POSITIVE HANDLING POLICY

ORGANISATION	SKAPE North East Ltd	POLICY REFERENCE	P16
UPDATED	13 November 2026	NEXT SCHEDULED REVIEW	13 November 2027
POLICY OWNER	Centre Manager	RELATED POLICY	Behaviour; Safeguarding; First Aid; Accident Reporting

01 Introduction

SKAPE aims to avoid the need for physical intervention and regards this as a last resort. We always aim to deal with behaviour using a positive approach. This policy should be read alongside our Behaviour Policy.

Staff have a duty of care to students and must take reasonable action to protect their safety and wellbeing. It is not possible to define every circumstance in which an intervention may be necessary. Staff must use their judgement within their role, training and lawful authority, considering the risks of intervening and not intervening. Staff are not expected to place themselves in situations where they are likely to suffer injury.

02 Scope of policy

This policy applies to SKAPE staff supervising students at the Centre and during activities arranged by SKAPE. The safety, dignity and individual needs of all students, including those aged 18 or over, must be respected. An individual plan or a parent's agreement does not itself provide legal authority for restraint or confinement.

Read this policy alongside the Safeguarding, Behaviour, No Bullying, Exclusion, Equality and Diversity, First Aid, Accident Reporting, Employee Code of Conduct, Complaints, Whistleblowing and GDPR policies and procedures.

03 Principles and prevention

- Physical intervention is a last resort. Staff will use prevention and de-escalation wherever possible; an immediate danger may require action without first trying every alternative.
- Any intervention must be lawful, necessary and proportionate. Use the least restrictive response and no more force than necessary, for the shortest possible time.
- Maintain the safety and dignity of everyone involved. Force must never be used as punishment, to deliberately inflict pain or simply to secure obedience.
- Consider the student's communication, SEND, disability, medical, sensory and trauma-related needs, with reasonable adjustments to reduce distress and risk.
- Record and report every restrictive intervention, check wellbeing and injuries, and review what could prevent a repeat.

Staff will use calm communication, predictable routines, reassurance, time and space, reduced demands where appropriate, and agreed regulation breaks. Staff who know the student well should help identify triggers and early signs of distress. Seek additional staff support and move others away from danger where safe to do so.

04 Legal framework and lawful authority

SKAPE's practice is informed by Keeping Children Safe in Education 2026 and the DfE guidance Restrictive interventions, including use of reasonable force, in schools, effective from 1 April 2026. Relevant duties include the Equality Act 2010 and the Health and Safety at Work etc. Act 1974, with human rights and safeguarding requirements considered as applicable.

Sections 93 and 93A of the Education and Inspections Act 2006 and the Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025 set out school-specific powers and duties. These do not automatically apply to SKAPE or give its staff school statutory powers. A commissioning agreement alone does not confer those powers.

Staff must act only within lawful authority applicable to the circumstances, for example lawful defence of themselves or others. A duty of care does not provide an unrestricted power to restrain. Staff must not rely on school powers to use force merely to maintain order or secure compliance. The Centre Manager will clarify the arrangements applicable to SKAPE and the registered school, taking specialist advice where needed.

05 Physical contact and restrictive interventions

Appropriate physical contact, such as first aid, agreed assistance or reassurance, is different from restricting movement. Contact must suit the student's needs and circumstances and respect professional boundaries. Restrictive interventions include actions that restrict movement without a hold, such as blocking an exit or removing a mobility aid.

When an intervention is necessary, staff will:

- Explain calmly what is happening and why, using communication the student can understand and allowing processing time wherever possible.
- Call for another member of staff where possible and use only techniques within their current training and competence. This policy is not an instruction manual for holds.
- Use the minimum necessary force and continually reassess whether it remains necessary and proportionate. Reduce or end the restriction as soon as the risk has reduced sufficiently; release must not depend on an apology or obedience.
- Monitor the student's breathing, colour, responsiveness and distress throughout. If there are signs of medical difficulty, end the restriction as safely and quickly as possible, obtain urgent medical help and call 999 where needed.
- Consider a safer alternative if the intervention increases distress or risk. Call emergency services where the danger cannot be safely managed.

Staff must not:

- Act in anger, engage in a prolonged argument or involve other students in restraint.
- Use sexually inappropriate contact, twist or force limbs against a joint, bend fingers, pull hair, slap, punch, kick or deliberately trip a student.
- Use a hold or pressure that restricts the airway, breathing or circulation, including pressure around the neck, mouth, nose, chest or abdomen.
- Use planned ground restraint. If a student is unintentionally brought to the ground, end the hold or move to a safer position as quickly as possible in accordance with training.
- Use force as a punishment or keep a restriction in place after it is no longer necessary.

Calming breaks and confinement

A voluntary calming break must remain voluntary: the student must not be locked in, blocked from leaving or led to believe they will be punished for leaving. SKAPE does not use seclusion as a planned behaviour response. If an emergency response results in a student being confined and prevented from leaving, staff must treat it as a restrictive intervention, seek immediate senior support, end it as soon as safely possible, and record, report and review it. Calling it a calming break does not change what occurred.

06 Actions after an incident

Once the situation is safe, staff must check everyone involved for injury or distress and obtain first aid or medical assessment where needed. Do not assume an injury is an acceptable or unavoidable result of a technique. Record injuries and concerns, and follow the First Aid Policy and Accident Reporting Procedure. The Health and Safety Lead will assess any RIDDOR reporting requirement.

Inform the Centre Manager immediately and the DSL without delay where there is a safeguarding concern. The Centre Manager will arrange support and debriefing once those involved are ready. Students, staff and witnesses may need separate support; a student must not be pressured to take part in a restorative discussion. Where practicable, a member of staff not directly involved should support the review.

