# Priors Hall – a learning community

# Positive Handling Policy

# 2026 - 2027

*'Ready for Learning, Ready for Life'*

# 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

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-emotive and responsive positive handling strategy techniques of physical

intervention 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.

## Positive Handling

Some staff members are trained in the use of physical intervention and the approaches to safely de-escalate and where needed, physically intervene. Qualified staff undertake a 6-hour or 12-hour course led by a qualified trainer with a refresher course undertaken every two years. The two training providers are Team Teach and Dynamis Training.

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

Dynamis approach can be found on the Dynamis website. The website address is https://www.dynamis.training/

The school keep a list of staff qualified to use physical intervention.

## 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. 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 physical intervention 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 haemophillia, 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 to be found 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 1).

## 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.

### Safeguarding Statement

Safeguarding is everybody's business. Priors Hall – a Learning Community has an unwavering commitment to safeguarding to ensure that: all our children and young people are safe and feel safe; that children, parents/carers and staff are able to talk about any safeguarding concerns and feel assured that they will be listened to; and that all staff and volunteers are aware of and implement safeguarding procedures and guidance, including what to do if they suspect a child or young person may be experiencing, or be at risk of harm. In essence, we instil a culture of vigilance.

All concerns should be given to our school Designated Safeguarding Leads: **Jacqueline White (Assistant Head and DSL), Tess McQuade (Headteacher and DDSL), Justin Pye (Assistant Head and DSO), Charlotte Brazier (Assistant Head and DSO), Calla Haycock-Hall (Pastoral Lead and DSO), Lucy Nisbet (SENDCo and DSO), Jennifer Forshaw (DSO).**

- In any case where an adult is concerned that a child is, or may be, at risk of significant harm they must report this immediately to the DSL or to a member of the Safeguarding Team who will make a referral directly to Northamptonshire Multi-Agency Safeguarding Hub (MASH) on **0300 126 7000**.
- If a child or other person is at immediate risk of harm, the first response should always be to call the police on **999.** This policy applies to all adults, including volunteers, working in or on behalf of Priors Hall – a Learning Community.
- If a concern is in relation to a member of staff at Priors Hall (who is not the Headteacher), please contact Tess McQuade on **01536 216090** to report this concern.
- If a concern is in relation to the Headteacher, please contact the Chair of Governor (Matt Miller) via email on mmiller@iftl.co.uk or IFTL Safeguarding Lead (Victoria Blackmore) via email on vblackmore@iftl.co.uk.

**Appendix 1** - 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? |
|---|
| • <br>• <br>• <br>• |
| **Things to avoid** |
| • <br>• <br>• <br>• <br>• |

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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.<br>DO NOT SPEAK to, or react | Usually takes about ten minutes to calm, but can take longer.<br>Every 10 minutes he should be given the opportunity to communicate his choice – to<br>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. |
| | | | |
| | | | |

**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:<br>Behaviour & Attitudes Lead: | Date: |
| Class Teacher: | Date: |

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| 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/what 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: ……

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