building and some pupils may seek this through, for example, 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.

6.3 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 can 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.

7 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 Trust Complaints policy.

8 Links with other policies

This physical intervention policy is linked to University of Chichester Academy Trust

- Staff code of conduct
- Exclusions Policy
- Complaints Policy
- Intimate Care Policy

Individual academies'

- Behaviour policy
- SEN policy and information report
- Safeguarding and Child Protection policy
- Supporting Children with Medical Conditions

Appendix 1 - Report of physical intervention

Name of the individual:	Date of birth:
Full name and signature of the individual completing this report:	Date of writing this report:
Location of this incident:	Date of the incident:
Full names of other individuals present:	

What happened ***before*** the incident?
What happened ***during*** the incident?
What happened ***after*** the incident?

Start time of any restrictive physical intervention:	Duration of any restrictive physical intervention:
Why was the intervention in the best interests of the individual?	
Describe any injuries and if medical treatment was offered and accepted. Injuries should also be recorded in your organisation's accident book.	
External agencies who have been informed of this incident (if applicable):	
Other supporting records relevant to this incident (if applicable):	

Viewpoint of the individual:	
Signature of the individual (if applicable):	
Was a debriefing offered? Yes/ No	Was a debriefing accepted? Yes/ No

Risk assessment implications following this incident:
Follow up actions required:

Name and signature of the person monitoring these records:	Role in this organisation: