






## EMERGE SCHOOL

# Positive Handling Policy

## 2025 - 2026

 **Our Vision:** *A culture rooted in safety, where people feel seen, heard, included, and connected through authentic relationships.*

 **Our Mission:** *To create a safe and nurturing environment where everyone feels a sense of belonging, is empowered in their growth and learning, and is encouraged to embrace who they are and who they aspire to become.*

 **Our Values:** *At Emerge School, our values are the foundation of who we are, how we work, and what we believe in. They shape how we support young people and how we support each other.*

We are proud to uphold these four core values:



**Voice:** *empowering every voice to speak, shape and be heard*



**Connection:** *rooted in relationships, thriving through authenticity*



**Growth:** *evolving with purpose, innovating with heart*



**Inclusion:** *where every story begins, and every person matters*

Excel & Emerge Care was created to give children and young people with complex needs a safe, supportive place to grow and heal. Through residential care, education, and therapeutic support, we build stability, trust, and a future where children and young people can truly flourish

## CONTENTS

1. Planning for Children	- 3 -
2. Definition of Physical Intervention	- 4 -
3. Who May Use Physical Intervention	- 4 -
4. Criteria for Using Physical Intervention	- 5 -
5. Locking Doors	- 5 -
6. Notifications	- 6 -
7. Medical Assistance and Examination	- 7 -
8. Recording and Management Review	- 7 -

**This policy must be read in conjunction with the school's Child Protection and Safeguarding, KCSIE 2025, Positive Behaviour and Staff Code of Conduct policies.**

### 1. PLANNING FOR CHILDREN

As part of the assessment and planning process for all pupils, consideration must be given to whether the child is likely to behave in ways which may place themselves or others at risk of injury or may cause damage to property. The impact of the child's arrival on the group of children/young people being educated in the school must always be considered.

Any information relating to previous incidents of poor behaviour resulting in the use of restraint must be sought as part of the initial assessment and transition process. Staff must be advised of the potential and given advice, support and training in handling particular issues and behaviours. The primary aim will be to reduce the use of restraint and to develop other processes for managing difficult behaviours. However, it is also acknowledged that restraint in some situations is necessary to protect an individual pupil or others, in those situations, the arrangements for restraint are as outlined in the Safer Handling training course.

In addition, the school will act in accordance with these legal duties and responsibilities as outlined in section 93 of the Education and Inspections Act 2006. Section 93 makes it clear that authorised staff may use reasonable force to prevent behaviour that prejudices the maintenance of school discipline regardless of whether that behaviour would constitute a criminal offence.

At Emerge, due consideration must also be given to the impact any such intervention may have on the mental health of the child and therefore should only be used if there is no other way. If such risks exist, consideration must be given to the strategies that will be adopted to prevent or reduce the risk, which may include Restrictive Physical Intervention (RPI). Staff in

the school must continually review the risk assessments following any use of RPI as part of our restraint reduction duty.

Where RPI may be necessary, for example, if it has been used in the recent past or there is an indication from a risk assessment that it may be necessary, the circumstances that give rise to it and the strategies for managing it should be outlined in the child's Risk Assessment. In developing such a plan, consideration must be given to whether there are any medical conditions which might place the child at risk should particular techniques or methods of physical intervention be used. If so, any health care professional currently involved with the child, must approve strategies and this must be drawn to the attention of those working with or looking after the child and it must be stated in the Risk assessment. If in doubt, medical advice must be sought.

#### **NOTE**

*The existence or absence of a risk assessment or other behaviour management plan does not prevent staff from acting as they see fit in the management of highly confrontational or potentially harmful behaviour. However, staff may only deviate from agreed plans where they are able to demonstrate that the plan would not be sufficient to prevent injury or damage to property and the alternative actions, they take are consistent with the principles contained in this chapter. Any deviation from an agreed plan or from the principles contained in this chapter must be reported to the Headteacher as soon as practicable thereafter.*

## **2. DEFINITION OF PHYSICAL INTERVENTION**

There are four broad categories of Physical Intervention:

- 1. Restraint:** Defined as the positive application of force with the intention of overpowering a child. Practically, this means any measure or technique designed to completely restrict a child's mobility or prevent a child from leaving.

The significant distinction between the first category, **Restraint**, and the others (Holding, Touch and Presence), is that Restraint is defined as the positive application of force with the intention of overpowering a child. The intention is to overpower the child, completely restricting the child's mobility. The other categories of Physical Intervention provide the child with varying degrees of freedom and mobility.

#### **NOTE**

*Restraint also includes restricting the child's liberty of movement. This can include changes to the physical environment of the school or removal of physical aides, these should all be recorded as restraint.*

- 2. Holding:** This includes any measure or technique which involves the child being held firmly by one person, so long as the child retains a degree of mobility and can leave if determined enough.
- 3. Touching:** This includes minimum contact to lead, guide, usher or block a child; applied in a manner which permits the child quite a lot of freedom and mobility.

- 4. Presence:** A form of control using no contact, such as standing in front of a child or obstructing a doorway to negotiate with a child; but allowing the child the freedom to leave if they wish.

### **3. WHO MAY USE PHYSICAL INTERVENTION**

Any member of staff that has completed the 2-day Safer Handling course or have received their one-day annual refresher training can, where necessary, use physical intervention. Staff who have not yet attended this training may only support a trained member of staff if it was felt that there was no other way to keep them all safe.

Staff may only use techniques that are approved by the school; such techniques must comply with the following principles:

- Not impede the process of breathing - the use of 'prone facedown' techniques must never be used.
- Not be used in a way which may be interpreted as sexual.
- Not intentionally inflict pain or injury or threaten to do so.
- Avoid vulnerable parts of the body, e.g. the neck, chest and sexual areas.
- Avoid hyperextension, hyper flexion and pressure on or across the joints.
- Not employ potentially dangerous positions, or those which have an elevated risk of positional asphyxiation

### **4. CRITERIA FOR USING PHYSICAL INTERVENTION**

Restraint also includes restricting the child's liberty of movement, this can include changes to the physical environment of the home or school or removal of physical aides. These should all be recorded as restraint.

There are different criteria for the use of Restraint and other forms of Physical Intervention, such as Holding, Touching and Physical Presence:

- 1.** Restraint, which is the form of Physical Intervention used with the intention of overpowering a child, may only be used where there is likely Significant Harm or Serious Damage to Property.
- 2.** Other forms of Physical Intervention, such as Holding, Touching or Presence, are less forceful and restrictive than Restraint, and may be used to protect children or others from Injury which is less than Significant or to prevent Damage to Property which is less than serious.
- 3.** Restraint may not be used to force compliance or as a punishment under any circumstance where there is no likely risk of Significant Harm or serious damage to individuals or to property.

4. Before Restraint or any other form of Physical Intervention is used, staff must be satisfied that it is necessary because there is a risk of injury or damage to property and that:
- The injury or damage is likely in the predictable future.
  - The intervention is immediately necessary.
  - The actions or interventions taken will be as a last resort.
  - That any force or intervention used is the minimum necessary to achieve the objective

**In School Only: behaviour contrary to the maintenance of good and discipline.**

A child/young person can be prevented from the leaving the/school if it is felt they are at significant harm in the following circumstances:

- Sexual Exploitation.
- Gang Related Activities.
- Use of drugs.

## **5. LOCKING DOORS**

It is acceptable to use electronic mechanisms or other modifications which are necessary for security, for example on external exits or windows, so long as this does not restrict children's mobility or ability to leave the premises if they wish to do so.

Locking of external doors, or doors to hazardous materials, may be acceptable as a security precaution if applied within the normal routine of the school.

It is acceptable to lock doors to physically restrict the normal movement within or from the school to reduce the risk of Significant Injury or Serious Damage to Property and so long as the criteria set out above (Criteria for Using Physical Intervention) are met i.e. where the injury or damage to property is likely in the predictable future, that the locking of the door is immediately necessary, used as a last resort and for the minimum amount of time necessary to de-escalate the situation\*.

