

## Positive Handling and Physical Intervention Policy

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### 1. Introduction

At Keys Group, we are dedicated to creating safe, nurturing, and trauma-informed environments where every pupil is respected and supported. We commit to minimising restrictive practises, working towards restraint-free care based on trust, understanding, and positive relationships.

We recognise that distressed behaviour often signals unmet needs. Our response is guided by empathy, early intervention, and therapeutic support, never punishment. Physical intervention is always a last resort, used solely to prevent harm, with the pupil's dignity and wellbeing as paramount.

Our values, Excellence, Passion, Integrity, and Caring, underpin a culture that fosters emotional safety, growth, and learning. We continuously reflect and improve, working collaboratively with pupils, families, and professionals to empower young people and ensure they thrive in the least restrictive environment.

Our approach is based on Keys Connect, a relational, trauma- and attachment-informed model emphasising trust, emotional safety, and strong positive relationships.

### 2. Scope and Legal Framework

This policy applies to all staff across Keys Group independent special schools and complements the Positive Behaviour Policy.

It reflects statutory guidance and best practice, including:

- Children Act 1989 & 2004
- Children and Young Persons Act 2008
- Education and Inspections Act 2006 (Sections 93 and 93A, updated 2025)
- Human Rights Act 1998
- Equality Act 2010
- Keeping Children Safe in Education (2025)
- Behaviour in Schools: Advice for Headteachers and Staff (DfE, 2022)
- Reducing the Need for Restraint and Restrictive Intervention (DfE/DoHSC, 2019)
- Restraint Reduction Network Training Standards (2023)
- Ofsted: Positive Environments Where Children Can Flourish (2018)



- Mental Capacity (Amendment) Act 2019

### 3. Principles and Practice

- **Positive Relationships:** Build trust through trauma-informed, relational practice (Keys Connect).
- **De-escalation First:** Use preventative and de-escalation strategies before considering physical intervention.
- **Last Resort:** Restrictive physical intervention is only used when all other options fail and serious harm is imminent.
- **Minimum Force:** Use the least force necessary for the shortest time, preserving dignity.
- **Prohibited Practises:** No pain-inducing techniques, deliberate ill-treatment, or prohibited holds (e.g., ground holds).
- **Recording and Reporting:** Record all incidents promptly and comprehensively, including de-escalation attempts and pupil voice. Notify parents and authorities as per legal requirements. (all incidents of Physical Intervention are to be recorded on RADAR)
- **Post-Incident Support:** Provide restorative support and reflective reviews for pupils and staff to aid recovery and learning.

### 4. Definitions

- **Restrictive Physical Intervention (RPI):** Use of force to control behaviour by restricting movement or disengaging from harmful contact.
- **Seclusion:** Forced isolation against will, requiring statutory powers except in emergencies.
- **Time Out:** Planned restriction of supportive feedback with written agreement.
- **Withdrawal:** Removal from situation with observation and support until ready to resume.

### 5. Understanding Behaviour

Behaviours of concern often communicate underlying needs such as medical conditions, trauma, frustration, learning difficulties, mental ill-health, or abuse. Staff must understand each pupil's individual needs and apply positive behaviour approaches.

### 6. Initial Management of Disruptive Behaviour

(Read with Behaviour Policy)

- Use calm, low-key, individualised approaches.
- Employ a range of de-escalation techniques (see Appendix A: De-escalation Toolkit).
- Remove audience or relocate pupil to a safe space.
- Offer choices and clear positive consequences.
- Use calm language and reassurance.



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- Summon additional support if escalation continues.
- Conduct dynamic risk assessments throughout.

## 7. Restrictive Physical Intervention and Restraint

- Only use when necessary to prevent criminal offences, injury, or serious disruption (Education and Inspections Act 2006, Section 93).
- Use approved techniques from accredited training (Team Teach).
- Always use minimum force for shortest time.
- Prohibit offensive acts, pain-inducing techniques, and ground holds unless pre-agreed with placing authority and senior leadership.
- Immediately stop holds if pupil falls to the floor unless immediate risk exists.
- Record all incidents on RADAR within 24 hours, including de-escalation attempts and pupil views.
- Offer medical assessment and post-incident restorative review.
- Notify parents promptly unless it risks harm; escalate to safeguarding or police if needed.

## 8. Staff Roles and Responsibilities

- **All Staff:** Apply de-escalation and intervention strategies, record incidents, support pupil wellbeing.
- **Headteachers:** Oversight of incidents and training, reporting to governors.
- **Governors:** Monitor policy implementation and receive termly reports.
- **Families and Professionals:** Collaborate in behaviour support and crisis planning.

## 9. Training

- All staff receive accredited physical intervention and trauma-informed de-escalation training annually.
- Training covers legal framework, approved holds, recording, safeguarding, and post-incident support.
- Staff unable to physically intervene still support de-escalation and team safety.
- Governors receive induction on oversight responsibilities.

## 10. Recording and Reporting

- Complete RADAR reports within 24 hours for all significant incidents.
- Include context, de-escalation attempts, force used, staff involved, injuries, pupil views, and follow-up actions.
- Conduct post-incident reviews with pupils and staff.
- Share termly analysis with governing bodies.



### **11. Equality and Inclusion**

- Comply with Equality Act 2010 and KCSIE to ensure fair treatment of pupils with protected characteristics.
- Monitor impact on all pupil groups and adapt practice to minimise harm.

### **12. Collaborative Working**

- Work closely with families, placing authorities, and professionals to share information and plan support.
- Use individual risk assessments and positive behaviour support plans.

### **13. Respect for Pupil Dignity and Human Rights**

At Keys Group, we are committed to upholding the dignity, rights, and individuality of every pupil in all circumstances, including during physical interventions. Our approach ensures that:

- Every pupil is treated with respect, kindness, and fairness, preserving their self-esteem and emotional wellbeing.
- Interventions are carried out in a manner that protects pupils' physical and psychological integrity.
- The use of physical intervention is always proportionate, necessary, and the least restrictive option available.
- Pupils' rights under the Human Rights Act 1998, including the right to freedom from degrading treatment, are fully respected.
- Staff are trained to recognise and uphold these principles, embedding a culture of empathy and respect in all interactions.

This commitment supports a safe, nurturing environment where pupils feel valued and protected.



## Appendix A: De-escalation Toolkit

This toolkit provides practical strategies, scripts, and approaches for staff to prevent and manage incidents, in line with Keys Connect, trauma-informed, and relational practice. These techniques should be tailored to the individual needs of pupils and embedded into daily practice, including individual Behaviour Support Plans.

### 1. General Principles

- Stay calm: Use a neutral, supportive tone and relaxed body language. Regulate your own emotions before engaging.
- Respect personal space: Approach slowly, from the side if possible, and avoid invading personal space unless safety requires.
- Observe non-verbal cues: Watch for signs of anxiety, distress, or escalation (e.g., fidgeting, pacing, raised voice, withdrawal).
- Safety first: Always prioritise the safety of all pupils, staff, and yourself.

### 2. Environmental Strategies

- Remove or reduce triggers: Identify and remove obvious stressors from the environment (e.g., noise, bright lights, crowding).
- Offer a safe space: Guide the pupil to a designated calm area or safe space.
- Remove the audience: Where appropriate, disperse bystanders to reduce pressure and embarrassment.

### 3. Communication Techniques

- Use calm, simple language: Short, clear sentences; avoid jargon or complex instructions.
- Acknowledge feelings: “I can see you’re upset. I’m here to help.”
- Active listening: Use open body language, nodding, and brief verbal affirmations (“I understand,” “Tell me more”).
- Offer choices: “Would you like to sit here or over there?” “Do you want to talk now or take five minutes?”
- Use visual supports: Visual schedules, emotion cards, timers, or written instructions.

### 4. Distraction and Redirection

- Change the focus: Introduce a new activity or topic.
- Offer a sensory object: Fidget toys, stress balls, or another calming object.
- Use humour carefully: Gentle, non-sarcastic humour can sometimes diffuse tension (use with care and only when you know the pupil well).

### 5. Relational and Keys Connect Strategies



- Positive noticing: Acknowledge any positive actions or attempts, however small (“Thank you for letting me know how you feel”).
- Relational repair: “Let’s work this out together. We’re a team.”
- Grounding techniques: Encourage deep breaths, “Let’s count to ten together,” or use grounding objects.
- Co-regulation: Model calm behaviour and steady breathing.

## 6. Scripts and Prompts for De-escalation

- “I want to help you. Let’s take a moment to think about what you need right now.”
- “You’re not in trouble—I just want to help you feel safe.”
- “Let’s move somewhere quieter so we can talk.”
- “Would you like a drink of water or some space?”
- “When you’re ready, I’ll be right here.”

## 7. Offering Choices and Control

- Provide limited, realistic choices: “You can finish your work now or after break.”
- Use ‘when/then’ statements: “When you’re ready to sit down, then we can talk about what’s next.”
- Let the pupil have input: “What would help you right now?”

## 8. Early Intervention and Prevention

- Notice early warning signs and intervene before escalation:
  - Change seating arrangements
  - Suggest a movement break
  - Engage in a preferred activity
- Use “help scripts” with colleagues:
  - “Can you support for five?”
  - “Let’s swap roles for a moment.”

## 9. Physical and Sensory Supports (when appropriate and safe)

- Offer a weighted blanket, stress ball, or other sensory resource (if this is in the child’s plan).
- Encourage movement breaks or access to a sensory room.

## 10. After the Incident



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- Provide space and time for the pupil to recover (“Take as long as you need, I’m nearby if you want to talk.”)
- Follow up with restorative conversation, focusing on repair and what might help next time.
- Update Passport or risk assessments if needed.

#### **11. When to Seek Help or Summon Additional Support**

- If the situation is escalating and you feel unable to de-escalate alone, or safety is at risk, call for assistance per local protocol.
- Use agreed “help” or “alert” signals if available.

#### **12. Recording and Reflecting**

- Make a note of which strategies were effective (or not).
- Share learning with the team at post incident review.
- Record early interventions if they prevented escalation.



### Appendix B: Example Incident Reporting Template

**Purpose:** To ensure consistent, thorough, and timely recording of all incidents involving restrictive physical intervention.

This is an example of the detail that should be recorded in RADAR when recording a physical intervention.

Section	Details to Record
Pupil's Name	[Full name]
Date and Time of Incident	[DD/MM/YYYY, HH:MM]
Location	[Specific location of incident]
Staff Involved	[Names and roles]
Description of Incident	[Detailed factual account, including context and behaviour]
De-escalation Strategies Used	[List strategies attempted before intervention]
Type of Physical Intervention Used	[Describe hold or technique applied]
Duration of Intervention	[Time held]
Outcome	[Result of intervention; pupil and staff safety]
Injuries or Medical Attention	[Details of any injuries and treatment]
Pupil's Response and Views	[Pupil's account or feelings post-incident]
Notifications Made	[Parents, safeguarding, authorities]
Follow-up Actions	[Support provided, changes to plans]
Completed By	[Name and role of staff completing report]
Date of Report Completion	[DD/MM/YYYY]



### Appendix C: Example Individual Risk Assessment Update

**Purpose:** To identify and manage risks related to behaviours that may require restrictive physical intervention.

The below is an example of the detail that should be added to a child's risk assessment following a physical intervention.

