GALLEYWALL PRIMARY
CITY OF LONDON ACADEMY

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Bermondsey, London www.galleywall.co.uk

Physical Intervention and Restraint and Sensory Regulation

Last reviewed: July 2026, MAB, SKE
Ratified by Governors September 2026

Section 1: Aims and Purpose

A Purpose

i This policy aims to ensure that all staff use sensory regulation

ii and physical intervention and restraint safely, consistently and respectfully.

iii The primary aim is to support children to regulate their emotions, maintain positive relationships and keep everyone safe.

B Principles

i The school does not operate a “no touching” policy, nor will it agree to requests from parents for such a policy to apply to specific children.

ii Physical intervention and restraint should always be a last resort. Wherever possible, staff should use de-escalation strategies before considering any physical intervention.

iii Any physical intervention must be:

- Necessary
- Reasonable and proportionate
- The least restrictive option available;
- Used for the shortest time possible; and
- Carried out in a way that preserves the child's dignity.

iv Any physical intervention should be undertaken as an act of care and protection, with the aim of re-establishing verbal support and allowing the child to regain self-regulation as soon as possible.

v Physical intervention and restraint must never be used as a punishment or to secure compliance.

vi The school will maintain various risk assessments.

C Rights and Responsibilities

i All children at Galleywall have the right to learn, teachers have the right to teach. All members of our school community, staff, pupils and parents, have the right to feel safe.

ii As adults, we recognise that our conduct is a powerful determining factor in how others behave. Staff have a responsibility to model the highest standards of behaviour and conduct.

iii All members of our school community are responsible for upholding the expectations and routines outlined in this policy.

iv Individual staff members must adhere to the specific roles and responsibilities outlined in their job descriptions.

D Legal Framework

i School staff have a legal power to use reasonable force where it is necessary, proportionate and lawful to prevent injury, serious damage to property or serious disruption.

ii The current legal guidance is here: https://assets.publishing.service.gov.uk/media/6943dad6501cdd438f4cf5aa/Restrictive_interventions_including_use_of_reasonable_force_in_schools.pdf as well as:

- Human Rights Act 1998
- Equality Act 2010.
- Education and Inspections Act 2006, especially sections 93 and 93A
- Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025
- Health and Safety at Work etc. Act 1974 and associated regulations
- Section 3 (1)(a) Criminal Law Act 1967
- Common law – to prevent imminent harm

iii When acting in charge of pupils, staff are acting *in loco parentis* and have a duty to take reasonable steps to protect pupils' safety and wellbeing.

iv Physical intervention and restraint is a valid, legal response to:

- causing injury to themselves or others
- committing a criminal offence
- damaging property
- causing significant disorder among pupils at the school, whether during a teaching session or otherwise

v Staff should always act in accordance with this school policy, their training and the school's agreed procedures.

vi Some members of staff are trained in physical intervention and restraint techniques and authorised to use these techniques in the course of their work. Their legal right to perform these actions will be supported by the school so long as it has been performed in line with the school's policy and for a valid reason.

vii Adults also have a common law right to

- Self defence
- Prevent a child from harming themselves
- Prevent a child from harming others
- Prevent the damage of property

However, while actions taken in this way may be perfectly legal, it is possible that these actions taken outside the school policy may be open to challenge and under some circumstances may not be supported by the school.

viii The decision to use physical intervention and restraint will always depend on the individual circumstances and the professional judgement of the member of staff, taking account of the immediate risks present.

Section 2: Behaviour Management

A Graduated Response

i The behaviour policy of the school should always be applied including a graduated response to behaviour.

ii At all times staff members must apply the policy in a calm and dispassionate way.

iii Pupils whose behaviour is known to be challenging may have their own behaviour plan. This should be referred to.

iv Familiar words, surroundings and adults are more likely to calm a dysregulated child.

B Before physical intervention and restraint

i Physical intervention and restraint should only be considered once other strategies have been attempted, unless there is an immediate risk of serious harm.

ii Whilst de-escalation strategies should always be attempted wherever possible, there may be situations where the risk is so immediate that staff must intervene without progressing through every stage of this graduated response.

iii Staff should take account of any known medical conditions, disabilities, communication needs or trauma history which may increase the risks associated with physical intervention.

iv Call for assistance from SLT.

v See APPENDIX 2 for examples of situations and responses.

