

Date ratified at Directors
Meeting

23 March 2026



Review

Teaching, Learning &
Standards committee

Restrictive interventions (including the use of reasonable force) Policy

THE TRUST MISSION STATEMENT

*Inspired by the life of Christ we provide an exceptional education in our Catholic schools
which enables our children:*

- to fully embrace all possibilities
- to flourish
- to develop their faith

and therefore to choose a path that enables them to be a positive influence upon our world.

'Prepare the Way' The Gospel of St Mark 1:3

**St John the Baptist Catholic Multi Academy Trust
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1. Introduction

We welcome all children, enabling them to flourish in an environment that promotes intrinsic worth and human dignity. At the heart of our ethos is a belief that every child is unique, made in the image of God, possessing unique gifts which should be developed to the full.

Our approach to behaviour management embodies Catholic Social Teaching through a restorative, trauma-informed approach where reasonable adjustments are made for vulnerable children.

The schools in our Trust follow the Norfolk STEPs approach to positive behaviour management (regardless of their local authority area). This approach is based on sound evidence-based principles which promote positive behaviour strategies such as consistency, de-escalation, behaviour analysis and individualised planning. This approach also provides:

- guidance and practical advice to develop an understanding of the safe and effective use of everyday non-restrictive interventions ('STEP ON' techniques);
- guidance and practical advice on the safe and effective use of restrictive interventions ('STEP UP' techniques) within the current legislative frameworks.

2. Legal Framework

This policy has due regard to related legislation, included but not limited to:

- The Children Act (1989)
- Equality Act (2010)

This policy also has due regard to the following:

- Keeping children safe in education: Statutory guidance for schools and colleges (2025)
- Restrictive interventions, including use of reasonable force, in schools (2026)
- Reducing the Need for Restraint and Restrictive Intervention (2019)
- Behaviour in Schools: Advice for Headteachers and school staff (2024)
- Special Educational Needs and Disability code of practice (2015)
- Mental health and behaviour in schools (2018)
- Teachers' Standards (2011)
- Section 93 of the Education and Inspections Act (2006)
- Section 93A of the Education and Inspections Act 2006, inserted by the Apprenticeships, Skills, Children and Learning Act 2009
- Section 550ZA and section 550ZB of the Education Act (1996)
- Health and Safety at Work etc. Act (1974) and associated regulations
- The Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations (2025)
- Department for Education guidance on searching, screening and confiscation

3. Terminology

- **Restraint:** A term used in legislation referring to a non-disciplinary intervention which immobilises a pupil or limits their movement. This may or may not include direct physical contact.
- **Restrictive interventions** are a range of ways by which employees might restrain or restrict a child's movement.
- **Reasonable force** describes the amount of force that those employees can (in certain circumstances) use on a pupil.
- **Seclusion:** a non-disciplinary intervention involving keeping a child 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. Any use of Seclusion will be recorded and reported as stated in this policy.
- **Appropriate contact** describes a range of ways that employees might use physical contact without restraining or restricting a child. Such techniques should not involve the use of Reasonable force; however in some circumstances this may occur (despite the employee's initial intent).
- **Behavioural dysregulation:** A term used to describe when an individual has lost the ability to control their actions or impulses. This can result in behaviours which challenge, and / or behaviours which harm.

4. Roles and responsibilities

Teachers and Teaching Assistants will:

- Act in accordance with the guidance set out in this policy.
- Take a lead role in the design and implementation of any Individual Behaviour plans pertaining to children they teach.
- Engage and act in accordance with Norfolk STEPS-related training.

Headteachers will:

- Ensure that their schools have at least one trained STEPS Lead Professional, including attending annual refresher training after initial training.
- Ensure that staff in their schools receive training and updates on STEPS-approved techniques.
- Ensure that Teachers and Teaching Assistants are provided with advice, guidance and support in the design and implementation of Individual Behaviour plans (working with the school SENCO).
- Ensure that the steps set out in sections 'Actions following any Restrictive intervention' and 'Monitoring the implementation and effectiveness of this policy' occur in their school(s), such that they are compliant with related government guidance.
- Monitoring incidents involving restrictive interventions, including regular review of incidents to refine and improve processes.
- Following the procedures set out in our complaints policy to deal with any complaint about the use of restrictive interventions.