Section	Details to Include
Pupil's Name	[Full name]
Date of Assessment	[DD/MM/YYYY]
Assessor's Name and Role	
Known Triggers	[Situations, stimuli, environments]
Early Warning Signs	[Behaviours or signs indicating escalation]
Risk Level	[Low, medium, high]
Strategies to Prevent Escalation	[Environmental, communication, relational]
Approved Physical Interventions	[Techniques authorised for use]
Staff Authorised to Intervene	[Names]
Post-Incident Support Needs	[Emotional, medical, restorative]
Review Date	[DD/MM/YYYY]
Signatures	[Assessor, Headteacher, Parent/Carer]



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### Appendix D: Example Staff Authorisation and Training Log

Staff Name	Role	Date of Initial Training	Training Provider	Certification Expiry Date	Refresher Training Date	Notes/Comments

- Only staff with up-to-date certification are authorised to use restrictive physical interventions.
- Staff unable to physically intervene must be trained in de-escalation and supportive roles.
- The Headteacher maintains and reviews this log regularly.



### Appendix E: Example Post-Incident Review Form

**Purpose:** To support restorative practice, emotional recovery, and learning following an incident involving restrictive physical intervention.

This is an example of the details that should be included within the post-incident review within RADAR.

Section	Details to Record
Pupil's Name	
Date of Incident	
Date of Review Meeting	
Staff Present	
Summary of Incident	
Pupil's Account and Feelings	
Staff Observations	
What Worked Well	
What Could Be Improved	
Strategies for Future Prevention	
Support Offered to Pupil	
Support Offered to Staff	
Agreed Actions	
Signatures	Pupil, Staff, Headteacher



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Appendix F: Example Post-Incident Review Form (Student)



Student Name:			
	1 <sup>st</sup> Attempt	2 <sup>nd</sup> Attempt	Refused

**Listen:** Let's talk about what happened.

**Link:** Let's think about how you were feeling before the incident and how you feel now.

**Learn:** Let's come up with a plan about what we can do next time to help you.

**Other Pupil Comments:** Is the student injured in any way? Did the student feel safe during the intervention? Was the intervention necessary?

Student's Name:	Student's Signature:	Date:
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Date and Time	By Whom	Signature



## Handy Guide: Positive Handling & Physical Intervention Policy (2025)

This handy guide summarises the key changes and important points in the updated 2025 Positive Handling and Physical Intervention Policy. It reflects the latest guidance from the Department for Education (DfE), the revised Education and Inspections Act (Section 93A), Keeping Children Safe in Education (KCSIE 2025), and Keys Group's RRN Pledge.

### Key Changes from Previous Policy

- Incorporation of Section 93A (2025): Schools must now record and notify parents of all significant uses of force.
- Clearer terminology: 'Post-incident support' and 'reflective review' replace outdated 'debrief' terms.
- Explicit use of RADAR: All interventions must be recorded within 24 hours.
- Parent notification: Duty to inform each parent as soon as reasonably practicable unless it risks harm.
- New KCSIE 2025 expectations: Leadership oversight, governor training, DSL escalation and equality considerations.
- Integration of Keys Group's SUPPORT and SHARE frameworks for post-incident reflection and pupil voice.
- Staff and pupil well-being prioritised with clearer processes for body mapping, medical checks, and recovery.

### What Staff Need to Know

- All staff must be familiar with the policy and know how to respond to behaviours of concern using de-escalation first.
- Physical intervention is a last resort. When used, it must be necessary, proportionate, and in the pupil's best interests.
- Every incident must be recorded in RADAR and reviewed by a senior leader within 24 hours.
- You must complete a post-incident reflection using the SHARE framework and support pupils using the SUPPORT model.
- Parents must be informed of every significant incident unless it could place the child at risk.
- DSL must be informed of all significant use of force for safeguarding oversight.
- Governors receive trend data and oversight reports termly, and must be trained on their responsibilities.

### Supporting Documents & Standards

- Education and Inspections Act 2006 (Section 93 & 93A)
- Keeping Children Safe in Education (KCSIE 2025)
- Behaviour in Schools: DfE Guidance (2022)
- DfE/DoHSC: Reducing the Need for Restraint (2019)
- RRN Training Standards (2023) and BILD ACT Code of Practice (2024)
- Keys Group RRN Pledge and SUPPORT / SHARE Models