



Physical Handling and Restraint Policy

To be reviewed: October 2027
Reviewed October 2026

Policy statement

St Paul's Nursery School is a maintained nursery school. Physical contact is an ordinary and necessary part of high-quality early years practice. Young children may need adults to hold hands, guide them physically, lift or carry them, comfort them when distressed, provide first aid, support dressing and toileting, and change nappies or soiled clothing. Appropriate touch should therefore be child-centred, purposeful, proportionate, respectful and consistent with safeguarding practice.

This policy distinguishes ordinary early years physical care and positive touch from restrictive intervention. Restrictive intervention is used only when necessary to prevent harm or in other circumstances permitted by law, never as punishment or simply to secure compliance.

Legal and statutory framework

This policy has been written with regard to:

- Department for Education, Restrictive interventions, including use of reasonable force, in schools (April 2026).
- Department of Health and Social Care and Department for Education, Reducing the Need for Restraint and Restrictive Intervention: Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings (June 2019).
- Early Years Foundation Stage statutory framework for group and school-based providers (effective 1 September 2026).
- Keeping Children Safe in Education 2026.
- Education and Inspections Act 2006, including sections 93 and 93A.
- Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025.
- Children Act 1989, Equality Act 2010, Human Rights Act 1998 and relevant health and safety legislation.

The DfE 2026 restrictive-interventions guidance expressly applies to maintained nursery schools. The EYFS framework is also mandatory for the school's early years provision. The 2019 DHSC/DfE guidance on reducing restraint is non-statutory and was written principally for special education, health and care settings; it nevertheless identifies Early Years providers as settings for whom the guidance may be of interest. St Paul's adopts its relevant preventative and child-centred principles where these are compatible with the statutory framework and the 2026 schools guidance.

Principles

- The welfare, safety, dignity and emotional security of the child are paramount.
- Children have a right to privacy and to be involved in decisions about their care in ways appropriate to their age, development and communication needs.
- Staff should use the least intrusive form of physical contact needed and stop or reduce contact when it is no longer needed.
- A child's communication may be verbal or non-verbal. Turning away, stiffening, pulling away, crying or saying "no" should be recognised as communication and responded to appropriately.
- Staff should work openly and transparently, while still protecting a child's dignity during intimate care.
- Children with SEND, sensory differences, communication needs, trauma or medical conditions may experience touch differently; individual plans and reasonable adjustments should be used where needed.
- Distressed or challenging behaviour may be a form of communication. Staff should seek to understand what the child may be communicating, including pain, fear, anxiety, sensory overload, tiredness, frustration, unfamiliarity or difficulty understanding what is happening.
- A positive and proactive approach should be used to anticipate triggers and reduce the likelihood that restrictive intervention will be needed. Parents/carers should be treated as partners in understanding the child and planning support.
- Physical contact must never be used to punish, shame, intimidate or humiliate a child.

Types of physical contact and intervention

1. Ordinary / positive physical contact

This is appropriate physical contact that forms part of normal care, teaching, play, comfort or safeguarding and does not amount to force or restraint. Examples include:

- holding a child's hand when walking, crossing a road, moving around the setting or supporting a transition;
- guiding a child's hand when learning a skill, where the child is comfortable with this;
- helping a child onto or off equipment;
- a brief cuddle, arm around a child, hand on a shoulder, or allowing a distressed child to sit close to or on the lap of a trusted adult where this is child-led and appropriate;
- lifting or carrying a child for care, comfort, safety or practical assistance where the child accepts or needs this;
- first aid and medical care;
- support with dressing, undressing, toileting, nappy changing and changing wet or soiled clothes.

Ordinary physical contact does not require a restraint record simply because touch occurred. Staff should, however, follow any separate care, first-aid, toileting or intimate-care recording arrangements that apply.

2. Restrictive intervention / reasonable force

Restrictive intervention means an action intended to prevent, restrict or subdue a child's movement. Reasonable force may be used by school staff in limited circumstances to prevent or stop a child from causing injury to themselves or others, committing a criminal offence, damaging property, or causing disorder. Any use must be necessary, proportionate, use no more force than necessary and last for the shortest possible time.

A routine act of early years care can become restrictive if an adult continues it against a child's active resistance in order to control the child's movement. For example, carrying a child who is willingly seeking comfort is ordinary care; carrying a struggling child away against their will to prevent immediate harm may amount to restrictive intervention and must be treated accordingly.

3. Seclusion

Seclusion means confining a child away from others and preventing them from leaving. It is not a disciplinary strategy and should only be used as a safety measure in exceptional circumstances to protect from harm. A child must be supervised throughout and allowed to leave as soon as the immediate risk has reduced. Any incident of seclusion must be recorded and reported in line with the statutory requirements.

Early years guidance for staff

Comforting and soothing distressed children

- Warm, appropriate touch is a normal part of early years care. Staff should not operate a "no touch" approach.
- Where possible, offer comfort rather than impose it: use the child's name, calm words, open arms, a nearby seat or an invitation such as "Would you like a cuddle?"
- If a child comes to an adult for a cuddle or sits on their lap, this may be appropriate where it is consistent with the child's needs and the context. Staff should remain professionally aware of positioning, duration and the child's cues.
- If a child pulls away, stiffens, says "no", appears uncomfortable or no longer needs contact, staff should reduce or stop the contact unless immediate safety requires otherwise.
- Where a child is highly distressed, staff should consider sensory needs, noise, crowding, hunger, tiredness, pain, separation anxiety and communication difficulties before escalating to physical intervention.

Lifting and carrying children

- Young children may appropriately be lifted or carried for comfort, practical care, safety, mobility support or because of their developmental needs.

- Staff should use safe manual-handling practice, avoid lifting where there is an unnecessary risk of injury, and seek help for larger children or where a child's movement makes lifting unsafe.
- Children should not be lifted or carried by one arm, by the wrists, by clothing, or in any way that places unnecessary pressure on joints, the chest, neck or abdomen.
- Carrying should not be used merely to obtain compliance when the child can safely be supported by time, choice, distraction, co-regulation or walking alongside an adult.
- If a child is actively resisting being carried and there is no immediate safety risk, staff should normally put the child down safely and use de-escalation. If carrying is necessary against the child's will to prevent immediate harm, it may constitute restrictive intervention and should be recorded and reported where required.

Nappy changing, toileting and intimate care

- Nappy changing and toileting are ordinary care activities, not restraint. They should be carried out by staff authorised by the school and in accordance with the school's intimate-care and safeguarding procedures.
- Staff should explain what they are doing in simple, age-appropriate language, involve the child as much as possible and encourage increasing independence.
- Children's privacy must be respected while balancing safeguarding and support needs. Changing areas should provide appropriate privacy without making practice hidden or unobservable.
- Staff should use only the physical assistance reasonably needed to complete care safely and hygienically. A child should never be forcibly held down simply to complete a routine nappy change or toileting task.
- If a child strongly resists a change and there is no immediate health or safety concern, staff should pause, reassure, offer choices, use a familiar adult where possible and try again. Persistent difficulty should be discussed with parents/carers and, where appropriate, included in an individual care plan.
- Where urgent hygiene, medical or safeguarding needs mean care cannot reasonably be delayed, staff should use the least intrusive assistance possible and seek another member of staff for support where practicable. Any contact that becomes restrictive should be treated under the restrictive-intervention section of this policy.
- Staff should remain alert to unexplained marks, pain, distress, changes in behaviour or disclosures during intimate care and follow the school's safeguarding procedures where concerns arise.

Other personal care and physical support

- Support with coats, shoes, dressing, wiping faces, nose care, handwashing and changing wet clothing should promote dignity and independence.
- Physical prompting should be reduced as children become able to manage tasks themselves.
- Where a child needs regular increased physical support because of disability, medical need or SEND, the approach should be agreed with parents/carers and relevant professionals and recorded in an individual care, support or behaviour plan.

Prevention and de-escalation

The starting point is to reduce the need for restraint. In line with the 2019 DHSC/DfE guidance and the 2026 DfE schools guidance, St Paul's uses a positive and proactive approach: understand the child, identify likely triggers, adapt the environment and routines, build trusted relationships, teach and model regulation skills, and intervene early with the least restrictive support. Young children are still developing physically, emotionally and in their ability to communicate and self-regulate; behaviour that appears challenging should therefore be considered in the context of development and possible unmet need.

- calm tone of voice, simple language and allowing processing time;
- offering limited choices and clear boundaries;
- reducing noise, crowding or other sensory demands;
- distraction or redirection to a familiar activity or object;
- co-regulation with a familiar adult;

- giving a child space while maintaining supervision;
- identifying patterns such as fatigue, hunger, pain, transition difficulties or communication frustration;
- considering what the behaviour may be communicating and responding to the underlying need rather than focusing only on stopping the behaviour;
- adapting the physical and sensory environment, routines, transitions or adult demands where these are contributing to distress;
- involving parents/carers and, where appropriate, other professionals in identifying triggers, effective calming strategies and consistent approaches;
- using individual behaviour/support plans and reasonable adjustments for children with SEND or other vulnerabilities.

When restrictive intervention may be used

Before intervening, staff should consider whether the intervention is necessary, proportionate and likely to reduce rather than increase risk. Where immediate action is needed, staff may have to make this judgement quickly.

- Use the least restrictive option available.
- Use the minimum force necessary for the shortest possible time.
- Continue to communicate calmly with the child and explain what is happening in developmentally appropriate language.
- Take account of the child's age, size, development, SEND, medical conditions, communication needs, trauma history and other vulnerabilities.
- Where possible, preserve dignity and avoid carrying out restrictive intervention in front of other children.
- End or reduce the intervention as soon as the immediate risk has reduced.

Practices that are not permitted

- Using force as punishment or to humiliate, frighten or deliberately cause pain.
- Covering a child's mouth or nose, or using any hold that restricts the airway, breathing or circulation.
- Applying pressure to the neck, chest, abdomen or other area in a way that may compromise breathing or circulation.
- Deliberately taking a child to the floor or maintaining a child on the ground except where an unplanned fall occurs; if this happens, staff should release or reposition to a safer alternative as quickly as possible.
- Using painful techniques, pressure points, joint locks or deliberately inflicting discomfort.
- Using high chairs, gates, locked doors or furniture simply to confine a child as a behaviour-management punishment. Ordinary safety equipment may be used for its intended purpose, but if an environmental measure is used specifically to prevent a child leaving, it may constitute restraint or seclusion and must be considered under this policy.

Children with SEND, medical needs or known vulnerabilities

Where a child is known to be at increased risk of distress or restrictive intervention, staff should work with the child's parents/carers, the SENCO and relevant professionals to identify triggers, prevention strategies, communication methods and any agreed physical support. A written risk assessment and/or individual support plan should be in place where appropriate and reviewed after any significant incident.

Plans should focus first on prevention: what the child is communicating, known triggers and early signs of distress, preferred co-regulation strategies, environmental adjustments, communication supports, what forms of touch the child seeks or finds difficult, and how staff can respond consistently. Any planned physical intervention must be clearly justified by risk, be the least restrictive option and be reviewed regularly with parents/carers and relevant professionals.

Recording, reporting and post-incident support

The school will distinguish ordinary positive physical contact and intimate care from incidents of restraint, seclusion or significant use of force.

For any significant incident involving force, and for any incident of restraint or seclusion that falls within the statutory recording requirements:

- the staff member(s) involved must make a written record as soon as practicable and should endeavour to do so on the same day;
- the incident will be recorded on CPOMS and, where appropriate, on Famly in accordance with school procedures;
- the record should include the child and staff involved; relevant SEND/medical circumstances; date, time, location and approximate duration; what led to the incident; known or possible triggers; prevention/de-escalation attempted; the nature and degree of force or restraint used; why it was considered necessary; any injuries or distress; and post-incident support;
- parents/carers must be informed as soon as practicable and the school should endeavour to do so on the same day, normally in writing through the school's agreed system;
- where the law requires a copy of the written record to be supplied to parents, the school will do so;
- the child and staff involved should be offered appropriate first aid, medical assessment and emotional support where needed;
- a follow-up review should consider what happened, what may have triggered it, what worked, what did not, and whether any plan or risk assessment needs amendment.

Routine nappy changing, comforting, hand-holding, accepted lifting/carrying and other ordinary early years care do not require a restrictive-intervention record unless the contact becomes restrictive, causes injury, raises a safeguarding concern, or otherwise meets the school's incident-recording threshold.

Training and staff competence

All staff will receive induction on appropriate physical contact, safeguarding, intimate care, de-escalation and the distinction between ordinary early years handling and restrictive intervention. Staff who are likely to need to use reasonable force or other restrictive interventions should receive suitable training in safe and lawful practice and prevention strategies.

The school will maintain a current training register rather than relying on a fixed list of trained staff within this policy. All school staff have the legal power to use reasonable force in the limited circumstances set out in law; however, planned restrictive interventions should, wherever practicable, be carried out by staff who have received relevant training and know the child well.

Monitoring and governance

The Headteacher will monitor incidents and identify patterns, repeat triggers, training needs and any disproportionate use involving children with SEND or other vulnerabilities. The governing body will receive appropriate anonymised information and will keep the effectiveness of this policy and the school's recording/reporting procedures under review.

Related policies

- Safeguarding / Child Protection Policy
- Behaviour Policy
- SEND Policy
- Intimate Care / Toileting procedures
- First Aid Policy
- Health and Safety Policy
- Staff Code of Conduct
- Complaints Policy

Key government guidance

- Department for Education (2026), Restrictive interventions, including use of reasonable force, in schools: Guidance for schools in England.
- Department of Health and Social Care and Department for Education (2019), Reducing the Need for Restraint and Restrictive Intervention.
- Department for Education (2026), Early Years Foundation Stage statutory framework for group and school-based providers.
- Department for Education (2026), Keeping Children Safe in Education.

Review

This policy will be reviewed at least annually, and sooner if statutory guidance changes or following a significant incident that indicates the policy or practice should be revised.