



CASTILION PRIMARY SCHOOL

Engage, Enthuse, Empower

Amadeus

Primary Academies Trust



Limitless Learning Together

Reviewed	Agreed by Staff	Review Date	Committee responsible for review
September 2020	September 2020	When necessary	Learning and Achievement

POSITIVE HANDLING POLICY

This policy outlines how staff at Castilion Primary School create and maintain good order and relationships through positive approaches. These approaches are successful for the vast majority of the time. This policy on the use of restrictive physical interventions supplements the main behaviour for learning policy. Both should be read in conjunction with the school SEN policy, the Health & Safety policy, and the Child Protection policy.

Purpose of this policy

This policy aims to give all members of the school community clear guidance so that any physical intervention that they undertake is carried out in a way that supports the values and principles described above. In particular, it aims to describe the circumstances in which restrictive physical intervention is an appropriate response and how staff at the school will fulfil their responsibilities in those circumstances.

The Headteacher will be responsible for ensuring that staff, Governors and parents are aware of the policy. S/he will ensure that any necessary training/awareness-raising takes place so that staff know their responsibilities.

Physical touch

The staff believe that physical touch is an essential part of human relationships. In our school adults may well use touch to prompt, to give reassurance or to provide support in PE.

To use touch/physical support successfully, staff will adhere to the following principles. It must:

- be non-abusive, with no intention to cause pain or injury
- be in the best interests of the child and others
- have a clear educational purpose (e.g. to access the curriculum or to improve social relationships)
- take account of gender issues

Staff need to be aware of sensitivities associated with any form of physical contact with students. More guidance and advice on physical contact other than the exercise of the power to use force is provided by the Education and Inspections act 2006.

What do we mean by 'physical intervention'?

Definition	Example	
Non-restrictive physical interventions. (As already stated touch/physical contact is a small but important and natural part of teacher-pupil relationships in our school).	Either where the child's movement is not restricted or where the child is held supportively but such that they will be released immediately should they so wish.	For example: <ul style="list-style-type: none"> escorts and guides
Restrictive physical interventions	Prevent, impede or restrict movement or mobility. Restraint. To use force to direct.	For example: <ul style="list-style-type: none"> more restrictive hold: and restraints ie T.wrap/ single elbow

Emergency/unplanned interventions	Occur in response to unforeseen events
Planned interventions	In which staff employ, where necessary, pre-arranged strategies and methods which are based on a risk assessment and recorded in an individual plan for the management of a pupil

What the law says on when is restrictive physical intervention permissible

Section 93 of the Education and Inspections Act 2006 enables school staff to use such force as is reasonable in the circumstances to prevent a student from doing, or continuing to do, any of the following:

- Committing any offence (or for a student under the age of criminal responsibility, what would be an offence for an older pupil);
- Causing personal injury to, or damage to the property of, any person (including the student 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.

Risk assessment

The use of a restrictive physical intervention will be the outcome of a professional judgement made by staff on the basis of this school policy. It is avoided whenever possible and will not be used for staff convenience. Restrictive physical intervention will only be considered if other behaviour management options have proved ineffective or are judged to be inappropriate (or in an emergency situation). Before deciding to intervene in this way, staff will weigh up whether the risk of not intervening is greater than the risk of intervening. Any actions will be carried out with the child's best interests at heart. Physical intervention will never be used to punish a pupil or cause pain, injury or humiliation.

Staff are not expected to intervene physically against their better judgement nor are they expected to place themselves at unreasonable risk. In such circumstances, they must take steps to minimise risks. For example, by removing other pupils and calling for assistance. Supply staff will not be authorised to use restrictive physical interventions. Parents and volunteers in the school are not given authorisation. Staff from the local education authority may have their own policies about the care and control of pupils but, whilst on the premises, they will be expected to be aware of, and operate within, the policy of this school.

