

AS2Educate Positive Handling Policy – August 2026

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Introduction

AS2Educate is committed to creating a safe, respectful, inclusive and nurturing environment where all children and young people can learn, develop and achieve their potential.

AS2Educate is an Alternative Provision supporting children and young people who may have Special Educational Needs and Disabilities (SEND), Social, Emotional and Mental Health (SEMH) needs, Education, Health and Care Plans (EHCPs), neurodivergent profiles, adverse childhood experiences (ACEs), trauma histories or other vulnerabilities. We recognise that these factors may significantly influence behaviour, emotional regulation, communication and a child's response to stress. Staff are therefore expected to consider the underlying needs of the child before considering any restrictive intervention.

Positive relationships, early intervention, restorative practice and effective behaviour support are at the heart of our approach. We recognise that behaviour is a form of communication and that children may display behaviours that reflect unmet needs, trauma, anxiety, communication difficulties, neurodiversity, adverse childhood experiences or social, emotional and mental health needs.

Our aim is always to prevent situations from escalating through skilled de-escalation, relationship-based practice and personalised support. However, there may be exceptional circumstances where physical intervention is necessary to prevent harm or maintain the safety of a child or others.

The use of restrictive physical intervention is a safeguarding matter and will always be considered a measure of last resort. Where physical intervention becomes necessary, it will only be used when it is lawful, reasonable, necessary and proportionate to the circumstances.

AS2Educate is committed to minimising the use of restrictive practices and continually developing staff skills in prevention, de-escalation and positive behaviour support.

All staff receive accredited Positive Handling training through Intelligensa, ensuring they understand the legal framework, trauma-informed practice, safe physical intervention techniques and their safeguarding responsibilities.

Legislative and Statutory Framework

This Policy reflects current legislation, statutory guidance and recognised good practice, including:

- Keeping Children Safe in Education (KCSIE) 2026
- Working Together to Safeguard Children 2026
- Education and Inspections Act 2006 (Section 93)
- Children Act 1989 and 2004
- Children and Families Act 2014
- Health and Safety at Work etc. Act 1974
- Equality Act 2010
- Human Rights Act 1998

- Special Educational Needs and Disability (SEND) Code of Practice
- Behaviour in Schools: Advice for Headteachers and School Staff (DfE)
- Use of Reasonable Force: Advice for Headteachers, Staff and Governing Bodies (DfE)
- United Nations Convention on the Rights of the Child (UNCRC)

This Policy should be read alongside AS2Educate's:

- Safeguarding and Child Protection Policy
- Behaviour Policy
- Staff Code of Conduct
- Supporting Pupils with Medical Conditions Policy
- Student Absconding Policy
- Health and Safety Policy
- Low-Level Concerns Policy
- SEND Policy
- Equality, Diversity and Inclusion Policy

Purpose

The purpose of this Policy is to:

- safeguard the welfare of children and young people;
- minimise the need for restrictive physical intervention through proactive behaviour support;
- promote positive relationships and emotionally safe learning environments;
- ensure staff understand when physical intervention is lawful and appropriate;
- provide clear guidance on prevention, de-escalation and positive handling;
- ensure interventions are always reasonable, necessary and proportionate;
- protect the dignity, rights and wellbeing of children and young people;
- ensure staff are appropriately trained and supported;
- provide clear recording, reporting and review procedures following incidents;
- promote continual learning to reduce future incidents; and
- support compliance with statutory safeguarding responsibilities.

Definitions

For the purposes of this Policy:

- Positive Handling refers to the overall approach used by AS2Educate to prevent, de-escalate and safely manage behaviours that present a risk of harm. It includes proactive behaviour support, de-escalation and, where necessary, restrictive physical intervention.
- Physical Intervention means any physical contact intended to influence or control a pupil's movement or behaviour.
- Restrictive Physical Intervention (RPI) refers to any direct physical intervention that restricts a pupil's freedom of movement to prevent an immediate risk of harm.
- Reasonable Force is the legal term used within Section 93 of the Education and Inspections Act 2006 and refers to the degree of force that is reasonable, necessary and proportionate in the circumstances.

