

# **Priors Hall – a learning community**

## **Positive Handling Policy**

### **2023 - 2024**



*‘Ready for Learning, Ready for Life’*



**Curiosi**

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**Kindness**



## The Priors Hall approach to Positive Handling

This policy should be read in conjunction with Positive Relationships Policy and Safeguarding Policy.

The term 'positive handling' includes a wide range of supportive strategies for managing challenging behaviour. A clear and consistent positive handling policy supports all pupils, including those with social, emotional and behavioural difficulties, within an ethos of mutual respect, care and safety.

Staff have a duty to intervene in order to prevent children from hurting themselves, others or damaging property. Furthermore, the school takes seriously its duty of care to children, employees and visitors to the school.

- The first and paramount consideration is the welfare of the children.
- The second is the welfare and protection of the adults who look after them.

Staff will be trained to look after the children in their care and aim to focus on de-escalation techniques wherever possible. If a member of staff ever needs to intervene physically, they will follow the Positive Handling Policy.

The DFE non-statutory guidance document 'Use of reasonable force' (dated July 2013 – reviewed 2015) provides advice for headteachers, staff and governing bodies:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/444051/Use of reasonable force advice Reviewed July 2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444051/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf)

Section 93 of the Education and Inspections Act 2006 enables school staff to use such force as is reasonable. There is no legal definition of when it is reasonable to use force.

DFE guidance and the Act make it clear that school staff have a legal power to use reasonable force. However, wherever possible, only staff trained in the pre-emptive and responsive positive handling strategy techniques of Team Teach will

use physical intervention techniques with children, and only when there is No Other Way (NOW).

Although any member of staff may be required to physically intervene with a child who is endangering themselves or others, and/or damaging property, we would expect accredited staff to take over as soon as possible. (See appendix 1 for a current list of trained staff.)

### **Team Teach**

Team Teach is an accredited approach used to safely physically intervene. Staff undertake a 6-hour or 12-hour course led by a qualified trainer with a refresher course undertaken every two years.

Further details on the Team Teach approach can be found on the Team Teach Website. The website address is <https://www.teamteach.co.uk/>

The school will keep a list of staff qualified to use Team Teach.

### **De-escalation Techniques**

#### **Before using physical interventions**

In the first instance adults will act as the mediator to ensure that all children will have their voices heard, this mediation will involve adults using age-appropriate language to model interactions and to encourage children to explain their point of view and work towards a resolution.

We take effective action to de-escalate and reduce risk by:

- Showing care and concern by acknowledging unacceptable behaviour and requesting alternatives using negotiating and reasoning.
- Giving firm and clear directions and instructions.
- Offering limited choices.
- Providing distractions.
- Giving reassurance.
- Planned ignoring
- Providing humour when appropriate.
- Success reminder
- Reminding the pupil about the rules and the consequences to their choices.

- Removing an audience or offering vulnerable pupils a safe place.
- Making the environment safer by moving furniture and removing objects which could be used in an unsafe manner.
- Ensuring that colleagues know what is happening and call for help.

During or before physical intervention, staff should speak calmly as a way of reassurance and use the language 'I can see there is something wrong. I am here to help' and/or 'I am holding you because I need to keep you safe' and 'Once you are showing me you are safe, I am going to let you go'.

### Use of intervention

The term 'physical intervention' is used when restraint is used to overcome active resistance. The Team Teach techniques may include friendly hold and double elbow (Appendix 2). Physical interventions should only be used when there is no other way (NOW) and for the shortest amount of time possible. Staff to think creatively about alternatives to physical intervention which may be effective. The paramount consideration is that the action is taken in the interest of the child and that it reduces rather than increases risk. Any response to challenging behaviour should be **reasonable, proportionate and necessary**. Physical intervention must only be in accordance with the following:

- The member of staff should have good grounds for believing the child is in immediate danger of harming themselves or others and/or in danger of seriously damaging property.
- Only the minimum force and time, with maximum care and control necessary to prevent injury or damage should be applied.
- Every effort should be made to secure a minimum of two Team Teach trained members of staff are present before applying the intervention.
- Once safe, the intervention should be relaxed to allow the child to regain self-control and regulate.
- The intervention should be an act of care and control, NOT punishment.
- Physical intervention should not be used to force compliance with instructions when there is no immediate danger to people or property.

The definition of reasonable, proportionate and safe practice can change and will be kept under review.