STEPS Lead Professionals in schools will:

- Deliver STEPS training in their schools, in line with their own training as Lead Professionals.
- Maintain a record of training, using the format for this provided by Norfolk County Council.
- Stay up to date with latest developments relating to Norfolk STEPS.
- Seek advice and guidance from either the Trust central team and / or the Norfolk STEPS support team, as required.

Local Governing Bodies will:

- Fulfil its responsibilities as set out in the section 'Monitoring the implementation and effectiveness of this policy'.

The Board of Directors will:

- Evaluate and approve this policy at each review, ensuring it complies with the law, and hold the central team to account for its implementation.
- Ensure that the central team is available to provide advice and guidance to schools on the use of Restrictive interventions. A named member of the central team will maintain up to date training as a STEPS Lead Professional (both STEP ON and STEP UP). Currently this member of staff is the Director of School Improvement.

5. **Appropriate contact**

We believe that the use of physical contact ('touch') can be vital to our nurturing role and that physical contact is not only inevitable but desirable in some cases to promoting a child's social and emotional development as a highly effective and powerful method of non-verbal communication. At the same time, we understand that that certain types of physical contact between employees and children are inappropriate, such as front on hugging, straddled lap-sitting, or kissing.

Examples of appropriate contact include:

- A handshake to congratulate a child.
- Giving First Aid.
- When demonstrating how to use sporting equipment or sports skills, staff may need to touch children to support and guide them, for example in gymnastics, hockey, rugby and football.
- When learning climbing skills employees may need to use a guiding hand to support younger children. When younger children are using climbing equipment employees may need to support them getting up and down-this, where possible, must be done

in sight of others. Employees must lift from under the armpits and place the child down gently.

- Use of non-restrictive interventions to reassure a child, or to guide them away from a hazard. We train all employees in the use of STEP ON techniques, which designed to be non-restrictive.

We place the following restrictions on hugging:

- We encourage staff using physical contact for reward or comfort to use a 'school-hug', rather than an embrace. The school-hug is a sideways hug whereby the employee places their hands on the pupil's shoulders.
- This type of hug prevents the child from turning themselves towards the employee and thus engaging in a 'front' embrace.
- A child should instigate the hug, this should not be done by the employee.

We place the following restrictions on holding hands:

- We understand that there are times when an employee will need to hold a child's hand, either to guide them or to prevent them from being physically harmed.
- Within our Reception and Year 1 classes we will hold a child's hand when giving guidance, reassurance or to comfort them. This may also be appropriate for some children within Year 2 and KS2.
- We encourage the use of a 'school hand-hold'. This is done by the employee holding their arm out, and the child is encouraged to either hold the hand or arm of the employee or wrap their hand around the employee's lower arm.
- Children should not be dragged or led against their will. It is a guided hand hold and is in no way restrictive. Where hand holding becomes non-complaint and involves the application of force, this will be recorded as stated below.

We place the following restrictions on lap-sitting:

- We recognise that at times a Reception or Year 1 child may initiate a lap-sitting position on a familiar employee for comfort, in this instance the child's legs must hang off the right or left side, this type of contact is only made with the consent of the child.
- The child's legs should not be in an open position with their body facing the employee's.

We understand that pupils are not always aware of the boundaries between employees and children, and thus may try to engage in physical contact such as lap-sitting or inappropriate hand-holding and hugging. Should a child try to engage in any inappropriate physical contact, the employee must encourage them to engage in the approved ways of hugging, hand holding, touching and lap sitting.

If an employee attempts to use one of the methods of physical contact and a child is unhappy with this, the employee will retract immediately in order to respect the pupil's wishes.

