



Positive Handling Policy

Approved by: Trust Board

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Updates and amendments

Date	Policy section	What's changed?	Why?

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Version Control

Version History		Key changes made
Date written	September 2024	Updates checked alongside Safeguarding Policy Sept 24 and KCSIE 24
Date of review	August 2025	

Rationale

Children learn who they are and how the world is, by forming relationships with people and things around them. The quality of a child's relationship with significant adults is vital to their healthy development and emotional health and well-being.

Many of the children who require emotional support from school may have been subject to trauma or distress or may not have had a positive start in life. It is with this in mind, that staff seek to respond to children's developmental needs by using appropriate safe touch.

This policy considers the extensive neurobiological research and studies relating to attachment theory and child development that identify safe touch as a positive contribution to brain development, mental health and the development of social skills. We have adopted an informed, evidence-based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and well-being and learning.

This policy rests on the belief that every staff member needs to know and understand the difference between appropriate and inappropriate touch. Hence, staff need to demonstrate a clear understanding of the difference. Equally, when a child is in distress/crisis, staff need to know when and how sufficient connection and psychological holding can be provided without touching.

All staff need to be clearly aware of procedures within this policy. The policy is seen in a wider context of the 'behaviour policy' which aims to promote positive values and good behaviour choices.

Legal Framework

This policy has due regards to statutory legislation including, but not limited to the following:

- The Education Act 2011
- Equality Act 2010
- The Children Act 1989
- KCSIE 2024
- Working Together to Safeguard Children 2023
- Use of reasonable force in school, DfE 2013
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Casual / Informal / Incidental Touch

Staff use touch with pupils as part of a normal relationship, for example, comforting a child. Giving reassurance and congratulating. This might include putting an arm out to bar an exit from a room, taking a child by the hand, patting a child on the back or putting an arm around the shoulders. The benefit of this action is often proactive and can prevent a situation from escalating.

General Reparative Touch

This is used by staff working with children who are having difficulties with their emotions. Healthy emotional development requires safe touch as a means of calming, soothing and containing distress for a frightened, angry or sad child. Touch used to regulate a child's emotions triggers the release of the calming chemical oxytocin in the body. Reparative touch may include stroking a back or gently squeezing hand/arm.

Contact/Interactive Play

Contact play is used by staff adopting a role like a parent in a healthy child-parent relationship. This will only take place when the child has developed a trusting relationship with the adult and when they feel completely comfortable and at ease with this type of contact. Contact play may include an adult chasing and catching the child or an adult and child playing a game of building towers with their hands.

This sort of play releases the following chemicals in the brain:

- Opioids – to calm and soothe and give pleasure
- Dopamine – to focus, be alert and concentrate
- BDNF (Brain Derived Neurotrophic Factor) – a brain 'fertiliser' that encourages growth

Positive Handling (calming a dysregulated child)

Legal framework and national guidance refer to the 'use of reasonable force' with the intention of protecting pupils and limiting damage to property. National guidance states that reasonable force may be used in the school to:

- Restrain a pupil who has lost emotional self-control until the situation is diffused.
- Limit the amount of harm that the pupil involved can do to themselves or others.
- Demonstrate to pupils that they are within a safe environment in which adults can contain pupils' anger and other erratic emotions.
- Protect all pupils against any form of physical intervention which is unnecessary, inappropriate, excessive or harmful.

We interpret this in our Trust and schools by 'positive handling' – the positive application of force to protect and calm a dysregulated child. Positive handling will only be used only as a measure of last resort and applied using a calm and measured approach.

The relevant considerations which must be taken into account:

- The degree of force must be **proportionate** to the circumstances and incident, and seriousness of the event (or the consequences it is intended to prevent)
- It should always be the **minimum** needed to achieve the desired result, (it might also depend on the age, understanding and sex of the pupil)

- Use of force is **reasonable** if circumstances warrant it, otherwise it is unlawful; it therefore follows that it should not be used for situations that can be resolved without it, or for trivial misdemeanors. All use must be **necessary**.
- Positive handling must not be used to make a child comply with instructions unless it complies with the key points above.
- A child who is in a state of dysregulation and has no mechanism for self-calming or regulating their strong emotional reactions will be physically contained by staff. This kind of containment will usually involve two members of staff, one on either side, holding the child by the arms in a secure team trained manner. It may also be necessary for another member of staff to control a child's kicking legs. Staff will employ the safest and gentlest means of holding a child, which is entirely designed to enable the child to feel safe and soothed, bring them down from an uncontrollable state of hyperarousal. Maintaining boundaries in such cases can be a vital corrective emotional experience, without which the child can be left at risk of actual physical or psychological damage.

The brain does not develop self-soothing neural pathways unless safe emotional regulation has been experienced. Physical containment of a dysregulating child can be the only way to provide the reassurance necessary to restore calm.

During any incident of physical holding intervention, staff must seek as far as possible to:

- Lower the child's level of anxiety during the restraint by continually offering verbal reassurance and avoiding generating fear of injury in the child.
- Cause the minimum level of restriction of movement of limbs consistent with the danger of injury (for example, will not restrict the movement of a child's legs when they are on the ground unless in an enclosed space where flailing legs are likely to be injured).
- Ensure at least one other member of staff is present.