- Throughout this Policy, the term restrictive physical intervention is used to describe the use of reasonable force where physical intervention becomes necessary to prevent immediate harm.

Behaviour is Communication

AS2Educate recognises that behaviour often communicates an unmet need. Staff seek to understand the reasons behind behaviour rather than simply responding to the behaviour itself.

Children may display distressed or dysregulated behaviour because of:

- trauma or adverse childhood experiences;
- communication needs;
- autism or neurodiversity;
- sensory processing differences;
- attachment needs;
- anxiety;
- social, emotional and mental health needs;
- medical conditions; or
- environmental stressors.

Understanding these factors helps staff provide effective support while reducing the likelihood of crisis situations developing.

Many pupils at AS2Educate have experienced disrupted education, trauma, exclusion or unmet additional needs. Staff recognise that behaviours presenting as aggression, withdrawal, avoidance, absconding, refusal or emotional dysregulation may reflect anxiety, sensory overload, communication difficulties or previous traumatic experiences rather than deliberate non-compliance.

Prevention Before Intervention

Physical intervention should rarely be required. Staff are expected to prioritise:

- positive relationships;
- predictable routines;
- restorative practice;
- emotional regulation;
- co-regulation;
- proactive planning;
- environmental adaptations;
- sensory support;
- reasonable adjustments;
- personalised behaviour strategies; and
- skilled de-escalation.

Restrictive physical intervention must never replace effective behaviour support.

Least Restrictive Practice

Where intervention becomes necessary, staff will always use the least restrictive option available.

Any physical intervention must:

- be lawful;
- be necessary;
- be proportionate;
- use the minimum force required;
- last for the shortest possible time; and
- cease immediately once the risk has reduced.

Respect and Dignity

Every child will be treated with dignity, compassion and respect throughout any intervention.

Staff will:

- preserve privacy wherever possible;
- communicate calmly and clearly;
- explain what is happening where appropriate;
- provide reassurance throughout the incident;
- support the child's emotional recovery afterwards.

All interventions must respect the child's rights, dignity and wellbeing.

Trauma-Informed Practice

AS2Educate adopts a trauma-informed approach to behaviour and safeguarding. Staff understand that restrictive intervention may itself be distressing or retraumatising. Where intervention is unavoidable, staff will seek to minimise distress through calm communication, reassurance, predictable responses and compassionate support. Following any intervention, opportunities for repair, reflection and restoration will be provided.

Safeguarding

The use of restrictive physical intervention may itself constitute a safeguarding event and should always be reviewed through the safeguarding processes of the provision. Where restrictive intervention has been used, staff will consider whether the incident raises wider safeguarding concerns relating to:

- neglect;
- abuse;
- exploitation;
- emotional wellbeing;
- unmet SEND needs;
- mental health;
- family circumstances;
- medical needs; or

- other vulnerabilities.

Where safeguarding concerns are identified, staff will follow the Safeguarding and Child Protection Policy without delay.

Positive Behaviour Support and Prevention

AS2Educate believes that the most effective approach to positive handling is to prevent situations from escalating wherever possible. Positive Behaviour Support (PBS) is embedded throughout our practice and is based on understanding the reasons behind behaviour, building positive relationships and teaching pupils the skills they need to regulate their emotions and behaviour safely.

We recognise that behaviour is a form of communication and that children and young people may display behaviours that reflect unmet needs rather than deliberate defiance. Our approach is trauma-informed, relationship-based and centred on understanding the individual.

Behaviour may be influenced by a range of factors including:

- trauma or adverse childhood experiences (ACEs);
- attachment needs;
- autism and other neurodivergent conditions;
- speech, language and communication needs;
- sensory processing differences;
- social, emotional and mental health needs;
- anxiety or emotional distress;
- medical conditions;
- environmental factors; and
- unmet learning or developmental needs.

By understanding the underlying causes of behaviour, staff can provide timely support, reduce distress and minimise the likelihood of situations escalating into crisis.