6. Restrictive interventions

All employees can use a restrictive intervention – including reasonable force – to prevent or stop a child from:

- Causing injury to themselves or others
- Committing a criminal offence
- Damaging property
- Causing disorder among children at the school, whether during a teaching session or otherwise

We recognise that any restraint carries a risk of physical and psychological harm, and should be avoided where possible. Before employees use any restrictive intervention, they should assess whether it's necessary and proportionate, and consider the pupil's welfare. The decision on whether to use restrictive interventions is down to the professional judgment of the employee and will always depend on the individual circumstances of each situation. When assessing whether a restrictive intervention is required, staff should always consider:

Is it necessary?

- Are there other more effective, less restrictive ways to manage the situation?
- Is a restrictive intervention likely to successfully reduce the risks, or could its use escalate the situation further or cause more harm than the behaviour itself?

Is it proportionate?

- Staff should use the least amount of force or the least restrictive intervention for the least amount of time required to reduce the risks
- If the intervention itself is escalating the situation, staff should reconsider their approach and attempt an alternative strategy
- Staff should consider the individual circumstances of the pupil, such as their age, size and any medical conditions, SEND or other vulnerabilities

Wherever possible, if an employee deems a restrictive intervention is necessary and proportionate, they will utilise a STEP UP technique in which they have been trained.

Specifically with regard to Seclusion

Employees should only put a child in seclusion to protect others from harm, when a child is experiencing high levels of emotional or behavioural dysregulation. The child should be supervised during the whole period of seclusion. When the immediate risk of harm is reduced, the child should be allowed to leave.

Any incident involving the use of restrictive intervention, including any use of seclusion, will be recorded and reported in accordance with procedures set out in sections 10 and 11.

7. Prevention and de-escalation strategies

Restrictive intervention is used only when necessary. We aim to minimise its use as much as possible, using both whole-school and individual approaches. Whole-school approaches include:

- Consideration of how our school and classroom environment can support all pupils to achieve and thrive .
- Sharing best practice for whole-class behaviour management, and for managing communal spaces such as corridors and playgrounds.
- Training staff in the STEPS approach.
- Development of working staff-child relationships and trust.
- Recording and analysing data on the use of restrictive interventions to inform improvement planning.

The individual approaches we use include:

- Working closely with parents/carers to support individual children.
- Strategies to support individual pupils based on their identified needs, including:
 - The development of individual behaviour support plans (see section 14).
 - Strategies to help pupils regulate, before their behaviour escalates.
 - Making 'reasonable adjustments' where a pupil has a disability, to help them participate in school life as fully as possible (see Section 13).

8. Unacceptable uses of force

It is illegal to use force on a child for the purpose of punishment. Children should not be restrained in a way that affects their airway, breathing or circulation. For example, by covering the nose or mouth or applying pressure to the neck or abdomen. If a child is unintentionally held on the ground, employee(s) should release them, or re-position into a safer alternative or standing position as quickly as possible.

9. Using reasonable force to search pupils

Headteachers and other employees authorised by the headteacher have the statutory power to search children and/or their possessions if they have reasonable grounds to suspect that the child has a prohibited item. They can use force to search a child for a prohibited item, but not to search for an item banned only under the school rules. For example, force could be used to search for illegal drugs or a weapon, but not for a mobile phone.

10. Actions following any Restrictive intervention

The following actions should be undertaken, if appropriate, following any use of restrictive intervention:

- Medically assess the children and employees involved and treat any injuries sustained. Record any such injuries according to school procedures.
- Record the intervention as stated below.
- Follow-up conversation with the employees and children involved, led by a STEPS Lead professional or member of Senior Leadership, to understand what happened and why, and to repair and rebuild relationships.
- Evaluate the incident as soon as possible, including consideration of whether to establish an individual Behaviour plan for the children concerned, or whether to amend an existing plan.
- Monitor the wellbeing of everyone involved.
- Report the incident to each of the children's parents/carers as stated below.

