



De-escalation and Positive Handling Policy

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It is recognised that the vast majority of children in our school respond positively to the behaviour expectations set out in the [Behaviour, Anti-Bullying, Searching, Screening and Confiscation Policy](#). The wellbeing, welfare and safety of all pupils and staff at Pendle Primary Academy is of paramount importance. It is acknowledged however that in exceptional circumstances, staff may need to take action in situations where positive handling may be required to keep children and adults safe.

Pendle Primary Academy has a hierarchy of response to support children who display challenging behaviours, including:

- Adjustments to the environment in which children are taught to address factors that are likely to increase the likelihood of a child displaying challenging behaviour.
- Deployment of strategies and techniques to de-escalate or calm situations. These will be appropriate to the child and take account of their views.
- Use of appropriate external expertise, when needed.

Positive Handling will only be used as a last resort when all other behaviour management and de-escalation strategies have failed or when children and/or staff are at risk. Pendle Primary Academy does not support the routine use of physical interventions and all staff clearly understand that it is unlawful to use force as a punishment in any circumstance.

Positive Handling uses the minimum degree of force necessary for the shortest period of time to prevent a child harming themselves or others. The scale and nature of any physical intervention must be proportionate to both the behaviour of the individual to be controlled, and the nature of the harm they might cause.

Every effort will be made to ensure that all staff in school:

- Clearly understand this policy and their responsibilities in the context of their duty of care in taking appropriate measures where reasonable force is necessary.
- Are provided with appropriate training to deal with difficult situations.

De-escalation

Staff consistently use positive strategies to encourage acceptable behaviour and good order, in line with the school's Behaviour Policy. Every effort will be made to resolve conflicts or examples of inappropriate/unacceptable behaviour positively.

Staff should be able to justify that strategies other than force have been attempted and proved ineffective or would have been impractical. Furthermore, staff should recognise that restraint is only a small part of a wider spectrum of positive behaviour strategies.



Behaviours that may precede a child reaching the point of requiring physical intervention include:

- Child displays signs of anxiety
- Hiding face in hands, crouched down or under a table
- Pulling up collar or jumper, pulling down hat
- Rocking or tapping
- Withdrawing from the group
- Refusing to speak, being dismissive
- Refusing to co-operate
- Adopting defensive postures
- Dilation of pupils

De-escalation approaches at this point:

- Use of appropriate humour
- Consideration of the tone, volume and pace of spoken words (low, slow and quiet)
- Display a CALM stance, posture and body language
- Consider your facial expression
- Careful use of words
- Offer reassurances, including physical prompts
- Reminders of successes
- Diversion, i.e. introducing another activity to topic
- Be reliable, predictable and safe

Escalated behaviour cues:

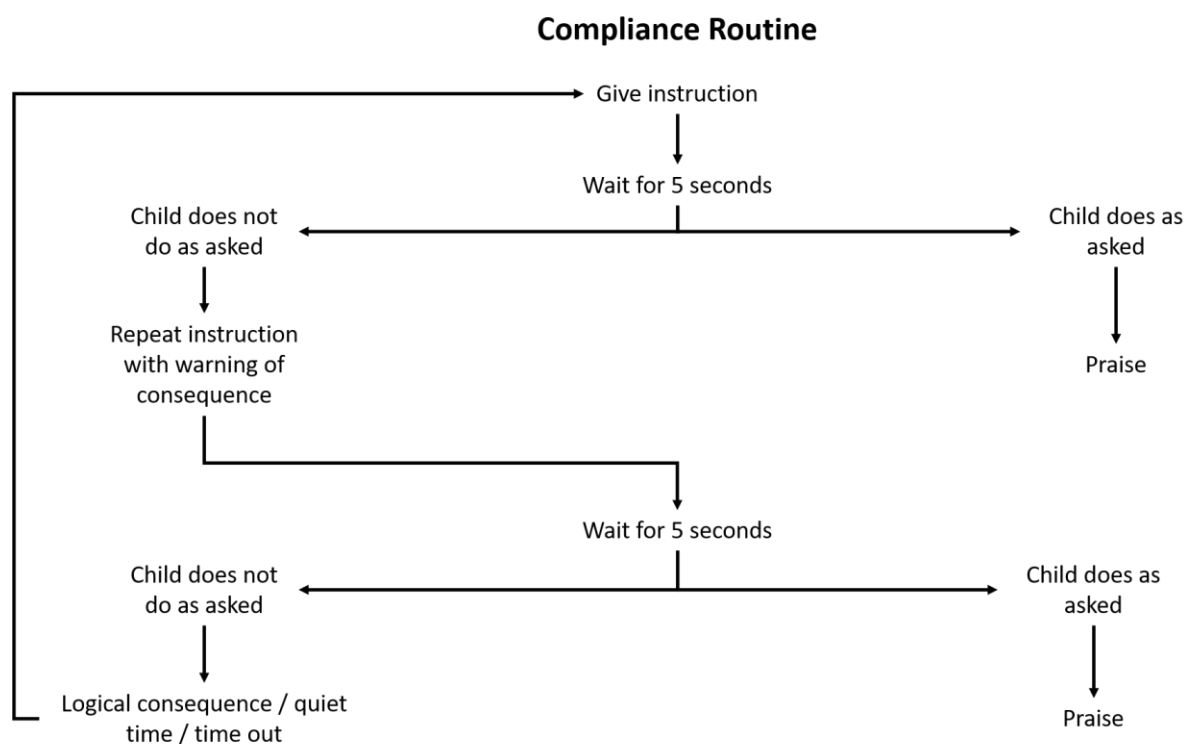
- Further increase in tension/anxiety
- Abusive / belligerent
- Offensive remarks
- Aggressive postures
- Raised voice / shouting
- Eye contact changes
- Low level destruction
- Challenges, e.g. *"You can't make me..."*, *"I will not..."*
- Defiance
- Pacing



De-escalation approaches at this point:

- State desired behaviours clearly and calmly, ending with a *“thank you”* in expectation, rather than a *“please”*
- Set clear, enforceable limits (including making use of class and school systems, traffic lights and reflection room)
- Give alternatives, offer a choice
- Provide an option to get out with dignity
- Risk assess the immediate environment, consider making it safer
- Get help from other members of staff

Consideration of these strategies should be maintained during and after the need for physical contact. As soon as it is safe, any hold or restraint should be gradually relaxed to allow the child to regain self-control. The child should be informed about what will happen next and be offered reassurance and encouragement to remain calm. In this way, the child will be more likely to see the restraint as an act of care.



Different types of physical contact with pupils:

Physical Contact

Examples of where touching a child might be proper or necessary:

- Holding the hand of the child at the front/back of the line when going to assembly or when together around the school;
- When comforting a distressed pupil using a sideways hug;
- When a child is being congratulated or praised;
- To demonstrate how to safely / correctly use a piece of equipment, e.g. a pencil, musical instrument etc.;
- To demonstrate exercise or techniques during PE lessons or sports coaching;
- To give first aid;
- Intimate care. *See also: Intimate Care Policy*

Physical Intervention

This may be used to divert a pupil from a destructive or disruptive action, for example guiding or leading a child by the arm or shoulder where the child is compliant.

Physical Control/Restraint – Positive Handling

This will involve the use of reasonable force when there is an immediate risk to children, staff or property. It is important to note that the use of “reasonable force” should be seen as a last resort. All such incidents must be recorded on CPOMS and tagged with the category: *Physical Intervention / Restraint*. If at all possible, more than one member of staff should be present if physical restraint is necessitated. The level of compliance from the child determines whether or not the interaction is an intervention or a control/restraint.

Reasonable Force

No legal definition of “reasonable force” exists; however, for the purpose of this policy and the implementation of it, the clarification provided in the DfE guidance document, [Use of reasonable force](#), 2013 is used:



What is reasonable force?

1. The term 'reasonable force' covers the broad range of actions used by most teachers at some point in their career that involve a degree of physical contact with pupils.
2. Force is usually used either to control or restrain. This can range from guiding a pupil to safety by the arm through to more extreme circumstances such as breaking up a fight or where a student needs to be restrained to prevent violence or injury.
3. 'Reasonable in the circumstances' means using no more force than is needed.
4. As mentioned above, schools generally use force to control pupils and to restrain them. Control means either passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of a classroom.
5. Restraint means to hold back physically or to bring a pupil under control. It is typically used in more extreme circumstances, for example when two pupils are fighting and refuse to separate without physical intervention.
6. School staff should always try to avoid acting in a way that might cause injury, but in extreme cases it may not always be possible to avoid injuring the pupil.