Preventative Approaches

Staff are expected to know the pupils they support and understand their:

- strengths and interests;
- communication preferences;
- known triggers;
- sensory needs;
- emotional regulation strategies;
- medical needs;
- behaviour support strategies;
- individual risk assessments;
- protective factors; and
- any relevant safeguarding or SEND considerations.

Preventative strategies may include:

- developing positive and trusting relationships;
- maintaining predictable routines and consistent expectations;
- creating calm, structured learning environments;
- providing visual supports and clear communication;
- making reasonable adjustments for SEND;
- reducing sensory overload;
- offering movement or regulation breaks;
- emotional coaching and co-regulation;
- restorative practice;
- providing structured choices;
- positive reinforcement and encouragement;
- collaborative problem-solving;
- proactive supervision; and
- personalised behaviour support strategies.

Children requiring additional support will have personalised behaviour strategies and, where appropriate, Individual Risk Assessments and Behaviour Support Plans that identify known triggers, successful de-escalation approaches and agreed responses.

Positive Behaviour Support

Positive Behaviour Support focuses on identifying the function of behaviour and helping pupils develop safer, more effective ways of communicating their needs. Staff seek to understand:

- why the behaviour is occurring;
- what need or difficulty the behaviour may be communicating;
- the environmental or emotional factors contributing to the behaviour; and
- what changes can reduce the likelihood of future incidents.

Support focuses on teaching alternative skills and promoting long-term emotional regulation rather than simply responding to behaviour when it occurs.

Strategies may include:

- emotional literacy and emotional regulation skills;
- communication support;
- social skills development;
- sensory regulation strategies;
- restorative conversations;
- solution-focused approaches;
- collaborative planning with families and professionals;
- consistent boundaries and expectations; and
- celebrating progress and positive behaviour.

Where a pupil has SEND, SEMH needs or an EHCP, staff will consider whether reasonable adjustments can reduce the likelihood of behaviour escalating. Adjustments may include environmental adaptations, communication strategies, sensory regulation, modified routines, movement breaks, visual supports, reduced demands, increased adult support or alternative approaches to learning. Restrictive physical intervention must never replace appropriate SEND support or reasonable adjustments.

Restrictive physical intervention must never replace effective behaviour support and should only be considered where there is an immediate risk of harm, and all appropriate preventative and de-escalation strategies have been unsuccessful or are inappropriate in the circumstances.

Individual Risk Assessments

Some pupils may present a foreseeable risk of behaviours that could result in harm to themselves or others.

Where appropriate, AS2Educate will complete an Individual Risk Assessment.

Risk assessments will be proportionate and regularly reviewed.

They may include:

- known triggers;
- communication needs;
- sensory needs;
- medical conditions;
- trauma considerations;
- environmental risks;
- previous incidents;
- preventative strategies;
- preferred de-escalation approaches;
- agreed responses;
- staffing arrangements;
- emergency procedures; and
- post-incident support.
- Risk assessments will be reviewed:
 - following significant incidents;
 - following changes in behaviour;
 - following changes to medical needs;
 - following safeguarding concerns;
 - after involvement from external agencies; and
 - at least annually.

Parents, carers and relevant professionals will be involved wherever appropriate.

Circumstances Where Physical Intervention May Be Used

Under Section 93 of the Education and Inspections Act 2006, authorised members of staff may use reasonable force where it is necessary to prevent a pupil from:

- causing injury to themselves;
- causing injury to another person;
- committing a criminal offence;
- causing serious damage to property where this could result in harm;
- seriously disrupting the good order of the provision where safety is compromised; or

- leaving a place where doing so would expose them or others to a significant risk of harm.

Any decision to use force must be based upon an immediate assessment of risk and the individual circumstances of the incident. Staff must undertake a dynamic risk assessment throughout the incident, continually considering whether physical intervention remains necessary, whether a less restrictive option has become available and whether the intervention can safely cease.