11. Statutory recording requirements

Schools are required to record any incidents that involve the application of force on a child, whether or not the technique used is restrictive or non-restrictive. For example:

- Use of a STEP UP technique such as 'Lone Worker'.
- Use of a STEP ON technique such as 'Arm Hug', in the scenario where reasonable force ends up being applied whether originally intended or not.
- Use of any non-STEPS risk-assessed technique as part of an employee's dynamic risk assessment of an incident.

Recording will be done on CPOMs, our Behaviour and Safeguarding platform, on the same day as the incident occurs. Employees will record details compliant with the guidance 'Restrictive interventions, including use of reasonable force, in schools'. This can be done by completing the recording form found in Appendix 2 and attaching this to the CPOMs record.

<input type="checkbox"/> Attendance	<input checked="" type="checkbox"/> Behaviour	<input type="checkbox"/> Cause for Concern	<input type="checkbox"/> Child on Child	<input type="checkbox"/> Child Protection	<input type="checkbox"/> Communication	<input type="checkbox"/> Contact with External Agency
<input type="checkbox"/> EHAP	<input type="checkbox"/> Friendship related	<input type="checkbox"/> Home Issues/ Parenting Issues	<input type="checkbox"/> Identified Vulnerabilities	<input type="checkbox"/> Lunchtime Issue	<input type="checkbox"/> Medical	<input type="checkbox"/> mental health
<input type="checkbox"/> online safety incident	<input type="checkbox"/> Safeguarding	<input type="checkbox"/> SEND	<input type="checkbox"/> Support from External Agency	<input type="checkbox"/> Verbal & Aggressive Incidents		
Behaviour Subcategories						
<input type="checkbox"/> Bullying	<input type="checkbox"/> Bullying- Head teacher dealt with	<input type="checkbox"/> Damage to property	<input type="checkbox"/> Disability discrimination	<input type="checkbox"/> Disruptive	<input type="checkbox"/> Fighting	<input type="checkbox"/> Gender discrimination
<input type="checkbox"/> Inappropriate behaviour	<input type="checkbox"/> Inappropriate use of social media/technology	<input type="checkbox"/> Internal absconding	<input type="checkbox"/> Internal inclusion	<input type="checkbox"/> Negative Behaviour		
<input checked="" type="checkbox"/> Non restrictive intervention - (Step on)	<input type="checkbox"/> Persistent disruptive behaviour	<input type="checkbox"/> Physical assault against pupil	<input type="checkbox"/> Physical assault against staff			
<input type="checkbox"/> Racist Incident	<input type="checkbox"/> Religious discrimination	<input checked="" type="checkbox"/> Restrictive intervention - (Step up)	<input type="checkbox"/> Sexual misconduct/behaviour	<input type="checkbox"/> Spitting	<input type="checkbox"/> Swearing	<input type="checkbox"/> Theft
<input type="checkbox"/> Verbal abuse/threatening behaviour toward pupil	<input type="checkbox"/> Verbal abuse/threatening behaviour toward staff	<input type="checkbox"/> Verbal Bullying				

Where employees observe a colleague using a non-approved restraint technique, it is important that they raise this with the colleague concerned, if possible, and guide them to use an approved technique or step away. If employees have any concerns about a

colleague's use of a technique, this should be raised with the school Senior Leadership team.

12. Statutory reporting requirements

Schools are required to give a report of the incident to each of the pupil's parents/carers as soon as possible, unless doing so would likely cause significant harm to the pupil (including any form of abuse or neglect). In such cases, the school must report it instead to the local authority (LA) where the child lives.

Reporting is required even if the intervention used has previously been agreed as part of a child's individual Behaviour plan. It should be in writing and given to the parents/carers on the same day. The content of the report should comply with the requirements set out in 'Restrictive interventions, including use of reasonable force, in schools'.

13. Children with Special Education Needs and / or Disabilities (SEND)

Restrictive interventions, including reasonable force, can be used on pupils with special educational needs and/or disabilities (SEND). Where a pupil's behaviour means that it's more likely that employees will need to use reasonable force or other restrictive interventions, schools must have a risk assessment in place and train specific employees in the use of associated techniques (STEP UP).