If such methods are used in the home or school, the following must apply:

- The school information must clearly state the policy and strategies for using such methods.
- Placing Authorities must have their attention drawn to the use of such methods and the PRP's for Children should refer to them and describe the circumstances where such strategies may be used.
- Such restrictions for one child do not impose similar restrictions on other children.

\*If such strategies are used upon a child on a frequent or extended basis, it may be a form of restriction of liberty, which is unlawful; therefore, the social worker must be notified and should consider making an application for a Secure Accommodation Order.

### **Planned Intervention**

- Staff can only use a planned intervention if it has been agreed by the local authority and all necessary safeguards and checks have been made.
- Staff must never put in place a planned physical intervention without consulting with the local authority.

- A physical or restrictive intervention may be planned for if it has been judged as likely to occur following assessment, or other indication such as behaviour history or incident report.
- A planned physical intervention may only be in place if it is in the context of an existing support plan, this should include a risk assessment covering the potential risks of making use of physical interventions.
- A support plan that consists only of a physical intervention or restrictive practice will be deemed inappropriate.

A planned physical intervention should consist of:

- Description of the behaviour the intervention applies too.
- Guidelines for minimising the risk of the occurrence of the behaviour and deescalating or diffusing a potential incident.
- Procedure for physical intervention detailing how staff can intervene, to what degree of force and for how long.
- Strategy for disengaging or bringing an intervention to an end.
- Strategy for ensuring that child or young person has not sustained injury or other adverse effect.

## 6. NOTIFICATIONS

If physical Intervention is used upon a child, the Headteacher and (If a residential pupil) the child's social worker must be notified. If the child is a day pupil, then parents must be notified of the intervention. In both instances this must be undertaken as soon as possible, but no later than within **one working day**.

If a serious incident or the police/emergency services are called, consideration must be given to whether the Local Authority should also be notified.

The social worker should make a decision about whether to inform the child's parent(s) and, if so, who should do so.

## 7. MEDICAL ASSISTANCE AND EXAMINATION

Where Physical Intervention has been used, the child, staff and others involved must be able to call on medical assistance and children must always be given the opportunity to see a Registered Nurse or Medical Practitioner, even if there are no apparent injuries.

If a Registered Nurse or Medical Practitioner is seen, they must be informed that any injuries may have been caused by an incident involving Physical Intervention. Whether or not the child or others decide to see a Registered Nurse or Medical Practitioner it must be recorded, together with the outcome.

The Headteacher should regularly review the effectiveness and check the medical assessment of the system remains up to date.

## **8. RECORDING AND MANAGEMENT REVIEW**

If a child has an EHC plan in which a specific type of restraint is used as part of the day-to-day child's routine, the school is exempted from the recording requirement. Where these plans provide for a specific type of restraint that is not for day-to-day use, the restraint used must be recorded. All other restraints used must always be recorded on CPOMS with a body map, if relevant and accurate facts.

### **RECORDING**

All forms of Physical Interventions should be recorded on CPOMS. An Incident Report must be completed.

Ideally within 24 hours, the child involved in the restraint should be able to express their feelings about this experience and should be encouraged to record their views to the record of restraint in a reflective conversation with the member of staff (if appropriate) or a school staff member they feel comfortable talking with.

### **MANAGEMENT REVIEW**

The child's risk assessment should be reviewed to incorporate strategies for reducing or preventing future incidents. The child must be encouraged to contribute to this review and, if a healthcare professional is involved with the child, any new strategies must be approved by that person.

The Headteacher and Responsible Individual should regularly review incidents and examine trends and issues emerging from this to enable staff to reflect, learn and inform future practice and, where necessary, should ensure that procedures and training are updated.

Review Date	<b>February 2025</b>
Reviewed By	Danielle Clowes & Andy Gould
Next Review	<b>February 2027</b>
Summary of Changes	<p>First Edition  February 2025- Deputy Headteachers information updated.  September 2025 – Headteacher Details Updated  <b>January 2026</b> – Approved by Headteacher- Sarah Mason</p>

**Approved by:**



**Headteacher**

**Date 06.01.2026**