Recording

Staff involved must complete the Student Restraint Report Form, or the approved restrictive intervention record, as soon as practicable and on the same day wherever possible. Record any reason for delay. Every restrictive intervention must be recorded, including confinement or restraint without physical contact, even if anticipated in a support plan. The record must include:

- The student, staff and witnesses involved; date, time, location and approximate duration.
- Relevant individual needs, circumstances, triggers and events leading up to the incident.
- Preventative strategies and alternatives tried, why intervention was necessary, and the risks considered.
- The type and degree of force or other restriction used, its duration, and when and why it ended.
- Injuries, distress, first aid or medical treatment, the student's account where possible, and witness accounts.
- Who was informed, when and how; safeguarding actions, support, decisions, reasons and follow-up.

Complete separate student or staff accident records where required. Keep records securely in the student's file and SKAPE's central incident records, with access and sharing limited to those who need the information. Safeguarding concerns must also be recorded through SKAPE's safeguarding arrangements.

Parents, carers and commissioners

The Centre Manager will ensure parents or carers and the registered school or commissioner are informed as soon as practicable, normally the same day. Provide a clear written account of when and where the incident occurred, its duration, why intervention was necessary, what restriction or force was used and any injuries, and offer a follow-up discussion.

If informing a parent or carer is likely to place the student at risk of significant harm, consult the DSL immediately. Follow safeguarding procedures, inform a safe parent or carer where appropriate and make the necessary referral to children's social care. Where no parent can safely be informed, notify the relevant local authority safeguarding service. Record the decision, reasons and alternative action; do not simply omit the report.

SKAPE follows its own safeguarding arrangements alongside the relevant commissioning school or local authority policy and agreed reporting procedures. The commissioning school retains its overarching safeguarding responsibility, while SKAPE remains responsible for students in its care. For local authority placements, follow the authority's agreed safeguarding and oversight arrangements, involving the registered school where applicable. The DSL will liaise promptly with the commissioner's DSL or designated safeguarding contact. Necessary protective action and referrals must not wait for a commissioner's response.

07 Individual plans and risk assessment

To manage risk proactively, each student's placement information must include a completed referral, relevant risk information from the school or commissioner, and an individual management or Behaviour Support Plan appropriate to their needs. SKAPE must assess risks within its own provision, rather than rely solely on a school's assessment.

Plans should be developed with the student, parents or carers and commissioner, with specialist advice where needed. They will identify:

- Strengths, communication preferences, triggers and early signs of distress.
- Medical, sensory, SEND, disability and other needs, with helpful reasonable adjustments.
- Prevention, de-escalation and regulation strategies, and the student's views about support.
- Foreseeable risks, safer responses, staff responsibilities and additional help that can be called.
- Staff briefing and training needs, review arrangements and safe return to learning.

Following an incident, review whether the plan was followed, what helped and what should change. Repeated incidents require a coordinated review with the commissioner and, where helpful, other services or a Team Around the Family (TAF). Serious incidents and unsafe placements will be reviewed under the Behaviour and Exclusion policies. Restraint must not become a routine substitute for appropriate support, staffing or placement review.

08 Staff training and competence

The Centre Manager will maintain a separate current training record showing staff names, course provider, training level and scope, completion date and refresher or expiry date. Check certificates and competence before allocating planned intervention responsibilities. Current staff certification must be verified through this record.

Staff expected to undertake physical interventions must have suitable, current training, including prevention, de-escalation and safe responses to the needs of the students they support. Where Team Teach is used, staff must work within the training received and keep it up to date. The Centre Manager must address any gap in training, staffing or competence before continuing an arrangement that relies on planned physical intervention. An unforeseen emergency still requires a lawful, necessary and proportionate response within the person's capabilities, seeking trained or emergency assistance promptly.

09 Concerns, complaints and review

Students and parents or carers can raise concerns through the Complaints Policy and must be helped to do so in an accessible way. Any concern about inappropriate force or an adult's conduct must also follow the Safeguarding Policy's allegations or low-level concern procedures. Where the Centre Manager or DSL is involved, report to an uninvolved Director or the appropriate external safeguarding route. Staff must not investigate safeguarding allegations themselves. Whistleblowing routes remain available and nobody should face retaliation for raising a concern.

The Centre Manager and DSL will review incidents and patterns, including repeated interventions, injuries and any disproportionate impact on students with SEND or protected characteristics. Review support plans, staffing and training, and share relevant learning with commissioners and staff. This policy is reviewed annually, or sooner following significant incidents or changes in guidance.

10 Guidance and document revision history

Guidance considered: Keeping Children Safe in Education 2026; DfE Restrictive interventions, including use of reasonable force, in schools (effective 1 April 2026); and Arranging Alternative Provision: A Guide for Local Authorities and Schools (February 2025). The school-specific statutory recording and reporting framework informs SKAPE's procedures without being presented as automatically applying to SKAPE.

DfE guidance: www.gov.uk/government/publications/keeping-children-safe-in-education--2; www.gov.uk/government/publications/use-of-reasonable-force-in-schools; www.gov.uk/government/publications/alternative-provision.

DATE	CHANGE	APPROVAL	REV.
17/03/2025	Policy updated	K. Watson	01
01/09/2025	Annual Policy review	K. Watson	02
13/11/2026	Policy reviewed to reflect current safeguarding and restrictive intervention guidance, updated SKAPE branding and structure, related policies and commissioner collaboration. Safety, recording, reporting, support and training arrangements clarified.	L. James	03