Schools will also work to manage and reduce the risk – for example, by understanding a child's triggers and providing additional staff training. Where appropriate, schools will work with the child, their parents/carers, and other professionals to develop prevention and de-escalation strategies as part of an individual Behaviour plan.

14. Individual Behaviour plans

Our schools use STEPS format / templates for any Individual Behaviour plans. Where a child is presenting Behaviours which harm, this will include a risk assessment. Such plans and assessments may include the planned / proactive use of Restraint techniques. Plans will be designed to minimise the use of Restraint techniques; will be informed by analysis of a child's behaviour; and will also include de-escalation strategies. Plans will be regularly reviewed.

15. Monitoring the implementation and effectiveness of this policy

Each school should regularly review and analyse data on restrictive interventions to make sure that it:

- Identifies areas for improvement to policies and practices, particularly where strategies and interventions have not been effective.
- Identifies areas for training and development for staff, for example on how to use de-escalation techniques effectively.
- Understands regular patterns or triggers of behaviour for key pupils, to better support them through individual Behaviour plans.
- Identifies when any use of restraint was used disproportionately with vulnerable pupils, including pupils with SEND.

Each school's Local Governing Board should regularly review and interrogate the data to make sure this is done.

16. Links with other policies and guidelines:

This policy is linked to other St John the Baptist Catholic MAT policies and guidance and individual school policies. Linked Trust policies and guidance include:

- Complaints Procedure
- Health and Safety Policy
- Public Sector Equality Duty
- Risk Assessment (Health and Safety) Policy
- Trust Safeguarding Policy

Appendix 1: STEP ON non-restrictive techniques (selection of)

Hand Shapes

- **Open Hand:** The open hand is where the fingers remain in contact with each other and the thumb is away from the fingers. This prevents gripping and grabbing.



- flat hand
- fingers together
- thumb away from the fingers

- **Closed Hand:** The closed hand is where the fingers and thumb remain in contact with each other. In Step On the closed hand may be a flat hand or a curved hand.



- flat or curved hand
- fingers and thumb together

Arm Hug (closed hand):

The arm hug is used when the child's arm needs to be kept close to the side of their body to reduce arm movement. You can walk with the child, this is known as the 'guided arm hug'.



- hip in
- head away
- sideways stance
- closed hands used above the elbows
- communicate intention

The arm hug for a small person or where there is a significant height difference between the child and the adult, requires the adult's hands to be positioned with fingertips pointed towards the floor, placed between the elbow and the shoulder of the child. You can walk with the child, this is known as the **'guided arm hug'**



Open hand to stabilise and turn:

The adult can gently 'steer' the child's arm in front of their body. This will have the effect of turning the child's shoulders, you may wish to guide them.



- open hand placed on the arm above the elbow
- palm parallel to the floor
- staff positioned with extended arm
- communicate intention and use scripts if needed

Appendix 2: STEP UP restraint (restrictive) techniques (selection of)

STEP UP techniques are only to be used by employees who have received specific training. There are a number of risk-assessed techniques; in this appendix we include a single technique for illustrative purposes in the interests of transparency.

Lone Worker:

Lone worker should be used where the employee have a height and weight advantage. This technique is preferably used as a transitional hold as opposed to a static hold. The employee's arm goes behind the child's back reaching through to take hold of the forearm that is furthest away from the employee using a closed hand.



While the furthest arm is being reached for, the child's inside arm is maintained in position by placing a flat hand between the elbow and shoulder with fingertips pointing upwards. This arm is held against the child's body.



Once the child's outside arm has been secured, the child's arm nearest to the employee is placed into position on top. The child's arm is tucked up and back between the child and the employee. The employee's hip should be in contact with the side of the child's body. The employee maintains a wide stance and angles their head away.