Steps to take before positive handling

If the school is aware that a pupil is likely to behave in a way that might require physical restraint, it should plan how to respond. This will be done using the Trust template for Positive Handling Plan. Consideration should be given to:

- Managing the pupil. Use reactive strategies to de-escalate event.
- Involving parents so that they are fully aware of how the school may have to react.
- Briefing staff, ensuring that everyone knows what action should be taken.
- Ensuring that additional support can be summoned if appropriate.
- The need to take specific advice about the safest way to hold pupils with specific health needs (particularly SEND).
- Prevention strategies and calming measures which will be employed, and the following action should be taken, as much as possible, before restraint is used:
 - Conversation, distraction, coaxing skills, gentle persuasion or redirection to other activities (e.g. touching the child's arm and leading him/her away from danger).
 - Encouraging the pupil to help him/her feel more secure by wrapping a blanket tightly around him/her or holding tightly to a large cushion or soft toy.
 - Put distance between the child and others – move others to a safe place.
 - Calmly remove anything that could be used as a weapon, including objects, furniture.
 - To prevent a child continuing to pose harm in a dangerous situation, advise others to leave but remain with the child.

- Use seclusion only if necessary for a short period while waiting for help, preferably where a staff member can observe the child.
- Keep talking calmly to the child, explain what is happening and why, how it can stop, and what will happen next.
- Use first aid procedures in the event of injury or physical distress when safe to do so.
- Adults in charge should take calm, measured approach to a situation, and never give the impression that they have lost their temper, or acting out of anger, frustration, or to punish a pupil. If a member of staff's response has become emotionally charged, then a 'change of face' strategy should be initiated either by themselves or another member of staff in attendance.
- All staff should apply their "team teach" restraint training knowledge.

Physical intervention can take many forms:

- Physically interposing between pupils or blocking a pupil's path.
- Touching, holding, pushing, pulling or leading a pupil by the arm – in line with Team Teach training.
- Shepherding a pupil away by placing a hand in the centre of the back.
- In extreme circumstances using more restrictive holds – as Per Team Teach physical handling training.

Staff should always avoid touching or holding a pupil in a way that might be considered indecent. In exceptional circumstances, when there is immediate risk of injury, (e.g. to prevent a pupil running into a busy road, hitting someone or throwing something) staff may need to take any necessary action that is consistent with the concept of 'reasonable force'.

In other circumstances, staff should never act in a way that might be reasonably be expected to cause injury, for example by|:

- Holding a pupil around the neck or in a way that might restrict breathing.
- Slapping, punching, kicking, tripping or forcing limbs against a joint.
- Holding or pulling a pupil by the hair.
- Holding a pupil face down on the ground.

The key issue is to establish good order, and so any action which could exacerbate the situation should be avoided. The age and level of understanding of the pupil is very relevant in these circumstances. Physical intervention to enforce compliance with staff instruction is likely to be increasingly inappropriate with older pupils. It should never be used as a substitute for good behaviour management.

Who can use positive handling?

Staff who have received Team Teach training. This training supports staff in using pre-emptive and responsive positive handling strategies and techniques. Training records and certificates will be held by the school. As far as is possible the staff using positive handling will be those which are Team Teach trained. However, they may be occasion when this is not possible. All staff have a duty of care and may need to be involved in a positive handling scenario. In these circumstances a trained member of staff will replace them as soon as possible.

Steps to take after positive handling

Recording Incidents

Immediately following the incident where positive handling is used, the staff member should tell the Headteacher or member of SLT. A physical intervention form must be completed, and incidents should be logged on Arbor immediately after the incident. The Bound and Numbered Book should be made on the Arbor to report to enable cross referencing. The Bound and Numbered book is kept in the Headteacher's office.

Contacting parents

Parents should be informed of the incident and given the opportunity to discuss it. The headteacher will need to consider whether parents should be told immediately, or at the end of the school day, and whether they should be informed orally or in writing. A log of phone call / meeting will be recorded in the pupils pastoral notes on Arbor.

Keeping Records

The Headteacher or Deputy Headteacher will monitor and sign the Bound and Numbered book after each incident.

Positive Handling Plans

If a Positive Handling Plan is in place this should be reviewed and updated if necessary following a Positive Handling incident. If there is no plan in place then it is essential that a meeting be arranged as soon as possible to create a plan, this should involve parents as well as relevant staff.

Pupil and Staff Well-being

Following an incident, a member of staff should have a discussion with the pupil that was positively handled to gather their views, thoughts and feelings.

A member of SLT will check in with the member/s of staff involved in positive handling and ensure that they have time to discuss their thoughts and feelings following the incident.

A member of staff (usually the class teacher) will speak with other children who may have witnessed the positive handling take place (if appropriate).

Appendix 1 – Positive Handling Plan Template

XXX PRIMARY SCHOOL POSITIVE HANDLING PLAN:

Name:

Class:

Date:

Review Date:

ENVIRONMENT:

Classroom:

Playground:

TRIGGERS:**RISK ASSESSMENT – BEHAVIOURS:**

•

PHYSICAL INTERVENTION:**PREVENTION:****PROTECT:**

•

REGULATE:

•

RELATE:

•

REFLECT:

•

SIGNED:

Teacher:

Child:

Parent:

Appendix 2 – Physical Intervention Record

XXX PRIMARY SCHOOL
Physical Restraint From

Staff Name		Time of incident	
Pupil Name		Year	
Location of Incident		Date of Incident	

Description of Incident

**mention time, location, main causes, progress, words spoken by pupil and restrainer, duration and nature of incident*

Why was the restraint needed

**Mention steps taken to de-escalate situation and possible consequences should restraint not be applied*

Restraint described

**mention degree of force and how force was applied and duration of force*

Was anyone injured? Yes / No. **delete appropriately*

If **Yes**, was this recorded in the Numbered Book / accident form Yes/No

Was the pupil checked for injuries by a member of staff who was not involved in the incident? Yes /No

Additional details (if appropriate)**Member(s) of staff involved:**

Adult Witness to restraint:

Pupil witness to restraint:

- 1(

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