How staff might intervene

When a restrictive physical intervention is justified, staff will use 'reasonable force'. This is the degree of force 'warranted by the situation'. It will 'be proportionate to the circumstances of the incident and the consequences it is intended to prevent'. Any force used will always be the minimum needed to achieve the desired result and for the shortest amount of time. During an incident the member of staff involved will tell the pupil that his or her behaviour may be leading to restraint. This will not be used as a threat or

said in a way that could inflame the situation. Staff will not act out of anger or frustration. They will try to adopt a calm, measured approach and maintain communication with the pupil at all times.

The place of restrictive physical intervention within broader behavioural planning

If, through the school's special needs assessment procedures, it is determined that a restrictive physical intervention is likely to be appropriate to help a pupil make progress, a risk assessment will be carried out following the school's guidelines (see Appendix B). If appropriate, an individual positive handling plan will then be drawn up for that pupil (see Appendix C). This plan will aim to reduce the likelihood of the need for restrictive physical intervention as well as describing how such intervention will be carried out. This plan will be discussed with parents/carers. Before the risk assessment is implemented, any necessary training or guidance will be provided for the staff involved. The Headteacher will be responsible for establishing staff needs and for organising necessary training.

What to do after the use of a restrictive physical intervention

After the use of an unplanned restrictive physical intervention, the following steps will be taken. Details of the incident will be recorded by all adults involved immediately on the positive handling incident report form (see Appendix D).

- Recording will be completed within 12 hours whenever possible. Staff will be offered the opportunity to seek advice from a senior colleague or professional representative when compiling their report.
- Any injuries suffered by those involved will be recorded following normal school procedures.
- The Headteacher will check that there is no cause for concern regarding the actions of adults involved. If it is felt that an action has 'caused or put a child at risk of significant harm' the Headteacher will follow the school's child protection procedures and also inform parents/carers.
- Parents/carers will be informed by the Headteacher/SENCO on the day of the incident. Parents/carers will be offered the opportunity to discuss any concerns that they may have regarding an incident.
- Support/debriefing will be available for adults and pupils who have been involved in any incident involving restrictive physical interventions. Arrangements for recording and informing parents in the case of a planned restrictive intervention will be followed as agreed beforehand but broadly will follow the same pattern as above. The Senior Leadership Team will use the records kept to analyse patterns of behaviour and so decide whether responses are being effective. The Headteacher/SENCO will report this information to the Governing Body at their termly meetings.

Complaints procedure

Any complaint will first be considered in the light of the school's child protection procedures. If child protection procedures are not appropriate; the school's complaint procedures will be followed.
Review.

The Governing body reviews this policy every two years. The governors may however review the policy earlier than this, if the government introduces new regulations, or if the governing body receives recommendations on how the policy might be improved.

Signed: Head Teacher

Date:

Signed: Chair of Governors

Date:

APPENDIX A – TRAINED STAFF

The following members of staff have been trained to use positive handling techniques.

Training given for 2014-2015 academic year.

Role	Name
Teaching Staff	
Teaching Assistants	
Support staff	

To be updated following training on Friday 8th May 2015.

See Appendices B to D below.

APPENDIX B – RISK ASSESSMENT PROFORMA

Proforma for assessing and managing foreseeable risks for children who present challenging behaviours

Name of child _____
Class group _____
Name of teacher _____
School _____

Identification of Risk

Describe the foreseeable risk	
Is the risk potential or actual	
List who is affected by the risk	

Assessment of Risk

In which situations does the risk usually occur?	
How likely it is that the risk will arise?	
If the risk arises, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to occur?	
How serious are the adverse outcomes?	

Assessment completed By _____
Date _____

Risk Reduction Options

Measures	Possible Options	Benefits	Drawbacks
Proactive interventions to prevent risk			
Follow up interventions to manage risk			
Reactive interventions to respond to adverse outcomes			

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Agreed Behaviour Management Plan and School Risk Management Strategy

Focus of measures	Measures to be employed	Level of risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

Agreed By _____
Relationship to child _____
Date _____

Communication of Behaviour Management Plan and School Risk Management Strategy

Plans and strategies Shared With	Communication Method	Date Actioned

Staff Training Issues

Identified Training Needs	Training Provided to Meet Needs	Date training completed

Evaluation of Behaviour Management Plan and Risk Management Strategy

Measures set out	Effectiveness in supporting the child	Impact on risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

Actions for the Future

Plan and strategies

evaluated by

Relationship to child

Date

APPENDIX C – POSITIVE HANDLING PLAN

Positive Handling Plan (PHP)

Name: _____ Setting: _____

TRIGGER Behaviours

Describe common behaviours/situations which are known to have led to Positive Handling being required. When is such behaviour likely to occur?