## **Dynamic Risk Assessment - Responding to emergencies**

Even the best planning system cannot cover every eventuality and the school recognises that there are unforeseen or emergency situations in which staff have to think on their feet. An unforeseen event may require an emergency response with a dynamic risk assessment. After that event, staff have a duty to plan ahead and prepare a risk assessment detailed in the Positive Intervention Plan.

### **Positive Intervention Plan (including Risk Assessment)**

Risk assessments are required for children who exhibit challenging behaviour. Responsible staff should think ahead to anticipate what might go wrong. The Positive Intervention Plan (PIP) should be shared with parents for a collaborative approach. When writing the risk assessment, staff and families will consider the following:

- Can we anticipate a health and safety risk related to this children's behaviour?
- Have we got all the information needed to conduct the risk assessment?
- Have we provided a written plan?
- What further steps can we take to prevent dangerous behaviour from reoccurring?

Staff may also need to make an individual risk assessment where it is known that force is more likely to be necessary to restrain a particular child, such as a child who is considered to be at greatest risk of needing positive handling interventions due to their special educational need (SEN) or disability. Plans should be compatible with a child's EHCP and properly documented on a Positive Intervention Plan.

An individual risk assessment is essential for children whose SEND are associated with:

- Communication impairments that make them less responsive to verbal communication
- Physical disabilities and/or sensory impairments

- Conditions that make them fragile, such as haemophilia, brittle bone syndrome or epilepsy
- Dependence on equipment such as wheelchairs, breathing or feeding tubes.

Risk management is regarded as an integral part of behaviour management planning. All children who have been identified as presenting a risk, should have a Positive Intervention Plan and risk assessment. The plan details strategies which have been found to be effective for that individual, along with any responses which are to be avoided. Any particular physical techniques which have been found to be effective should be named, along with any alerts to any which have proved to be ineffective, or which have caused problems in the past. Positive Intervention Plans should be considered along with the child's EHCP or any other planning document relevant to the pupil, such as an Individual Health Care Plan. The Positive Intervention Plan should take account of the age, sex, level of physical, emotional and intellectual development, special needs and social context. Parents will be involved in the writing of each Positive Intervention Plan, and the review. Where a dynamic risk assessment has been carried out previously, a written risk assessment will be included within the Positive Intervention Plan (Appendix 3).

### **Post Incident Debrief**

After any incident a full debrief should take place so that learning can inform practice. Following an incident, it is the policy of the school to offer support to all involved. This is an opportunity for learning, and time needs to be given for following up incidents so that children and staff have an opportunity to express their feelings, suggest alternative courses of action for the future and appreciate another person's perspective. It is difficult to devise a framework of support that meets the needs of all. As individuals we all vary in how much support we need after an unpleasant incident. Generally, a member of senior staff would expect to talk to staff and children involved in any incidents involving any intervention. If the staff or children need time to rest or compose themselves, then the Senior Leadership Team will make arrangements for this to happen. Following an incident, consideration may be given to conducting a further risk assessment,

reviewing the current risk assessment. Any further action in relation to a member of staff or child will follow the appropriate procedures.

### **Recording**

All incidents where friendly guides and escorts are used are to be recorded as a safeguarding event following school policy. A member of the Senior Leadership

Team should be notified immediately after the event. All positive handling incidents should be logged using Cpoms and within these recording strategies, all details must be recorded within 24 hours of the incident. Any injury/harm to staff or children involved in an incident must be reported on CPOMs. All staff involved in an incident should contribute to the record which should be completed before the colleague leaves site that day or, in the event that is not physically possible, at the latest within 24 hours of the event occurring. Parents to be informed of incident at the earliest convenience. If there is a PIP, this should be reviewed following the incident by the class teacher, Behaviour Lead, and SENDCo where appropriate. All records will be kept for 25 years from the date of birth of the student with their student records.

### **Monitoring and Evaluation**

The Head Teacher, Designated Safeguarding Lead and Behaviour Lead will ensure that each incident is reviewed and instigate further actions as required.

### **Complaints and allegations**

Any complaints will follow Priors Hall Complaint Procedure.

### **Other physical contact with students (DFE Use of reasonable force 2013)**

It is not illegal to touch a child and there are occasions when physical contact, other than reasonable force, with a child is proper and necessary such as:

- When comforting a distressed child
- When a child is being congratulated or praised
- To demonstrate how to use a musical instrument
- To demonstrate exercises or techniques during PE lessons or sports coaching

- To give first aid

This list is not exhaustive, but provides some examples of situations where physical contact is proper and necessary.

### Policy Review

A formal annual review of this policy will be carried out to reflect changes in Priors Hall's strategy and/or changes in legislation.

