



Positive Handling Policy

Approved: March 2026

Approved by: Local Advisory Board

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Positive Handling Policy

At Rose Hill Primary School we believe that children have the right to independence, choice and inclusion, and we seek to provide opportunities for personal growth and emotional health and wellbeing. Children who are unable to control their actions or unable to appreciate danger have a right to be protected; as do those around them and staff have a duty of care, for all, to exercise.

This policy should be read alongside and in-line with the school Touch (Safe and Supportive Physical Contact) Policy.

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 wellbeing.

Many of the pupils 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.

Our school policy takes into account 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. The school has adopted an informed, evidence based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning.

Our policy rests on the belief that every member of staff needs to know the difference between appropriate and inappropriate touch. Hence, staff need to demonstrate a clear understanding of the difference. Equally, when a child is in deep distress, 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 should be seen in the wider context of the 'Behaviour Policy' which aims to promote positive values and good behaviour choices.

Legal framework

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

- The Education Act 2011
- Equality Act 2010
- The Children Act 1989

This policy also has due regard to government guidance including, but not limited to, the following:

- Keeping children safe in education (KCSIE) 2025 (statutory) – duties on leadership, staff competence, recording and culture.

- DfE: Restrictive interventions, including the use of reasonable force, in schools (effective 1 April 2026) – definitions (restrictive intervention, restraint, seclusion), lawful thresholds, prevention and statutory recording/reporting duties.
- Behaviour in schools – Advice for headteachers and school staff (Feb 2024) – culture, de-escalation, removal from classrooms, and consistency with sanctions/support.

Note: Use of reasonable force in schools (2013) applied until 31 March 2026 and is retained here as historic context only.

This policy operates in conjunction with the following school policies / procedures:

- Child Protection and Safeguarding Policy
- Behaviour for Learning Policy

Different types of touch

There are four different types of touch and physical contact that may be used, these are:

1. 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 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.

2. 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 squeezing an arm.

3. Contact/interactive Play

Contact play is used by staff adopting a role similar to 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.

4. Positive handling (calming a dysregulated child)

Legal framework and national guidance refers 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.

Definitions and scope (read with Behaviour for Learning & Safeguarding)

- Restrictive intervention: any action that limits a pupil's movement, liberty or independence (physical or non-physical).
- Reasonable force is one type of restrictive intervention.
- Restraint: holding back or bringing under control using the minimum force necessary and for the shortest possible time, solely to prevent injury, serious damage to property, a criminal offence, or significant disruption.
- Seclusion: supervising a pupil in a room/area from which they are prevented from leaving for safety, not for punishment or routine compliance. Seclusion must be exceptional, necessary, proportionate, time-limited, and recorded and reported in line with statutory duties.

We interpret this in our school through the use of 'positive handling' - the positive application of force to protect and calm a dysregulated child. Positive handling will 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 only **reasonable** if particular 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 misdemeanours. 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 sat either side, holding the child by the arms in a secure Bellscroft 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 neuronal pathways unless this 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 (so, for example, will not restrict the movement of the 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.

When restrictive intervention may be used (necessity & proportionality)

Staff may use restrictive intervention only when necessary to:

- prevent injury to the pupil or others;
- prevent a criminal offence;
- prevent serious damage to property; or
- prevent significant disruption to the school environment – using no more force than is needed and for the shortest time. Restrictive interventions must never be used as punishment or to enforce routine compliance.

Dynamic risk assessment – quick checklist (complete before/during intervention):

1. Immediate risk – nature/likelihood of harm if we do not intervene?
2. Alternatives tried – de-escalation, change of adult ("change of face"), space, removal from classroom as per Behaviour policy.
3. Proportionality – is the least restrictive option being used? Duration kept to minimum.
4. Pupil factors – age, size, SEND/health, trauma history, sensory profile, known triggers.
5. Positioning & safety – avoid techniques that risk airway/breathing restriction; continuously monitor signs of distress.

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 school Individual Behaviour Plans. 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 a 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, gently stroking the child's shoulder).
 - encouraging the pupil to help him/herself feel more secure by wrapping a blanket tightly around him/herself or holding on tightly to a large cushion or stuffed toy. put distance between the child and others - move others to a safer place. calmly remove anything that could be used as a weapon, including hot drinks, objects, furniture.
 - to prevent a child continuing to pose harm in a dangerous situation, advise others to leave but remain with 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 a calm, measured approach to a situation, and never give the impression that they have lost their temper, or are acting out of anger, frustration, or to punish a pupil. If a member of staff's response had become emotionally charged then a "change of face" strategy should be initiated either by themselves or another member of staff in attendance. all trained staff should apply their 'Bellscroft' 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 Bellscroft training.
- shepherding a pupil away by placing a hand in the centre of the back.
- (in extreme circumstances) using a more restrictive holds – as per Bellscroft Advanced Physical De-escalation Training.

Staff should always avoid touching or holding a pupil in a way that might be considered indecent. In exceptional circumstances, when there is an immediate risk of injury, (eg to prevent a pupil running on to 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 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?

Several key members of staff have been Bellscroft Advanced Physical De-escalation Training trained; these staff are listed in appendix A. This training supports staff in using pre-emptive and responsive positive handling strategies and techniques. The school office holds an up-to-date list of these and copies of their certificates. As far as is possible the staff using positive handling will be those which are Bellscroft trained. However, there may be occasions 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 & reporting each significant incident

For each significant incident involving force, restraint or seclusion:

- Write a record as soon as practicable (same day where feasible) capturing at least: pupil(s) and staff involved; time, date, location and duration ; context (including SEND/health and known risks); de-escalation attempted; type/degree of intervention used; injuries/first aid; support and outcomes; decision-maker(s); parent/carer contact (time/method); external agency involvement.
- Parent/carer notification: provide written information about qualifying incidents as required by the DfE guidance; record attempts if contact cannot be made on the day.
- Systems: Log with form and saved by DSL confidentially

Behaviour Plans

If an Individual Behaviour 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 wellbeing

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 the senior leadership team will check in with the member/s of staff involved in positive handling and ensure they have the 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 A:

Current Bellscroft positive handling trained staff:

Luke Hyland – Assistant Principal

Sophie Durham – Assistant Principal

Daniel Sherman – EYFS and KS1 Phase Leader

Georgina Bright - Principal

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