



DATCHET ST. MARY'S C OF E PRIMARY ACADEMY

Positive Handling Policy

Policy & Guidance on the Use of Physical Intervention with Children

The school adheres to the procedures and guidance set out in the following ESCC documents:

- Positive Handling and Physical Intervention Policy – Autumn 2007
- Positive Handling and Physical Intervention Guidance – Autumn 2007

Appendices:

Appendix 1 – Positive Handling Plan

Appendix 2 – Positive Handling and Physical Intervention recording and reporting form

Appendix 3 – Example Positive Handling Log

Guidance on using Risk Assessment Proformas A, B, C and D

Pro-forma A for assessment of Vulnerability, Culture and Parental s

Pro-forma B for Behaviour Description

Pro-forma C for Risk Scoring

Pro-forma D for Articulating Risk

Datchet St Mary's Academy believes in providing an environment for children and young people, where they feel safe, secure and free from abuse, bullying, and violence; an environment in which boundaries and expectations are clear and provide opportunity for personal development enabling children to maximise their personal potential.

Datchet St Mary's Academy believes that all children and young people:

- Should have the right to feel safe, secure and cared for
- Should have access to appropriate support, care and education this includes the support to manage their emotions and their behaviour including taking account of, and for their responsibilities.
- The chance to learn how to support others with additional educational needs e.g. the chance to mentor guide and support pupils with encouragement and the ability to prevent confrontation by avoiding provocation.

This Guidance is intended for the teaching and non-teaching staff of Datchet St Mary's Academy.

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1. Physical intervention is defined as: The use of force to prevent another person committing an act that is likely to be physically damaging to another person, themselves, to property or, in school settings, prejudicial to the maintenance of good order and discipline.
 2. The use of physical interventions should only be considered within the context of risk, be proportionate to that risk and appropriate given the age, understanding, gender and size of the child or young person. Any use of force to influence another's behaviour entails a risk. Clearly interventions that are unplanned and unprepared carry a greater risk.
The risks may be categorised as:
 - Risk of injury to the person being restrained
 - Risk of injury to the Restrainer
 - Risk of injury to other people in the vicinity
 - Risk of subsequent legal action
 3. Restrictive physical interventions may include:
 - **Bodily Contact:** where the physical presence of one or more people is used to control a child or young person, for example two people holding a person so as to restrict their mobility.
 - **Environmental Change:** applying a change within the environment for example, the use of locked doors or key pads to prevent access to or from an area.
 - **Emergency physical intervention** is the use of physical intervention in a situation of significant risk that was unforeseeable.
 - **Planned physical intervention** is the proactive use of physical intervention as part of an overall behaviour support plan aimed at reducing the level of risk presented by behaviour and accompanied by appropriate preventative strategies.
 4. Primary prevention will be achieved by:
 - Developing positive relationships with children and young people based on mutual respect and shared boundaries.
 - Creating an environment in which children, young people and staff feel safe and secure.
 - Ensuring staff have the appropriate skills to effectively support children and young people.
 - Supporting children, as far as is possible, to understand their behaviour and learn alternative ways of expressing themselves or achieving their desired aim.
 - Holding positive views of children and building on the relationships they value by listening to and taking account of the views held by the child in their personal plan.
 - Creating exciting and fulfilling lives for children.
 - Encouraging effective and consistent support from family and other agencies.
 5. Secondary prevention should be used where primary prevention has been ineffective and is achieved by:
 - Ensuring staff have clear guidance and appropriate skills
 - Recognising the personal indicators exhibited by individual children when they are having difficulty in managing their emotional state or are reaching crisis
 - Identifying previously successful diversion and de-escalation strategies, and emerging risk indicators which must be incorporated into the positive handling plan

6. In general, but with notable exceptions, it is far better that the pupils at Datchet St Mary's Academy should not be physically restrained. Some may experience a high level of violence in their lives already or have been witness to domestic violence incidents. With a few considered as children at risk.
High levels of physical intervention are much more likely to encourage pupil to pupil and pupil to staff violence. However, on occasions it may be judged by a member of staff or team that the use of a physical intervention may be appropriate given a level of relative risk in a situation that could be described as unforeseeable. Staff will remain responsible and accountable for their actions or inaction and must still act within current legislation and guidance.
7. Normally only those staff who have completed the Team Teach training (or an equivalent training course recognised by BILD) should attempt to intervene physically with pupils; however, there are occasions – when it is the only way to prevent an offence being committed or it is necessary to the conduct of the Duty of Care – then unqualified staff may use reasonable and proportionate force. Two members of staff have undertaken training provided by Team Teach.
8. There are a number of different levels of physical intervention and associated risk. Generally, the least intervention carries the least risk; although there are exceptions to this generalisation. The occasions when physical intervention should be employed or a pupil should be restrained are:
 - When failure to intervene physically is likely to result in injury to the pupil or another pupil or a member of staff or of the general public.
 - When failure to intervene physically is likely to result in damage to the building or its contents e.g. broken windows or computer.
 - When failure to intervene physically is likely to result in the commission of a crime e.g. damage to a vehicle or theft.In each of these instances the actions of all staff must be governed by the duty of care **which overrides any other consideration.**

The key consideration in each instance is the likelihood of the event occurring. There is a great difference between likelihood i.e. strong probability and mere possibility. Staff will need to call upon their experience, knowledge of the pupils involved, capacity to intervene and proximity of available colleagues to support any intervention.

Risk Assessment

It is important that appropriate risk assessments are conducted to ensure that the likelihood of a pupil requiring physical intervention is reduced. The Inclusion Lead, with the SLT should consider risks associated with all areas of the school to ensure that there is adequate supervision of corridors and facilities at break times particularly for pupils at risk of positive handling. Responsible teaching staff should produce risk assessments prior to all external activities and these should include an assessment of the likelihood of a pupil requiring physical intervention during the course of an excursion.

If a pupil has a pattern of instances of physical restraint it is essential that there is a clear positive handling plan that identifies the steps that may be taken to deescalate a situation in order to avoid physical intervention and the kind and level of intervention that may be required e.g. if an older

heavier pupil can only safely be restrained by more than one member of staff, any group outing will require three members of staff to be present. Where pupils are known to be likely to need handling then a plan should be drawn up in advance of their induction to the school with the parents to identify possible ways of avoiding confrontational behaviour and to explore ways of de-escalating situations when they arise. This ensures that parents are involved in the way that their child is dealt with and ensures that all staff working with the pupil are aware of the best way to handle them.

See Appendix 1 for an example plan and uncompleted template.

See Risk Assessment Proformas A, B.C and D and guidance on using them at the end of this Policy

9. The occasions when physical intervention should not be employed are:

- When physical intervention to prevent damage to property is likely to result in injury to the restrainer or other non-participants. In such cases, the police should be called and asked to give assistance.
- When physical intervention is likely to constitute a criminal action e.g. preventing a pupil's exit from the building may constitute false imprisonment and breach the Human Rights Act. There is a judgement to be made when a pupil is, for example, threatening to leave the building and damage vehicles in the car park or if the pupil is of an age or in a condition e.g. under the influence of alcohol or substances that means their safety when leaving the building is likely to be threatened. Such judgements will also take into account prior knowledge and experience of the pupil.
- When a pupil is non-compliant but the non-compliance does not constitute a threat to the well-being of the pupil, other people or property e.g. passively refusing to attend lessons.
- In order to intimidate or frighten a pupil into compliance.