Physical intervention must always be:

- lawful;
- necessary;
- proportionate;
- reasonable;
- the least restrictive option available; and
- used only for the shortest time necessary.
- Once the immediate risk has reduced, physical intervention must cease.

Circumstances Where Physical Intervention Must Not Be Used

Restrictive physical intervention must never be used:

- as a punishment;
- to deliberately inflict pain;
- to humiliate or intimidate a pupil;
- to secure compliance where there is no immediate risk;
- because a pupil refuses to complete work;
- because a pupil uses inappropriate language;
- because a pupil is non-compliant but not presenting a safety risk;
- because staff are frustrated or angry;
- as a substitute for effective behaviour management; or
- where a less restrictive option would safely achieve the same outcome.

Staff must continually consider whether physical intervention remains necessary and immediately withdraw once the risk has reduced.

Medical Considerations

Before and during any physical intervention, staff must consider whether the pupil has any known medical condition or additional need that may increase the risks associated with restrictive physical intervention.

This may include, but is not limited to:

- asthma;
- epilepsy;
- diabetes;
- heart conditions;
- respiratory conditions;

- pregnancy;
- recent injury or surgery;
- joint or musculoskeletal conditions;
- obesity;
- autism spectrum condition;
- ADHD;
- sensory processing differences;
- learning disabilities;
- communication needs;
- trauma history;
- attachment needs;
- previous experiences of restraint.
- sensory processing differences;
- communication difficulties; or
- any condition identified within the pupil's Individual Healthcare Plan.

Where possible, staff should take account of this information when determining the safest course of action.

Following any restrictive physical intervention, staff will undertake and record a basic welfare assessment before the pupil returns to normal activities.

This will normally include consideration of:

- breathing;
- level of responsiveness;
- visible injuries;
- pain or discomfort;
- emotional presentation and level of distress; and
- whether further medical assessment is required.

Appropriate medical attention will be sought where there are concerns regarding injury, distress or the pupil's physical or emotional wellbeing.

Staff Training and Competence

AS2Educate recognises that safe and lawful positive handling depends upon staff being appropriately trained, competent and confident in using preventative approaches before considering any physical intervention.

Under Section 93 of the Education and Inspections Act 2006, all members of staff have the legal power to use reasonable force where necessary. At AS2Educate, all employees receive Positive Handling training as part of their induction and ongoing professional development and are therefore designated as authorised staff for the purposes of this Policy.

Whilst Section 93 of the Education and Inspections Act 2006 permits all members of staff to use reasonable force where necessary, AS2Educate expects restrictive physical intervention

to be undertaken only by trained staff wherever reasonably practicable. In exceptional emergency circumstances, any member of staff may use reasonable force where this is immediately necessary to prevent injury or serious harm.

At AS2Educate, staff are expected to prioritise de-escalation and preventative approaches at all times. Physical intervention should normally only be undertaken by staff who have completed accredited Positive Handling training delivered by Intelligensa, unless exceptional circumstances require immediate action to prevent injury or serious harm.

Wherever practicable, another member of staff should be present to witness any restrictive physical intervention.

Training includes:

- trauma-informed practice;
- understanding behaviour as communication;
- relationship-based behaviour management;
- recognising signs of emotional dysregulation;
- risk assessment and dynamic decision making;
- preventative and proactive strategies;
- verbal and non-verbal de-escalation techniques;
- conflict management;
- safe breakaway techniques;
- reasonable force and lawful physical intervention;
- post-incident support and recovery;
- recording, reporting and reflective practice;
- safeguarding responsibilities following restrictive physical intervention.

Staff will only use techniques for which they have received appropriate training.

The Provision Manager maintains records of all positive handling training and ensures refresher training is completed in accordance with Intelligensa's accreditation requirements and whenever practice, legislation or organisational needs require additional training.

Recording, Reporting and Post-Incident Procedures

Every incident involving restrictive physical intervention must be recorded as soon as practicable following the incident. Records should be factual, objective and completed before the end of the working day wherever possible.