C Application of physical intervention and restraint

i Staff must make a clear decision to positively handle a child, with a clear aim in mind, such as:

- Removing a child from a dangerous situation
- Preventing a child from hurting themselves or someone else
- Escorting a child out of an unsafe place towards a safer space
- Removing a dangerous object from a child.

ii Staff members should, wherever possible, work in teams of two or more. Two staff members are much more likely to achieve their objective than one on their own.

iii In a calm manner; tell the pupil what you are doing and why.

iv Continue attempts to de-escalate throughout the process.

v Continually monitor the child's wellbeing.

vi Use the least restrictive intervention necessary, in accordance with training.

vii Consider whether moving to a quieter or safer space would reduce the risk or whether the act of moving might make things worse.

viii Where appropriate, two adults may guide the child to another area using the least restrictive approach and in accordance with their training. Consult with each other as to whether this is appropriate.

ix Once the objective has been achieved, staff should remain in contact until they are sure that releasing the child will not cause the problem to re-occur.

D Things to avoid

i There must never be the application of pain in order to achieve an objective.

ii There must never be an action which could cause physical harm to the child eg pulling or twisting of limbs.

iii Restraining a student in a way that affects their airway, breathing, or circulation, for example by covering their nose and/or mouth or applying pressure to their neck or abdomen; such actions present a significant risk to life.

iv Staff using force on the ground; if a student is unintentionally held on the ground, staff must release their hold or move into a safer position as quickly as possible, as these positions may compromise breathing and therefore present a risk to life.

E Aftermath

i Staff should release the child as soon as it is safe to do so; bear in mind the likelihood of the situation immediately re-occurring.

ii The child should be assisted to calm down.

iii Where appropriate, the child could return to their usual adult and place. On other occasions, the child may go home, either through an exclusion or for their own well-being. This will be a SLT decision.

iv A member of SLT should be informed immediately if they have not already. Further steps can then be discussed.

v An appropriate staff member should check whether anyone has sustained an injury.

vi The staff member involved should have time to recover if needed, ensuring appropriate supervision is in place.

vii An appropriate staff member should debrief with the child once they are calm.

viii A report should be made to parents in all cases as soon as reasonably practicable.

ix The incident should be recorded on CPOMS the same day (with the "positive handling" box ticked). See appendix 3.

x SLT, in liaison with staff involved, will review whether any reasonable adjustments, environmental changes, staff training or amendments to support plans could reduce the likelihood of future restrictive interventions.

Section 3: Search

A Using Reasonable Force to Search Learners

i The headteacher, and any member of staff authorised by the headteacher, have a statutory power to search a student or their belongings if they have reasonable grounds to suspect that the student may have a prohibited item (as listed in the DfE's searching, screening and confiscation guidance) or an item banned under our school rules.

ii They can use reasonable force to search for prohibited items (as listed in the DfE's searching, screening and confiscation guidance), such as knives, weapons, stolen items, or illegal drugs. They cannot use reasonable force to search for items that are banned under our school rules only, such as mobile phones or sugar drinks.

iii The decision to use reasonable force to carry out a search should be made carefully, on a case-by-case basis and taking into consideration the level of risk to students and staff.

Section 4: Sensory Regulation

A Principles

i For some pupils with SEND who are developmentally younger than their chronological age and are working towards the Early Learning Goals, appropriate sensory regulation plays an important role in supporting attachment, communication, emotional regulation and social development.

ii This is reflected within the Cherry Garden Branch Maps (Branches 1 and 2), which include developmental outcomes such as:

- Can be comforted by close contact with familiar adults.
- Shows enjoyment of physical play with an adult (e.g. tickling games or being gently rocked).
- Shows pleasure during social games, songs and other appropriate physical interactions.

iii Sensory regulation should always be child-centred, appropriate to the child's developmental stage and individual needs.

iv Staff should continually monitor the child's verbal and non-verbal cues and stop immediately if the child appears uncomfortable or indicates they do not wish to continue.

v This technique is only appropriate when stated in a child's individual support plan or risk assessment. Staff members will be identified to work with specific pupils. For avoidance of doubt, staff may not apply these techniques unless instructed to by a SLT member or via a written agreed plan.