10. If a pupil is restrained the following actions must be undertaken as swiftly as possible:

- The pupil must be physically checked for injury. The person undertaking the restraint must be physically checked for injury. Medical attention must be sought if there are injuries that cannot be attended to in school. If necessary the restrainer should be allowed some time to de-brief.
- The pupil's parent or carer should be contacted and informed of the incident. A positive handling incident report form (see Appendix 2) should be completed and signed by the report compiler. The form should be completed in detail, including details of the incident leading up to the physical intervention. This form should be shared with the parent and a copy made available for them to keep. A copy should also be filed in the Head of School's office and recorded on the positive handling central record (see Appendix 3)
- Following a restraint it is not always necessary for the pupil to be returned home, but this option should be considered. The option of police contact should also be considered.
- Following a physical restraint staff involved may need access to debriefing by a member of SLT or other suitable person. This meeting will enable the member of staff to talk through the incident and discuss any future practice that needs to be considered. The outcome of this meeting should be that the member of staff is confident to return to working with the child involved and that reparation of the relationship will take place.
- Following physical restraint there may be a need for structured review and forward planning to allow restoration of all relationships involved. This meeting will take place with appropriate staff and the child concerned. The incident will be discussed in a 'no blame' Restorative Justice approach, summarised and an agreement for the future established.

Indemnity

Staff who undertake physical intervention in accordance with the procedures detailed within this policy, associated service guidance and appropriate training are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that the procedures followed are in line with this policy associated service guidance and training attended. The indemnity though will not be given in cases of fraud, dishonesty or criminal offence. In the most unlikely event of any civil action for damages being taken against you, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

Positive Handling Plan (completed example)

Appendix 1

Name: Child A

Setting: Datchet St Mary’s Academy

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

- Change of structure to day or supply/cover teacher in class;
- Non comprehension of instructions/task;
- Being asked to complete a task he doesn’t like (or understand) particularly writing • Refusal to settle to class work when he feels an injustice has been done (it’s not fair!);
- Refusal to leave a given area, possibly linked to fear of getting into trouble; • Being over-tired or poorly;
- Conflict on the playground.

TOPOGRAPHY of Behaviour: (Describe what the behaviour looks / sounds like?)

- Refusal to complete requested task
- Sitting underneath the table
- Shouting out/ making noises/ tapping/ biting things (eg cuff; chair etc)
- Failure to engage in conversation/ putting his head down • Refusing to leave an area when asked to
- Can become aggressive although this is seen more rarely.

PREFERRED Supportive & Intervention Strategies

(Other ways of C.A.L.M.ing (Communicate; Awareness & Assessment; Listen & Look; Make Safe) such behaviours. Describe strategies that, where and when possible, should be attempted before positive handling techniques are used) Please tick all those that apply√.

Verbal advice and support	√	C.A.L.M talking / Stance	√
Distraction (Known Key words, objects, etc. Likes)	√	Time Out (Requires a written plan)	√
Take up Time	√	Reassurance	√
Negotiation	√	Consequences	√
Withdrawal (Requires Staff/Carer observation)	√	Transfer Adult (Help Protocol)	
Choices / Limits	√	Cool Off: Directed / Offered (Delete as appropriate) Time allowed out to calm down or cool off	√
Humour	√	Timer/reward chart	√
Planned Ignoring	√	Success Reminder	√
Others? Contact mum to come to school to support Child A if required. Mum already has daily supportive contact with the school			

PRAISE POINTS / STRENGTHS: (Areas that can be developed and built upon) Please state at least 3 Bridge builders.

1: Language of 'good choices' to make. Child A responds well to praise and wants to please. This praise can be linked to his reward chart. This can be effective when given for following given instruction prior to discussing original concern.

2: Child A enjoys reading and art so can be encouraged to share a book/draw when he has completed the set task/ followed the instruction.

3: Child A can be praised for turning behaviour around once he has followed his instruction with further praise.

Medical Conditions that should be taken into account before physically intervening.

i.e. Asthma, Brittle bones

- None known

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

- Guide assertively – support walking using 'Caring C's', reassuring orally all the time.
- Loosen to minimum support as soon as Child A cooperates and is moving.
- Preferably support Child A's walking with two adults.
- Constantly offer option to lower intervention – if you can show me you are ready then I am happy to walk alongside you etc
- Move the minimum amount of distance required to lower intervention strategy.

De-briefing process following incident:

(What is the care to be provided)

- Discussion with Headteacher and intervening adult/class teacher once calm;
- Follow-up discussion with mum and Child A (sharing incident report form) about ways to avoid situation arising again.