Incident records will include:

- date, time and location;
- names of those involved;
- circumstances leading to the incident;
- known triggers;
- de-escalation strategies attempted;
- reason physical intervention became necessary;
- description of the intervention used;

- duration of the intervention;
- any injuries or medical treatment required;
- the child's presentation following the incident;
- names of staff involved and witnesses;
- actions taken afterwards;
- whether parents/carers were informed, including the method of communication (for example telephone call followed by written confirmation where appropriate) and the time this communication took place;
- any safeguarding concerns identified;
- follow-up actions required.

The Provision Manager and/or Designated Safeguarding Lead will review every incident to ensure:

- the intervention was lawful, reasonable, necessary and proportionate;
- safeguarding responsibilities have been met;
- appropriate support has been offered to the pupil;
- staff welfare has been considered;
- any learning points are identified.

Parents or carers will normally be informed on the same day that restrictive physical intervention has been used.

Following any restrictive physical intervention involving a pupil with SEND, SEMH needs or an EHCP, staff should consider whether the incident indicates that additional reasonable adjustments, therapeutic interventions or amendments to the Behaviour Support Plan, EHCP or Risk Assessment are required. The aim should always be to reduce the likelihood of future restrictive interventions.

Where appropriate, other professionals, including social workers, Virtual School Heads, health professionals or the Local Authority, may also be informed.

Where applicable, incidents will also be considered against the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 in accordance with the AS2Educate Health and Safety Policy. Notifications will also be made to the placing Local Authority, commissioning body or other relevant agencies where required by safeguarding procedures, contractual arrangements or statutory guidance.

Any injury sustained by a pupil or member of staff will be managed in accordance with the Health and Safety Policy and Accident Reporting procedures.

Supporting Pupils Following Physical Intervention

Following any restrictive physical intervention, staff will ensure the pupil receives appropriate emotional support.

This should include:

- checking for injury or distress;
- allowing time for emotional regulation;

- providing reassurance;
- restoring relationships through restorative practice where appropriate;
- discussing the incident when the pupil is ready;
- identifying any changes required to reduce future risk.

Staff recognise that physical intervention can be distressing for some children, particularly those who have experienced trauma, abuse or adverse childhood experiences. Support following an incident should therefore be compassionate, non-judgemental and focused on helping the child regain a sense of safety.

Where repeated interventions occur, the child's:

- Individual Behaviour Support Plan;
- Risk Assessment;
- Individual Healthcare Plan (where relevant);
- Education, Health and Care Plan (EHCP); and
- safeguarding arrangements

will be reviewed.

Prohibited Practices

AS2Educate does not use any intervention that intentionally causes pain, restricts breathing, obstructs communication, humiliates a pupil or places them at unnecessary risk.

Staff must never:

- use prone restraint unless there is an immediate and unavoidable risk to life and no safer alternative exists;
- deliberately inflict pain;
- restrict breathing or airway;
- cover a pupil's mouth or nose;
- use restraint as punishment;
- use restraint for compliance alone;
- use mechanical restraint;
- threaten restraint to secure compliance.

Any prohibited practice would be treated as a serious safeguarding concern and managed under the Safeguarding and Child Protection Policy and Staff Disciplinary Policy.

Monitoring, Review and Quality Assurance

The Provision Manager and Designated Safeguarding Lead are responsible for monitoring implementation of this Policy.

Monitoring includes at least termly analysis of:

- frequency of physical interventions;
- patterns and trends;
- pupils requiring repeated intervention;
- staff training compliance;
- quality of incident recording;

- safeguarding implications;
- lessons learned;
- complaints or concerns;
- feedback from staff, pupils and families.

Information gathered will be used to improve practice, identify additional support needs and reduce the future use of restrictive physical intervention wherever possible.

Positive handling data may also contribute to safeguarding audits, behaviour monitoring and provision self-evaluation.

Reviewed by:	Richard Fihosy
Date:	17.10.2024
Ratified by:	Board of Directors
Review:	Annual
Next Review:	Autumn Term 2026
August 2025	Policy update to reference latest legislations
August 2026	Full policy review