## **Appendix 1** Current list of trained staff



### |Team Teach trained staff

Lucy Nisbet	Calla Haycock-Hall
Justin Pye	Charlotte Brazier
Chantelle Wood	Charlotte Reed
Kirstie Martin	Andrea Rzymski
Emma O'Connor	



## Appendix 2 Written description of techniques



### Written Descriptions of Level One - 6 Hour & Level Two -12 Hour Techniques

#### **Friendly Hold**

The holding arm approaches from behind. In the friendly position, the holding arm takes the long bone with a Caring C shape and gently eases the hands of the client into the seatbelt position. Staff members stand close with hips gently pressing to close the gates with the other leg out to balance.

#### **Single Elbow**

The holding arm approaches from behind and takes hold of the long bone with a Caring C shape. The forearms are brought up parallel with the ground with the elbows tucked back and the hips pressed in close. The heel of the free hand is placed on the front of the shoulder to stabilise the client and ready to respond to spitting, if required.

### **Figure of Four**

From a Single Elbow the hand which was on the client's shoulder moves to join the hand holding the client's long bone just above the wrist. The hand underneath has both thumbs on top. Then the hand underneath the armpit is raised up to pass over the arm of the client, to hold the member of staff own long bone. The arm forms a bar to block the gate of the hand holding with thumbs on top.

### **Double Elbow**

Move the elbow back and momentarily drop the hands to create a space. This enables a colleague to pass one arm along the back of the client and reach under the armpit to hold the forearm close to the side. The thumb is not against the ribs but curled around the arm next to the forefinger. Hips are pressed in close with the back supported.

### **The one-person double elbow**

Caring Cs behind the elbows and pass the furthest arm under the child's arm to hook it alongside. The nearest arm is tucked under the armpit of the staff member. This should only be used as an escort and not in a restraint resistant circumstance.

### **Single Elbow in Chairs**

The client's elbows are moved outwards into a 'chicken wing' shape, with the hands on the hip in the seatbelt position. The members of staff move their bodies forward then slide across in front of the 'chicken wing,' so that the elbows are secured behind their backs. The body then secures the elbows reducing the amount of force needed to hold the arms. One leg can step out as a brace, with the heel of the free hand securing the shoulder back into the chair. If required, staff may use their own legs, by placing their inside foot between the child's feet and pressing in, to keep the client's knees together, to reduce the risk from kicking.

### **Half Shield Single Person 'short distance separation' technique**

The member of staff makes contact in a T shape stance with their hip to the small of the person's back (depending on the height of the person). The arm nearest is posted in front of the arm of the client, to prevent it from punching forward, with the back of the member of staff's hand flat along the person's back. The members of staff gather the other arm with a Caring C, aiming to secure just above the elbow, maintaining contact at the hip. The member of staff should walk forward as the person crabs sideways.

**Appendix 3** Positive Intervention Plan and Risk assessment



**Positive Intervention Plan – Positive Handling**

**Daily Management – preventative strategies –**

- 1.
- 2.
- 3.
- 4.
- 5.

Long-term aim	Target behaviour

What are common triggers?

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- 
- 
- 
- 

Things to avoid

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Inappropriate behaviour	Strategy/Response	Timescale	De-escalation
Shouts inappropriately, hits, kicks, or tries to spit, throws objects. Drops to the floor.	Immediately escort him to the Safe Space.  DO NOT SPEAK to, or react	Usually takes about ten minutes to calm, but can take longer.  Every 10 minutes he should be given the opportunity to communicate his choice – to  re-join the lesson or remain in the Safe Space.	On return to class X must complete the task originally asked of him regardless of timing. On returning to the playground try to engage X in an activity: football, games etc.

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### Behaviour that may require physical intervention:

Dysregulation and unsafe behaviours such as:

- Climbing on tables
- Throwing resources or furniture

### Preferred handling strategies:

Friendly hold (arm around shoulder)		Chair hold	
Walking		Beanbag	
Ground hold		Double elbow	
Standing hold		Get outs	

### Signatures

SENDCo:

Date:

Behaviour & Attitudes Lead:

Class Teacher:

Date:

Do you wish to be informed on each occasion that the behaviour Support Plan has been used?

**Yes/No**

Parent/Carer:

Date:

Other(s):

Date:

## Behaviour risk assessment –

Hazard	Risk (who/wh at harm might be caused)	Initial risk rating	Control measures	Final risk rating


I agree with this risk assessment, and I will update school with further advice.

Parental Signature: .....

Class Teacher: .....

Head Teacher: .....

SENDCo: .....