B Sensory Regulation

i Some children with sensory processing differences find deep pressure activities, such as agreed 'squeezes', regulating because they provide proprioceptive input. These should only be used where they are appropriate to the child's individual sensory and emotional regulation needs and the child is receptive to them.

ii Massage Stories (also known as Action Stories) may be used as a calming group activity. Children should always ask their partner for permission before touching their back and understand that consent can be withdrawn at any time. (See Appendix 1.)

APPENDIX 1 : Sensory Regulation

hat is not appropriate:	ternatives:
king children up and carrying or holding them.	ey can walk alongside you holding hands if appropriate.
ving children on your lap	ting them on a chair beside you and give them a light squeeze
gging children when not initiated by the child	ow the child to initiate a hug if appropriate or offer reassurance in another way.

APPENDIX 2 : Stages in physical intervention and restraint

e 1 – Child is dysregulated and may begin to place themselves or others at risk may look like: standing on a chair or table; climbing on furniture; throwing or tipping items; repeatedly running away from the adult; shouting, crying or becoming very distressed; refusing to move away from an unsafe area.	• Use a calm tone and volume. • Reduce language and use visual supports. • Use clear, simple instructions (e.g. show a chair visual and repeat "Chair"). • Use countdowns. • Use Now/Next boards, ensuring the "next" activity is motivating. • Reduce environmental demands where possible. • Remove the audience if appropriate. • Offer regulation tools or sensory supports. For some children, low-demand language may be more effective, for example: • "I wonder where a good place to sit might be?" • "There's a chair here if you'd like it." • "I'm going to sit here." Staff should continue to use an emotion coaching approach throughout. (See Emotion Coaching guidance.)
e 2 – Child is continuing to place themselves or others at risk despite de-escalation strategies.	See above for use of physical intervention and restraint
e 3 – The child is at immediate risk of serious harm, for example: climbing onto high furniture; climbing over fences; attempting to leave the school site; physically assaulting another child or adult. re there is an immediate risk of harm, staff may need to use reasonable force to prevent injury or serious damage to property.	Staff may use physical intervention and restraint approaches if it clear that de-escalation will not work

APPENDIX 3 : Positive Handling Record

When recording an incident of physical intervention and restraint, include:

- Date, time and location
- Who was involved (child, staff and any witnesses)
- What happened before the incident (brief factual summary)
- What de-escalation strategies were used
- Why physical intervention and restraint was necessary (what immediate risk was being prevented)
- What intervention was used and for approximately how long
- The outcome (when the intervention ended and what happened afterwards)
- Any injuries sustained and any first aid provided
- When and how parents/carers were informed
- Any follow-up actions, including whether the child's support plan or risk assessment requires review

This should be recorded onto CPOMS with the “positive handling” box ticked. Copies of emails can be included where appropriate.

APPENDIX 4

Story Strokes

Remember to always before you start!

The Circle

One hand on partner's shoulder, the other flat hand circles on back. (Clockwise or anticlock-wise)

The Sprinkle

Flutter your fingertips over your partner's back.

The Fan (up)

Flat of both hands at the base of your partner's spine: fan them up and out to the shoulders.

The Fan (down)

Flat of both hands on your part-ner's shoulders: fan them down and in to meet at the base of the spine.

The Walk

Alternate flat hands to walk them all over your partner's back.

The Drum

Gently drum your partner's back with loose fists. Avoid the spine.

The Claw

Stroke two clawed hands down the back, starting at the shoul-ders.

The Squeeze

Two hands squeeze and release your partner's shoulders.

The Wave (down)

One hand on partner's shoulder, the other flat hand makes a wave-like, zig zag movement downwards.

The Wave (across)

One hand on partner's shoulder, the other flat hand makes a wave-like, zig zag movement across.

The Bounce

Both hands at the same time, fingers and thumbs squeeze and release all over your partner's back.

The Calm

Rest the flats of both hands on your partner's head, back or shoulders.