Recording and notifications required:

- Positive Handling record sheet to be completed and handed to Headteacher for any handling incident.
- Headteacher and Parent to be informed.

Date plan established:

Review Date: Term

Headteacher: _____

Class teacher: _____

Parent/Guardian: _____

Other Factors to Consider:

- Key behaviour difficulties and 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

Positive Handling Plan (Template)

Name:

Setting: Datchet St Mary's Academy

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

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

TOPOGRAPHY of Behaviour: (Describe what the behaviour looks / sounds like?)

-
-
-
-
-

PREFERRED Supportive & Intervention Strategies

(Other ways of C.A.L.M.ing (Communicate; Awareness & Assessment; Listen & Look; Make Safe) such behaviours. Describe strategies that, where and when possible, should be attempted before positive handling techniques are used) Please tick all those that apply√.

Verbal advice and support		C.A.L.M talking / Stance	
Distraction (Known Key words, objects, etc. Likes)		Time Out (Requires a written plan)	
Take up Time		Reassurance	
Negotiation		Consequences	
Withdrawal (Requires Staff/Carer observation)		Transfer Adult (Help Protocol)	
Choices / Limits		Cool Off: Directed / Offered (Delete as appropriate) Time allowed out to calm down or cool off	
Humour		Timer/reward chart	
Planned Ignoring		Success Reminder	
Others?			

PRAISE POINTS / STRENGTHS: (Areas that can be developed and built upon) Please state at least 3 Bridge builders.

- 1:
- 2:
- 3:

Medical Conditions that should be taken into account before physically intervening.

i.e. 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)

-
-
-
-
-

De-briefing process following incident:

(What is the care to be provided)

-
-

Recording and notifications required:

- Positive Handling record sheet to be completed and handed to Headteacher for any handling incident.
- Headteacher and Parent to be informed.

Date plan established:

Review Date: Term

Headteacher: _____

Class teacher: _____

Parent/Guardian: _____

Other Factors to Consider:

- Key behaviour difficulties and 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

Positive Handling and Physical Intervention recording and reporting form

Child's name:		Class/group:	
Date & time of intervention:		Time span:	
Location:		Report Compiler:	

Name of staff involved:	
Name of witnesses (staff)	
Name of witness (CYP)	
Reasons for intervention	(Please tick)
Prevent or disrupt a criminal offence	
Prevent personal injury or injury to others	
To prevent damage to property	
To prevent disruption to learning & good order	

Antecedents (a concise description of events leading up to the incident/intervention)

De-escalation techniques used			
Tactical ignoring		Reminder of consequences	
Verbal advice/support		Language of choice	
Distraction		Time out offer	
Appropriate humour		Time out directed	
Rule Reminder		Support from additional adult	
Other techniques used (detail)			

Nature of physical intervention (School to insert language relevant to training received)

Please ensure that this record is made available, when requested, to Local Authority Officers and are kept for 7 years. This form should be completed in order to record all physical interventions that may be carried out in the service or setting. However, if an injury is sustained by a child/young person or a member of staff, the County Council Incident Report Form should also be completed and forwarded to the Health and Safety team at RBWM.

Guidance on using Risk Assessment Proformas A, B, C and D

1. The proformas should be used in the context of “Positive handling and physical intervention” policy and guidance documents
2. The proformas should be used when a child or young person’s behaviour places themselves or others at significant risk of harm. The information will provide essential evidence if a request for statutory assessment is made. The forms cover age ranges from 3-19 years. Not all questions will be relevant for a particular age group and “not applicable” is appropriate response for some categories.
3. The proformas should be completed, or supervised by staff that have completed East Sussex County Council’s training on Risk Assessment and Challenging Behaviour.

4. The forms are designed to help analyse and make sense of a child or young person’s behaviour, record interventions and their effectiveness. Include as much or little information as is helpful; the forms should not feel onerous.

4.1. Proforma A gives the wider context for the child’s behaviour. If a CAF has already been completed then this form may be omitted. Information should be sought from parents/carers.