TOPOGRAPHY of Behaviour

Describe what the behaviour looks and sounds like.

PREFERRED Supportive and Intervention Strategies

Other ways of CALMING such behaviours. Describe strategies that, where and when possible, should be attempted before positive handling techniques are used.

Verbal advice and support

Distraction (Know key words, objects, likes etc)

Reassurance

Take up time

CALM talking/stance

Time Out (requires written plan)

Negotiation

Withdrawal (requires staff/carer observation)

Choices/Limits

Cool-off: Directed/Offered *(delete as appropriate)*

Humour

Time allowed out to calm down or cool off

Contingent Touch

Consequences reminder

Transfer Adult (Help protocol)

Planned Ignoring

Success Reminder

Others

Praise Points/Strengths

Areas that can be developed and build upon. Please state at least three bridge builders.

- 1.
- 2.
- 3.

Medical Conditions

Note any known medical conditions that should be taken into account before physically intervening (e.g asthma, brittle bones).

Preferred Handling Strategies

Describe the preferred holds: standing, sitting, ground, stating numbers of staff, what "get outs" that can be used when holding, etc

Parents Views:

Pupils Views:

De-briefing process following incident: (What is the care to be provided)

Recording and notifications required:

	Print Name	Signature
School Representative		
Parents/Guardians		
Other Agencies		

Date _____ Review Date _____

Other Factors to Consider:

- Key behaviour difficulties
- Our understanding of the behaviour
- What we want to see instead
- Environmental changes that might help
- How the individual can help
- How parents or carers can help
- Rewarding progress
- Monitoring progress

No:

Name:		Class	
Date		Time:	
		Time span (mins)	
Location		Activity	
Reported By		Position	
Name of Staff Involved		Name of Witnesses	

Reasons for Intervention		
Immediate danger of personal injury to pupil	Immediate danger of injury to other pupil(s)	Immediate danger to a member of staff
Server disruption to other pupils	To avoid property damage	Prevent a criminal act

Antecedents

Behaviour (give examples)		

De-escalation techniques used			
Verbal advice and support	Reassurance	Calm script/talking	Persuasion
Distraction	Appropriate humour	Choices given	Take up time
Time out offered	Time out directed	Tactical ignoring	Negotiation
Changed staff	Success reminder	Praise	Consequence reminder
Other			

Team Teach Strategy Used

Strategy	Duration	No. of Staff	Stand/Sit	Related to policy				
				Effectiveness				
Verbal				1	2	3	4	5
Friendly hold				1	2	3	4	5
Single elbow				1	2	3	4	5
Double elbow				1	2	3	4	5
Figure 4				1	2	3	4	5
Wrap				1	2	3	4	5
Escort				1	2	3	4	5

Outcome	How effective

Medical Intervention

Breathing/circulation checked	Checked for bruising
Injury to child	Referred to Doctor
Injury to staff	Referred to Doctor
Injury to others	Referred to Doctor

Pupil Views

This report has been read to the pupil and discussed.

Pupil's view:

Other pupil's views:

Staff Follow Up

Debriefing	By Whom	Further Action

Monitoring			
Parents Informed	Name:	Time:	Date:
Parents Comments			
Further Action			
Other Agencies Informed			

Signatures	
Staff	
Pupil	
Headteacher	
Parents/Carers	

Monitoring Checks						
Was sufficient de-escalation undertaken?	Were there grounds for physical control?	Were agreed physical controls used?	Has sufficient post incident action been taken?	Is record keeping comprehensive and complete?	Were all relevant people informed?	Were there any staff/pupil complaints about the incident?
Outcome			Further Action Risk Assessment			