All members of school staff have a legal power to use reasonable force. (Section 93, Education and Inspections Act 2006). The 1996 Education Act (Section 550 A) stipulates that:

A member of the staff of a school may use, in relation to any pupil at the school, such force as is reasonable in the circumstances for the purpose of preventing the pupil from doing (or continuing to do) any of the following, namely:

- I. Committing any offence.*
- II. Causing personal injury to, any person (including the pupil themselves)*
- III. Engaging in any behaviour prejudicial to the maintenance of good order and discipline at the school or among any of its pupils, whether that behaviour occurs during a teaching session or otherwise.*

This applies where a member of staff is on the school premises and elsewhere at a time when, as a member of school staff, that adult has lawful control of the children concerned, for example, on a school trip.

The decision on whether to physically intervene is down to the professional judgement of the adult concerned. Whether the force used is reasonable will always depend on the particular circumstances of the case. The use of force is reasonable if it is proportionate to the consequences it is intended to prevent. This means the degree of force used should be no more than is needed to achieve the desired result.

Individual members of staff cannot be required to use physical restraint. However, as teaching and support staff work in 'loco parentis' and should always operate with an



appropriate 'Duty of Care', It might be argued that failing to take action (including a failure to use reasonable force) may in some circumstances breach that duty.

A panel of experts (Physical Control in care Medical Panel 2008) identified that certain restraint techniques presented an unacceptable risk when used on children and young people. The techniques in question are:

- The 'seated double embrace' which involves two members of staff forcing a person into a sitting position and leaning them forward, while a third monitors breathing;
- The 'double basket-hold' which involves holding a person's arms across their chest;
- The 'nose distraction technique' which involves a sharp upward jab under the nose.

Authorised staff

Section 550A of the Education Act 1996 permits adults who have lawful charge or control of children to use reasonable force to control or restrain them. These include:

- teachers
- teaching assistants
- representatives from outside agencies, e.g. family support workers
- other adults who may be working with children either on school premises or accompanying them on out of school activities, e.g. during school trips.

Wherever possible physical restraint should only be used by those with appropriate training. However, it is acknowledged this may not always be possible and physical restraint may be used as an emergency measure by someone without appropriate training to ensure the safety of children in their care. Any physical intervention should be conducted making reasonable adjustment for students with SEND. For children with an EHCP this may be included in their plan, in this instance, someone with appropriate training should be called for immediately.

Recording

The school keeps a secure record of all incidents where physical intervention involving the use of force against resistance from a child has been necessary on CPOMS. The record should be completed by the end of the working day on which the incident took place. CPOMS will automatically alert all DSLs and parent/carers will be informed by the class teacher in the first instance. The adult involved may seek guidance from a senior colleague and/or their trade union representative before filling in their report. A DSL will discuss the incident with any children or staff who were present and who may need additional support.



In line with our commitment to working with parents, we aim to maintain an open discussion during any relevant procedure which may follow an incident.

The Principal will regularly review the number and type of incidents in which physical intervention and/or restraint has been necessary. This will be used to ensure that there is adherence to this policy and to identify improvement needed in other policies and procedures of the school.

Positive Handling Plan

Should the need use positive handling techniques with a child occur more than once in a single term, a positive handling plan (Appendix 4) must be completed by a member of SLT, working in consultation with the class teacher and parent and shared with all members of school staff who are most likely to have contact with them.

A positive handling plan is a working document which details the specific behaviour management techniques needed to support the child. Plans are updated when an incident occurs to reflect any new learning and make reasonable adjustments for children with SEND.

Sharing of information

All school staff who work directly with children should know of the existence of this policy. When an incident has taken place that requires physical intervention, as few people as possible should know of the specific incident and staff should maintain confidentiality to the greatest possible extent. This is to enable governors and staff involved in any consequence or complaint to do so without having acquired hearsay knowledge.

Monitoring incidents where physical restraint is used

The Principal will monitor records of any incidents in order to:

- Identify any patterns of behaviour resulting in the use of physical intervention.
- Review the levels of staff awareness of and compliance with the school policy.
- Inform staff training needs.
- Explore the relationship between the use of physical intervention and behaviour in school.

Action after an incident

The Principal will ensure that each incident is reviewed, investigated and recorded as stated above. If further action is required, this will be pursued through the appropriate procedures which may include:



- Child Protection and Safeguarding Policy
- Dealing with Allegations against Staff Policy
- Behaviour and Exclusions Policy
- SEND Policy
- Whistleblowing Policy

Complaints

The availability of a clear policy about reasonable force and early involvement of parents should reduce the likelihood of complaints but may not eliminate them. Complaints following a dispute about the use of physical intervention by an adult should be pursued in accordance with the [Complaints Policy](#).



Appendix 1

Advice for staff

At Pendle Primary Academy, we believe that physical intervention and/or restraint should be the last resort. In the majority of cases de-escalation and diffusion are the appropriate methods of dealing with situations that might result in a threat to the health and safety of any individuals. On extremely rare occasions it may be appropriate for staff to intervene physically with or between children. These include:

- Injury, or risk of injury, to another child
- Injury, or risk of injury, to a member of staff
- Serious damage to property that would result in harm to a person.

Any intervention should be a last resort and be proportionate, reasonable and appropriate, and be done with the aim to reduce not provoke.

All staff owe a duty of care to children. To take no action, where the outcome is that a child injures him/herself, or another, including staff, could be seen as negligence.

Members of staff facing confrontational situations with children are reminded that the following behaviours can either reduce or inflame incidents, and that a brief moment of risk assessment may allow the time to decide on the appropriate action necessary.

Staff are strongly advised not to physically stop children from leaving a classroom if the member of staff considered that there would be a risk of physical harm to themselves.

Remaining calm – the ability to try and remain calm and appear relaxed is less likely to provoke. A relaxed posture and a non-threatening stance, i.e. not toe-to-toe, are recommended.

Awareness of Space – try to be aware of the space around you and avoid stepping into another individual's personal/intimate space. Try to take a step back outside the circle of danger.

Pacing and Chasing – angry people often pace around in tense situations and staff should try to avoid the temptation to follow as they attempt to help them calm down. This can be counter-productive as it may trigger an animal chase response and drive the other person away. Where possible it is preferable for the staff member to stand still, speaking calmly, clearly and confidently – or even sit down.

Intonation – when people are anxious or angry they tend to talk faster, higher and more loudly. In a potential crisis situation staff need to deliberately speak slower, lower and more quietly.



Help Script

- Connect by using child's name
- Recognise and acknowledge their feelings, *"I can see / hear you're feeling..."*
- Tell the child you're there to help
- You talk and I will listen
- Give positive commands, without saying what not to do

Diffusing body language responses

- Social distance
- Sideways stance, step back
- Intermittent eye contact
- Relaxed body posture
- Palms open

Calm Stance

Think of the values of stepping back from a situation, both physically and emotionally:

- Allows a more considered response
- Time to make a 'dynamic' risk assessment and seek assistance
- Allows other person 'take up' time to make their own choices

Application of Force

Staff should NOT act in a way that might reasonably be expected to cause injury. This includes:

- Slapping, punching, kicking or tripping a child
- Twisting or forcing limbs against joints
- Indecently touching, holding or pulling a child by the hair or ear
- Using reasonable force to hold a child face down on the ground

In the event of a serious incident, e.g. a fight, staff should:

- Make their presence felt – *"Stop fighting, stop fighting"*
- Send for assistance
- Spell out sanctions
- Remove the 'fuel' by clearing the 'audience' away
- Be a witness
- Intervene physically if confident and having assessed the degree of risk
- DO NOT ignore or walk away



Appendix 2

The following staff members have received Level 2 Positive Handling training in de-escalation strategies and positive handling techniques from React UK:

Staff Member	Role	Date of Training
Denise Kershaw	HLTA	15/07/25
Lisa Jones	TA3	15/07/25
Sammie Ellerton	TA2	15/07/25
Poppy Fielden	TA2	15/07/25



Appendix 3

Guidance for adding incidents involving physical intervention / positive handling to CPOMS.

