

<b>Positive Handling / Physical Contact and Intervention Policy</b>			
<b>Current Status:</b>	Operational	<b>Last Review:</b>	April 2025
<b>Policy Owner:</b>	Regional Director SEND Outdoor Learning	<b>Next Review:</b>	April 2027
<b>Roles Responsible for Review:</b>		<b>Originated:</b>	August 2023
<b>Approved by:</b>	SEND Post-16 Curriculum & Quality	<b>Committee:</b>	Educational Excellence Committee
<b>Type of Policy:</b>	Staff / Students / External	<b>Quality Assured by:</b>	Policy Team

## 1. Summary

1.1. This policy applies to all staff, volunteers and any other personnel associated with Eastern Education Group Trust (EEGT), which includes:

- Chalk Hill
- Duke of Lancaster School
- Exning Primary School
- Priory School
- Stone Lodge Academy
- Sunrise Academy

1.2 To be read in conjunction with, but not limited to:

- Behaviour to Learn Policy
- Safeguarding Policy
- Bullying and Harassment Policy
- PREVENT Policy
- Complaints Policy

## 2. Introduction and Scope

2.1 Our approach to behaviour to learn is based around our character strengths:

- **Resilience** – emotionally regulate, ask for help, walk towards adversity
- **Optimism** – keep trying, stay positive, think I can
- **Curiosity** – ask why, be brave, try new things
- **Ambition** – work hard, set goals, be proud of your work
- **Ownership** – speak up, fix mistakes, own your success
- **Respect** – be kind, accept others, respect your environment
- **Self-Control** – think before action, stay focused, make good choices

These are informed by a trust-wide investment in Trauma Informed practice, and we recognize the importance of attachment creating positive learning environments and effect attunement (meeting children at their intensity).

Physical contact with students is a necessary part of our work, from supporting the holding of a pencil to interacting in play activities, administering first aid, teaching a physical activity, or personal care such as helping to toilet a young person.

Physical touch is also used to reassure and comfort students.

On occasions staff may need to use positive handling to contact to prompt or guide a student.

If it is necessary to move or hold a student in a way that restricts their freedom of movement, this is regarded as Restrictive Physical Intervention. It is expected that any physical contact from a member of staff will be done in the best interest of the student whether this be to support learning, in order to reassure or comfort them, or to keep them or others safe.

This policy draws together good practice with regard to legislation and guidance. It is informed by the: -

- [Education and Inspections Act 2006](#), section 93;
- [Health and Safety at Work etc Act 1974 - HSE](#);
- [Children Act 1989](#) and [Children Act 2004](#)
- [Human Rights Act 1998](#);
- [The Mental Health Act 1983](#) and [Mental Capacity Act 2005](#);
- DfE's [Reducing the need for restraint and restrictive intervention](#)
- [Guidance on the use of restrictive physical interventions for staff working with students and adults who display extreme behaviour in association with learning disability and/or autistic spectrum disorders](#),
- [Reducing the Need for Restraint and Restrictive Intervention](#)
- DfE's [Use of Reasonable Force in Schools](#)
- DfE's [Behaviour in Schools - Advice for headteachers and school staff](#)
- [Keeping children safe in education](#).

### **3. Values**

- 3.1 We believe that every member of the EEGT community has the right:
- To be treated with dignity, respect and empathy
  - To be themselves
  - To be safe and healthy (physically, emotionally and psychologically)
  - To learn without interruption

### **4. Aims**

- 4.1 The overarching aims of this policy are:
- to ensure that all students learn, play and develop in a supportive,

caring and safe environment;

- to provide clear guidance to all staff and to reassure parents and carers in relation to our use of physical contact;

## **5. Objectives**

5.1 Our aims will be best achieved in each setting by:

- Keeping the needs of the whole student at the heart of all our actions;
- Creating a learning environment that maximises student engagement and minimises the likelihood of negative behaviour;
- Promoting tolerance and respect for others;
- Showing respect for the rights and values of others, regardless of race, gender, sexuality, gender orientation, beliefs or abilities;
- Pro-actively teaching students and offering interventions (including therapeutic interventions) to enable them to recognise their emotions and regulate their own behaviours;
- Addressing the range of circumstances in which physical contact is appropriate;
- Explaining when and how it should be done and by whom;
- Addressing the issue of force, when it may be considered reasonable and how it should be applied and recorded;
- Making clear when the use of force is not reasonable and how it can be avoided;
- Providing clear guidance, training, mentoring and supervision for staff to support skilled implementation of the policy;
- Where students present the most challenging and potentially dangerous behaviour, treating them at all times with dignity, compassion and humanity, protecting their rights;
- Identifying the rights of parents and students with regard to complaints and allegations.

## **6. Roles and Responsibilities:**

6.1 The Head of School will:

- Ensure the policy is applied;
- Maintain an up-to-date list of those members of staff whom they select as authorised to use reasonable force and ensure that staff know who they are;
- Ensure those authorised staff are appropriately trained and regularly updated;
- Ensure that all relevant staff receive guidance on the use of positive handling and that they are provided with a full training programme at the earliest opportunity thereafter;
- Oversee reporting and recording systems;
- Monitor and review incidents.

Authorised Staff

- All staff trained in physical intervention are authorised to use reasonable force to control or restrain students. The authorisation is subject to satisfactory completion of approved training and the subsequent satisfactory completion of update training when it is arranged by the school/provision.

#### All Staff

- All staff are expected to adhere to the expectations set out within this policy.
- Only staff trained in the application of safe techniques in stopping, holding and moving students will do so, unless circumstances require immediate action where this would not be possible.
- All staff members have a duty of care to themselves, students and colleagues. In the event of a serious incident all staff are expected to take action. This may include observing the situation and assessing the appropriate action, calling for assistance, offering support (“I’m here to help”), removing other young people at risk of physical or mental harm, and/or deploying a physical intervention.
- It is the responsibility of all staff to attend training and regular updates, adhere to legal guidance and school policy and report and record all incidents on the agreed systems.
- In addition, as part of staff responsibility under the school’s duty of care, individual members of staff have a duty to report to the Headteacher/Head of School any factors that may inhibit responses to serious breaches of discipline or serious damage to property creating a hazardous environment.

## **7. Definitions**

7.1 For the purposes of this policy the following terminology is used:

#### Physical contact

This encompasses positive and supportive touch, such as supporting the holding of a pencil, inviting a younger student to be led by the hand, a reassuring arm around the shoulder, a handshake, interacting in play activities, administering first aid, teaching a physical activity, or personal care.

#### Physical Intervention

This is where non-harmful and the least intrusive physical means (e.g. blocking, prompting, escorting) are used to direct a student for the purpose of protection, guidance or maintaining good order.

#### Restrictive Physical Intervention (RPI)

This describes techniques that are used to control a student’s actions, restricting their freedom of movement. These techniques are sometimes known as restraint.

## **8. When may physical contact/intervention be used?**

8.1 Physical contact with a student is likely to occur throughout the workday through interactions that provide care, comfort and reassurance such as (but not limited to):

- Congratulating or praising a student;
- interacting in a play activity;
- administering first aid;
- teaching a physical activity or technique;
- personal care such as helping to toilet a young person;
- holding the hand of a student or being guided by that student around the school/provision;
- reassuring and comforting a distressed or anxious student;
- guiding and supporting a student;

Physical intervention may also take place when de-escalation techniques have been employed for reasons set out below but not resulted in the desired outcome:

- escorting or guiding a student, whereby the student moves with encouragement and does not provide resistance, other than a degree of reluctance;
- blocking a student from entering or leaving an area in order to keep them and others safe

## **9. When may restrictive physical intervention be used?**

9.1 In addition, on occasion, it may be necessary to physically stop a student from doing something and this will require Restrictive Physical Intervention through the application of reasonable force. The Education and Inspections Act 2006, section 93 permits the use of reasonable force to prevent students from harming themselves or others, from damaging property or causing disorder.

Reasonable force may be used to prevent a student from doing, or continuing to do any of the following:

- Self-injury
- Causing injury to others
- Committing a criminal offence

This may include severe damage to property or extreme behaviour that is prejudicial to maintaining good order and discipline at the school/provision or among any of its students. This will include behaviour on school premises or authorised off-site activities, such as educational visits.

Examples of situations that call for physical intervention include:

- A student attacks a member of staff, or another student;
- Students are fighting, causing risk of injury to themselves or others;
- A student committing, or on the verge of committing, deliberate

serious damage to property, such as breaking a window;

- A student is causing, or at risk of causing, injury or damage by accident, by rough play, or by misuse of dangerous materials or objects.

Restrictive Physical Intervention is to bring a student under control by the application of a degree of force in the face of resistance. Passive physical contact such as standing between students or blocking a student's path in a corridor is not a Restrictive Physical Intervention. Active physical contact that a student complies with, such as leading a student by the arm, is not Restrictive Physical Intervention.

Restrictive Physical Intervention will only be used when considered necessary. The minimum degree of force required will be applied for the shortest period of time and only for the above reasons.

## **10. How and by whom?**

- 10.1 All student-facing staff are likely to have a measure of physical contact with students dependent on their role, degree of interaction with students and level of training. Adults will be sensitive to age, gender, cognitive ability, cultural understanding and social context with regard to touch.

It is understood that physical contact on the hands, arm and shoulder of a young student will take place relatively often, whereas more intimate areas of the body such as cleaning following a toileting accident will occur less often. In such instances, it is preferable that the student cleans themselves with adults providing advice and support. When this level of care takes place, another member of staff will always be informed when and where it is happening and where possible be present, whilst being sensitive to the dignity of the student. When comforting a student, it is expected that student will sit or stand beside an adult and that we will help student understand appropriate touch and social space through our modelling and guidance.

The duty of care requires all staff to act in the best interest of the student to keep them safe. This does not require the member of staff to place themselves in an unsafe position. However, to do nothing does not fulfil our duty of care. Actions such as use of voice, instruction, seeking help, minimising risks within the environment, should all be considered when confronted by a challenging situation. In exceptional or life-threatening circumstances there may be a need for a member of non-student-facing staff to apply reasonable force to keep a student, themselves or another person safe and control a situation. Authorization to respond with physical force is not given to volunteers, students on placement, visitors or parents.

## **11. What is reasonable force?**

- 11.1 In common law the interpretation of what is considered "reasonable force" varies dependent on the specific circumstance for which the judgement would be made. There is no legal definition of the term "reasonable force".

Consideration is given in law as to whether it is necessary to use force in the given circumstance and if the degree of force applied was proportionate to the likely harm that it prevented. This should be considered in relation to any action taken in the application of a form of physical intervention. Any action should take account of and make reasonable adjustment to a student's age, gender, physical difficulties, emotional and intellectual development and special needs.



## **12. When is force not considered reasonable?**

- 12.1 Force is not reasonable or lawful if it is not warranted by the particular circumstances. Staff responses should always be proportionate to the behaviour or likely harm that it is intended to prevent, with the understanding that the use of force is a final resort.

It is not lawful to use force in any circumstances as a form of punishment.

## **13. How do we avoid using it (minimise its use)?**

- 13.1 First and foremost, we aim to create a learning environment that maximises student engagement and minimises the likelihood of negative behaviour, and therefore the need to employ restrictive physical intervention. We aim to provide a calm, productive place of learning for all.

This is achieved on an individualised basis through our knowledge of the student, consideration of their needs and planned responses through the Individual Learning Plan, Risk Assessment, Behaviour Management Plan, and Education Health Care Plan for each student. We develop positive relationships with students and their parents/carers.

We recognise as adults, that our own behaviour influences others and the need to be calm and control our own actions and responses in the first place helps others to respond similarly.

All areas used by students will be planned and arranged for maximum safety. Potentially dangerous objects and implements will be kept securely, so that they may not be accessed by students without supervision.

Our intention will always be that our management strategies and de-escalation techniques will be exhausted before considering Restrictive Physical Intervention, unless an immediate threat is posed.

Staff will:

- evaluate and assess a situation to judge the best action to take in the student's interest;
- recognise physical changes, actions or phrases that individual student may use when aroused;
- implement responses or strategies identified on the student's documentation to deescalate the situation;
- use calming tone of voice and language to reassure;
- deploy de-escalation techniques, e.g. deflection, distraction, humour, calm talking;
- talk and listen without judgement ("Talk and I'll listen");
- use non-threatening verbal and body language;
- ensure the student can see a way out of the situation;
- give clear directions / show what behaviour is expected;
- give early warning of change;
- seek help or consider a change of adult;
- minimise potential risks in the immediate environment (people and objects)
- employ withdrawal techniques, e.g. going to quiet area, removing student from bystanders or removal of bystanders from the student;
- wherever practicable, warn a student that physical intervention may be used before using it;
- guide, hold or move a student if absolutely necessary applying the least obtrusive hold, for the least amount of time required making the situation safe.

## **14. Isolating a Student**

14.1 If a student is very distressed or violent it may occasionally be necessary to use physical interventions to move the student to a point of safety for the protection of themselves and others. Schools and provisions may have rooms which are particularly suited to this (quiet room, intervention room, etc.) but any room may be used for this purpose.

Where a student is isolated from their peers for their own safety or the safety of others the same principles apply for the actions being reasonable and proportionate.

All rooms in the schools and provisions have free exit and staff should understand that stopping someone from leaving is imprisonment, unless there would be a greater risk by allowing them to do so, for example if they wish to attack another student who is the other side of the door.

This action should only be taken for the absolute minimum time whilst further staff support is sought and must always be recorded. It is also good practice to swap staff around to ensure that no one is dealing with the situation for too long and often fresh voice and a different pair of eyes can help de-escalate the situation.

Usually, a student will be supervised in the room and interaction will start to

try to further deescalate the situation. On rare occasions, the member of staff may feel that they are not safe in the room and feel that they need to supervise from the outside. Again these actions must be reasonable and proportionate. The member of staff must supervise the student from outside the room and call for assistance.

The glass panel in the doors should never be fully covered. If a student has undressed as part of their distress staff should protect their dignity from other students by standing in front of the glass.

Rooms are also used for internal exclusion/reflection as part of the management of behaviour, which is covered in the Behaviour to Learn Policy.

## **15. Recording & Reporting Incidents**

- 15.1 Following every incident that involves Restrictive Physical Intervention, a written record will be made using CPOMS (our online safeguarding reporting). The report will give the details of the incident. Any post-incident discussion with the student is noted. Some schools/provisions may use a separate form to record the student's thoughts and feelings after Restrictive Physical Intervention. Parents/carers are informed of incidents on the day of occurrence.

The Safeguarding Team along with the Headteacher/Head of School will monitor incidents, follow through any resulting queries with staff or parents, identify learning opportunities and required revision of training from the schools' reporting and management systems. A report is made to the Trustees on a regular basis with regard to the number of incidents, the number of students involved, etc. The information made available to governance is anonymous.

## **16. Training**

- 16.1 Staff working directly with students at our schools will be required to undertake regular training in Positive handling (currently provided by The National Federation for Personal Safety, NFPS Ltd) which aims to provide a broad spectrum of risk reduction strategies, of which Restrictive Physical Intervention is a part. The NFPS approach provides awareness of positive attitudes, skills and knowledge to facilitate environments that are free from fear and safe from harm. There is an emphasis on diverting, defusing and de-escalating situations before considering physical responses. The training provided for physical techniques is based on providing the maximum amount of care, control and therapeutic support using the least intrusive method. The techniques are designed so they do not use pain for control.

There are a range of techniques introduced and rehearsed with staff on a regular basis, which can be used to respond to situations when necessary (see appendix 1). Competency in their use is reviewed on an ongoing basis. Each school and provision will either have a senior member of staff who is trained

by NFPS as a physical intervention trainer, or access to a senior colleague within the Trust, who is able to provide monitoring and training, including ad hoc refresher training.

It is important that all staff consider their own health and safety when undertaking both training and Restrictive Physical Intervention, and ensure the Headteacher is informed of any reason why their personal health and safety may have altered resulting in different expectations of what they are physically able to do or not do.

Each school and setting will employ a structured approach to staff development that supports staff in developing the skills of positive behaviour management, managing conflict and supporting each other during and after an incident.

## **17. Injury during physical contact**

- 17.1 The risk in any physical contact is that accidental hurt may take place to either an adult or a student. On occasion a Restrictive Physical Intervention (despite the intention to avoid injury) may result in someone being bruised or scratched accidentally. When a student is bruised or scratched it may be a regrettable side effect of ensuring the student remains safe; it should not automatically be assumed due to a failure of professional technique. Incidents whereby an adult or student is harmed will be recorded on Medical Tracker and the Headteacher informed. In the case of injury to a student, the parent will also be informed by telephone and recorded on Arbor.

Where necessary incidents of this nature will be referred to the Local Authority Designated Officer (LADO).

## **18. Rights of complaint and responses to allegations.**

- 18.1 This policy is intended to support the understanding of acceptable physical contact at our schools and in what circumstances physical intervention may occur.

If a student or adult makes an allegation that an adult working with us (including school staff, visitors, volunteers, transport staff) of inappropriate physical contact with a student this must be reported to the Headteacher/Head of School who will refer to the Local Authority Designated Officer (LADO) for advice within 24 hours, also advising the student's parent/carer of the allegation and the action that has been taken.

It is understood that despite our best intentions, parents/carers may have concerns about specific situations and actions that take place at our schools/provisions. We welcome the opportunity to clarify and minimise concerns through discussion and transparency. If discussion and efforts of clarification do not ease concerns the issue should be raised in accordance with our [complaints process](#).

The possibility that a complaint might result in a disciplinary hearing, or a

criminal prosecution, or in a civil action brought by a parent or student, cannot be ruled out. In those circumstances it would be for the disciplinary panel or the court to decide whether the use and degree of force was reasonable in all the circumstances. It would also be likely to take account of the school's policy on positive handling, whether that had been followed, and the need to prevent injury, damage, or disruption, in considering all the circumstances of the case.

## **19. Whistle Blowing by staff**

19.1 There may be rare occasions when physical intervention by staff may be misapplied. It is part of our duty of care to students to report any cause for concern in relation to student management and welfare. Any such concern should be raised in accordance with our [whistleblowing policy](#).

### **Revision History – Positive Handling / Physical Contact and Intervention Policy**

<b>Revision date</b>	<b>Reason for revision</b>	<b>Section number</b>	<b>Changes made</b>
April 2025	EEGT Standardisation	2.1	Addition of character strengths & links to legal guidance.
		18.1	Addition of updated EEG complaints link.
		19.1	Addition of EEG Whistleblowing Policy link.