Appendix 3: Use of Force/Restraint Incident Record

CYP _____ Date _____ Time _____

Duration of incident _____ Location _____

Staff member/s involved in incident _____

Staff witnesses _____

Staff members involved in the use of force/restraint? _____

CYP witness/es _____

Individual that harmful behaviour was directed at _____

SEND/extenuating circumstance _____

First aid required _____

Details of incident			
<u>Brief description of incident:</u>			
<u>Duration and time of incident</u>			
<u>Trigger/s</u> (highlight the box/es you feel led up to this incident)-			
Noise	New Environment	Anxiety	Change in routine
Personal space invaded	Waiting	Busy environment	Previous incident stress
New/change staff	Tired	Over stimulated (sensory)	Wet/dirty clothes
Not engaged	Separation anxiety	Under stimulated (sensory)	Unable to communicate effectively
Peer incident	Pain/illness	Lack of understanding	Demand request
Other trigger or build-up/accumulation of stress:			

Setting (What was taking place prior to incident, where were staff and peers, what was the CYP doing prior to incident?):

Preventative/de-escalation measures used by staff: (highlight)- Not an exhaustive list:

Give space	Reduce noise/verbal	Withdraw peers	Distraction/diversion
Change of face	Clear expectations	Offer an out/escape	Food/drink/toilet
Reminder of working for	Timetable reminder	Make a link/relationship	Removal of possibly harmful items from space
Verbal reassurance	Listening/containment for CYP	Sensory input	Connection with adult

Other measures used:

Restraint/reasonable force used:

Restraint trained in Norfolk Steps	Time spent in RPI and distance travelled	Staff involved	Breathing and well-being checked?
Lone worker:			
Elbow Tuck (Lone worker)			Yes / No
Shield Escort			Yes / No
Two person:			
Elbow Tuck Rescue Shape Standing			Yes / No
Elbow Tuck Rescue Shape to Floor			Yes / No
Elbow Tuck Rescue Shape to Chair			Yes / No
Elbow Tuck Figure 4 Standing			Yes / No
Elbow Tuck Figure 4 to Kneeling			Yes / No
Elbow Tuck Figure 4 to Chair			Yes / No
Braced Elbow Tuck			Yes / No

Use of force other than restraint trained in Norfolk Steps	Time spent using force and distance travelled	Staff involved	Breathing and well-being checked?
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Alternative to hand hold			Yes / No
Arm hug			Yes / No
Two person arm hug			Yes / No
Personal safety:			
>Single wrist grab			Yes / No
>Two handed wrist grab			Yes / No
>Clothing release -tube grip			Yes / No
>Clothing release tangled grip - 'corkscrew'			Yes / No
>Hair grab - tube grip			Yes / No
>Hair grab tangled grip - 'corkscrew'			Yes / No
>Release from front neck grab			Yes / No
>Release from neck grab from behind			Yes / No
>Bite response release			Yes / No
Other use of force:			

Why was it reasonable, proportionate, and necessary (highlight box options, if needed further box to explain in different)		
CYP hurting themselves	CYP hurting peer	CYP hurting staff
CYP damaging property	Risk of CYP hurting themselves	Extreme disruption of setting order
To prevent criminal act	Risk of harm from absconding	Planned proactive use to avoid trigger (as part of a planned agreed intervention)
Other (what could have happened if RPI was not implemented):		
Level of force used:		
Was the minimum level of contact used?		Yes / No

Shortest distance travelled?	Yes / No
Did the level force match the level of threat?	Yes / No
Did the force stop when the danger of harm stopped?	Yes / No
Any other information on the use of force:	
Further details on the use of force:	
Debriefs:	
Staff debrief with SLT? Yes / No Include brief summary below:	
CYP reflection with trusted member of staff taken place? Yes / No Include brief summary below:	
When staff and CYP have recovered, what relationship building/repair activity is or has been implemented to support well-being? Include brief summary below:	
Senior staff feedback to incident on next step actions to reduce likelihood of reoccurrence (separate attachment recorded and feed back to staff involved may be required)	

Parents/carers of CYP involved informed in writing of incident? Yes / No Date/time _____

Please give reason if parents were not informed

Signature of staff member completing form _____

Printed name of staff member completing form _____

Signature of staff member reviewing form _____ Date _____