When adding an incident involving physical intervention / positive handling to CPOMS, staff must ensure the following is included:

- Category *Physical Intervention / Restraint* is ticked in addition to any other appropriate categories.
- Names and role of all staff members involved or witnessed the incident.
- Reason for intervention (e.g. risk of harm to self or others, damage to property).
- Describe the events leading up to the need for physical intervention.
- Describe the steps taken to defuse, calm or de-escalate both before and after the need for physical intervention (e.g. limited choice, planned ignoring, distraction, humour, time out).
- Behaviours displayed by the child (e.g. biting, kicking, clothing grab, hair grab, self-harm, damage to property) and who was risk as a result of these behaviours.
- Physical intervention/restraint* used and duration of these (e.g. help hug, cradle hug, wrap, sitting wrap, one/two-person escort).
- Briefly explain why the above interventions were in the best interests of the child.
- Detail any injury / medical intervention / first aid required as a result of the incident.
- Describe what (if any) changes to the Positive Handling Plan need to be made following learning from this incident.
- When/how will the parent/carers be informed and by whom.
- External agencies informed if necessary (e.g. social worker, police).

*If physical restraint / force has been used the following document from the training provider must be completed and attached to the CPOMS incident.



[Guidance Found Here](#)

USE OF FORCE INCIDENT REPORT FORM

Name of Person Restrained:			
Date of Birth		Age	
Additional Needs		EHCP	Yes / No
Diagnosed Disorder/ Disability		Trauma History	Yes / No
Ethnicity		First Language	
Your Name:			
Date and Time of Incident			
Date (inc Day)		Time	
Who else was involved in the restraint?			
Name(s)/ Role(s):			
Adult statement – what occurred in your own words Your statement must set out what happened; give details of your part in the use of force, your 'Honestly Held Belief', any restraints you applied and how the incident was finally resolved. It must give details of any attempts made to de-escalate throughout the incident. Your statement should be completed independently of other staff involved in the incident. The report should be completed within 24 hours.			
The use of force must only be used when it is Reasonable in the circumstance, meaning: i. You believed that it was absolutely necessary & ii. Proportionate to the seriousness of the situation		When restraint was used, please tick your primary role: <input type="checkbox"/> Right arm <input type="checkbox"/> Left arm <input type="checkbox"/> Supervising	
What were you doing just before the incident took place?			
What was the child/young person doing just before the incident took place?			
What signs of dysregulation were being communicated by the child/young person?			
Explain what you think may have triggered this behaviour?			
How did you try to de-escalate the situation?			
What was the child/young person's response?			
Why did you believe it was necessary to restrain the child/ young person?			
<input type="checkbox"/> To prevent or stop harm to themself		<input type="checkbox"/> To prevent or stop harm to others	
<input type="checkbox"/> Damage to property– Please specify		<input type="checkbox"/> Other – Please specify	



Describe exactly what happened (i.e. which restraints were used and by whom, why it was absolutely necessary, strictly proportionate and what your 'Honestly Held Belief' was, other steps taken to gain assistance)

How long was the child/young person restrained?

How was the child/ young person helped back to calm state of regulation?

Did anybody sustain an injury? If so, what did you do?

SLT informed (Name/ Date/ Time) 4pm same day

Who consulted the child/ young person and when?

Signed:

Date/Time:

Pupil Statement:

Name

Signed

Date

Parent informed (Please date)

☐ Face to face

☐ Telephone

☐ Email

☐ Letter

☐ Text/ Messaging system

Action Points for Risk Assessment

Was the practice in keeping with existing risk assessment and behaviour support plan?

What can we learn regarding the child/ young person's behaviour from this specific incident?

What actions are to be taken to avoid a repeat of this behaviour?

Incident Review Meeting Date:

Signed:
(SLT member)

Date:



Appendix 4

Positive Handling Plan (Electronic copy available on Shared Drive)

Positive Handling Plan completed by: (Name and Role)	Date:
Child's Name:	Class:
Identification of risk (Describe the foreseeable risks)	
Is the risk: potential occurring	
Assessment of risk	
In which situations does the risk usually occur?	
How likely is it that the risk will occur? (e.g. unlikely, possible, probably, likely)	
If the risk arises, who is likely to be injured / hurt?	
What kinds of injuries or harm are likely to occur?	
How serious are the adverse outcomes? (e.g. severe, substantial, minor, minimal)	
Review notes or learning from subsequent incidents	
New plan required? <input type="radio"/>	



Positive Handling Plan

Risk / Behaviour	De-escalation / Physical Intervention Strategies / Actions	Evaluation

Shared and agreed with parent / carer

Signed:

Date:

