



**Sutton Bonington
Primary School**



Positive Handling Policy

**Approved: March 2025
Next Review: Spring 2026**



Sutton Bonington Primary School

Positive Handling Policy – The Use of Physical Intervention in our School

Introduction

This policy complements the principles and practice of our school Behaviour Policy, which is integral to the school's Safeguarding Policies and informed by the following government legislation:

- Use of Reasonable Force 2013 – Guidance about the use of physical restraint in schools for governing bodies, headteachers and school staff.
- Keeping Children Safe in Education 2024 update.
- Education and Inspections Act 2006
- Restraint Reduction Network Training Standards (2019).

Our school strives to create an environment in which children and adults feel happy, safe, secure, and valued. We aim to ensure an approach to behaviour that is known and understood by pupils, staff, parents, and outside agencies.

Physical touch is an essential part of human relationships and staff working with children may be required to have physical contact with the children. There are occasions where it is entirely appropriate for staff to have some physical contact with children, for instance when demonstrating how to use a piece of equipment and placing a "hand over hand" for prompting, or when applying firm pressure for a child with sensory needs. When touch is used in context with empathy and due regard for a child's dignity, it can be a means of providing care, comfort, communication, reassurance, and safety.

This policy deals with the use of restrictive and non-restrictive practices (i.e. holds and disengagements) based on the CPI Safety Intervention Model.

The use of reasonable force upon any child by a member of staff is a serious matter and must only be considered as a last resort.

The Education and Inspections Act 2006 enables all school staff to use such force, as is reasonable in the circumstances, to prevent a pupil from doing or continuing to do any of the following:

- committing any offence,
- causing personal injury to or damage to the property of any person (including the pupil himself) or
- prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

Staff do not require parental consent to apply reasonable force on a pupil.

This policy applies to all staff working in our school as well as being engaged in off-site activities.

Aims

The aims of this policy are to:

- Maintain the safety of the individuals, other children, the staff working with them and others.
- Ensure all staff understand the circumstances in which physical intervention is used with individuals in our school, treating all individuals with dignity, courtesy, and respect.
- Ensure the term “physical” does not necessarily mean “negative physical contact” e.g. supportive/therapeutic touch.
- Clarify the procedures that should be followed to ensure that where physical intervention is used, the techniques are safe and appropriate to the situation.
- Ensure all adults working with individuals in our school are clear about their roles and responsibilities, in order that their own rights, and those of the child are protected.
- Ensure all staff who are likely to face situations in which physical intervention may be necessary, are trained appropriately and understand the procedures to be followed in planning, applying, and reviewing the use of physical intervention.
- Authorise staff using a physical intervention that is “necessary and proportionate” when managing challenging behaviour.
- Ensure our school comply with the relevant current legislation and other National Standards which govern this area of work.
- Support and encourage best practice, increase the use of successful de-escalation, and thus reduce the need for physical intervention to be used.
- Any physical intervention is applied as a last resort, after other options have been exhausted to ensure the safety of the individual or others.
- Our collective aim should be to reduce:
 - The necessity for physical intervention
 - The frequency of use
 - When needed, the intensity and level of intervention required.
- Specific arrangements for a child will be recorded in their risk assessment / behaviour support plan / health care plan / intimate care plan.

Specialist Training

Equals Trust recognises the benefits of specialist behaviour management training for staff in de-escalation methods and the use of restrictive and non-restrictive procedures. The Trust elects to follow the CPI Safety Intervention model.

- We have designated individuals who have completed the two-day CPI training course and are trained in the holds and disengagements. In exceptional cases where emergency action is required, all school staff can use reasonable force if there is sufficient risk of harm to themselves or others, in line with legislation.
- Refresher training is provided by the Trust and staff are expected to attend refresher training annually.

The CPI Safety Intervention Model

- CPI Safety Intervention training defines restraint as “any physical, chemical, environmental, or mechanical intervention used to restrict a person's liberty of movement.”
- The model consists of various interventions to try and de-escalate the situation, if unsuccessful there are non-restrictive and restrictive disengagements and holds.
- Staff use the CPI Decision Making Matrix to determine the level of risk of a behaviour which supports staff to make decisions regarding which safety interventions are appropriate.
- No physical intervention intends to cause pain or harm and following these methods the risk of causing accidental harm should be minimised.
- Physical interventions used must be necessary and proportionate.
- The hold should be reduced and decreased in level as the individual calms and is able to take more control of their own behaviour and actions.
- All restrictive interventions should be used for the shortest time possible and use the least restrictive means to meet the immediate need, based on guidance from the CPI Matrix.
- Staff should try to ensure another member of staff is present, but we accept there may be circumstances where the risk of not intervening outweighs the risk of intervening and a staff member may do so alone.
- Children who have a known risk of challenging behaviour will have behaviour support plan in place. This behaviour support plan details proactive, active, and reactive strategies, enabling a consistent approach to behaviour support for every individual. The BSP will detail relevant information on how to recognise and address early signs of crisis to de-escalate potential incidents and avoid the need for physical intervention.
- There may be occasions where the situation presents such prominent level of risk that no direct intervention is considered safe or appropriate, for example in such circumstances as a weapon is present, outside agencies may be called e.g. the police.
- Staff need to use their professional judgment about how best to respond to a situation and each circumstance can only be reviewed on a case-by-case basis.

De-Escalation Procedures

De-escalation is always the primary form of intervention. These are preventative interventions that help lessen potential conflict. The use of force is the last resort.

In line with the CPI Model staff will follow the Crisis Development Matrix:

The CPI Crisis Development ModelSM



Risk Assessment and Reasonable Force

CPI training dictates that a dynamic assessment should be conducted by staff before proceeding to physically restrain a pupil, using the CPI Decision-Making Matrix.

Staff see CPI Workbook, for further guidance on this aspect.

Applying a Restrictive Hold

Children's rights must be respected, and effective communication must be used to convey vital information to them. Pupils must be informed verbally, that to safeguard, a 'positive hold' will be used.

Care should be taken to avoid giving the impression that the member of staff is angry or frustrated or are acting to punish the child. It should be made clear with calm language that as soon as the need for force ceases, it will stop.

Trained staff are expected to use only CPI holding strategies.

Medical Exemptions

If a member of staff is unable to perform a restrictive hold on pupils, due to an illness or injury, this information must be reported to the Head Teacher immediately. It is the responsibility of the Head Teacher to ensure this information is circulated to all staff.

Reporting and Recording

- All incidents involving restrictive holds must be recorded on CPOMS by the member of staff performing the holds or managing the incident (if more than one staff member is involved).
- The Head Teacher and CPI trained staff must be informed immediately if the incident.

- School will use CPOMS to record a log of all incidents involving physical restraint, which will be monitored by the HT and SLT.
- As a minimum the incident report must contain:
 - Date.
 - Location.
 - Individuals involved.
 - Description of the incident including antecedent, what was observed etc.
 - Any physical holds used (use CPI names for each hold type).
 - The duration of the restrictive holds.
- Recording of incidents enables incidents to be reviewed, so that in the future preventable measures can be put in place to avoid the continuation or escalation of aggression.

Debriefs Post Crisis

After a crisis, it is important to re-establish the relationship with the child to create a sense of calm and safety. A debrief will strengthen trust for all involved and address any immediate needs of the child in distress, staff, or other pupils.

When the child is at a stage of tension reduction, we want to establish therapeutic rapport. We aim to support the child initially in the present and then focus on understanding the past and what happened and how we can adapt the future to reduce the same incident occurring again.

Within 48 hours following a restrictive hold, staff should be given the opportunity to discuss what happened with HT/SLT. The debriefing session with staff members must be of a supportive nature, the staff member has been through a stressful experience.

These debriefs allow school the chance to review their practice and make further recommendations around necessary changes in relation to the risk assessment process and behaviour support, should it be required.

Accident and Injury Associated with Restrictive Holds

With any restrictive physical intervention, there is always the possibility that a member of staff or pupil may be injured. An injury does not automatically assume that someone is to blame or that a hold may not have been performed correctly.

There may be circumstance when a member of staff may have to decide between making an intervention by placing themselves in a hazardous situation or standing back, and thereby allowing colleagues or a pupil to face potential hazard. There will always be an element of personal judgement in these decisions and there is the possibility of someone being injured or experiencing pain to some degree.

If an injury occurs, immediate action should be taken to ensure medical help is accessed. It may be necessary only to ensure to that the named first aider is notified and examines the injury.

Individuals who are held in restrictive holds should be routinely assessed afterwards for any signs of injury by school staff. If a child is hurt, a body map should be completed with a record of the details of the injury and circumstances. This should be logged on

CPOMS and parents/carers should be informed as soon as possible. If the child is LAC, it is essential that the social worker is informed without delay.

If a staff member is hurt, the individual should follow school procedures for reporting and recording an accident.

Complaints Procedure

Any complaints or issues regarding a physical restriction should initially be directed to the Head Teacher for investigation. Likewise, where a break of policy may have occurred, the complaint must be brought to the attention of the Head Teacher first.

Pupils and parents will be supported in using the complaints procedure, if required.

Adopted from EQT Model by Paul Allen, March 2025