4.2. Proforma B describes the behaviour in more detail – the when, where, how and who. If an alternative form, an ABC chart for instance, is already in use then this can be substituted. Descriptive/narrative behaviour logs are less useful in this context. The general questions about the behaviour (non-tabulated) need not be recorded but can provide food for thought. They may also help to refocus on strengths and resilience factors.

4.3. Proforma C appraises the level of risk. This should be completed for each risky behaviour.

4.4. **Proforma D is the key document in the risk assessment process.** For each risk behaviour, as scored in proforma C, separate strategies should be recorded, even if there is duplication. Behaviours that are recorded here should contain elements of risk as assessed in proforma C. Behaviour which is disruptive but non-risky – calling out, non-compliance, hiding under a table, for instance – should be recorded elsewhere. “Element of risk and risk factors” refers to possible triggers, or trigger situations for the behaviour.

Primary preventative strategies include modifications to the environment, whole class/playground approaches which reduce the overall risk

Secondary preventative strategies are directly targeted at the child - including diffusion, distraction, calming, time out, change of class and so on.

Reactive strategies are when all else has failed – positive handling (by qualified staff), evacuating the classroom or escorting the child into a calm safe place.

Emphasis is on Primary and Secondary approaches. Parents/carers should be involved in drawing up these strategies and given their consent.

Depending on level of risk strategies should be reviewed at least monthly, weekly if necessary.

Pro-forma A for assessment of Vulnerability, Culture and Parental support

Service/setting	
Name of child/young person	
Risk Assessor	
Date of assessment	
Review date	
History – what are the previous behaviours that have had an impact on the individual’s life?	
Emotional Wellbeing - does the child/young person’s physiological standing affect behaviours significantly?	
Loss issues – has the child/young person suffered a recent loss or have unresolved grief issues? Family support – does the child/young person and family have support networks?	
Friendships – are there significant relationships in the child/young person’s life?	
Environmental issues - are there any significant environmental issues which may trigger challenging behaviour?	
Communication – what form of self-expression does the individual prefer to use?	
Personal factors – have the child/young person experienced frequent moves, abuse or other relevant issues?	
Drugs & alcohol – does the child/young person have any history of using alcohol, drugs or prescribed medication?	
Physical illness – might the individual have health problems which affect engagement with others or the environment?	
Daily activities – is the child/young person usefully occupied, with a fulfilling life, opportunities to enjoy favourite activities and an active social life?	

Pro-forma A Continued...

This pro-forma will help you decide whether a child/young person is more likely to behave in ways that present significant risk.

Answer the questions below to the best of your knowledge; this must be based on evidence and not supposition.

1. Does the child/young person have a history of behaviours, which present a risk? (Y/N)
2. Does the child/young person have a diagnosed mental illness? (Y/N)
3. Has the child/young person suffered bereavement, multiple losses? (Y/N)
4. Does the child/young person have difficulty in establishing positive relationships with peers? (Y/N)
5. Are there specific environmental issues that trigger risky behaviour in the child/young person? (Y/N)
6. Does the child/young person have difficulties in communicating or in expressing their emotions? (Y/N)
7. Has the child/young person experienced physical, sexual or emotional abuse? (Y/N)
8. Has the child/young person experienced multiple moves or 'family placements'? (Y/N)
9. Do you have evidence that the child/young person is using recreational drugs or alcohol? (Y/N)
10. Has the child/young person self harmed? (Y/N)
11. Is the child/young person excluded from some activities or important learning (Y/N) opportunities because of their behaviour(s)?
12. Has the child/young person threatened to use, carried or used weapons? (Y/N)

A positive answer to questions: 1 - 4 highlights : marginal increased risk 4 - 8 highlights : significantly raised risk 8 -12 highlights : critical risk factors present

Pro-forma B for Behaviour Description

Service/setting	
Risk Assessor	
Name of child/young person	
Date of assessment	
Review Date	
Describe the behaviour observed. For example: 'threw chair at the window', or 'banged head on the bedstead repeatedly'.	
<ul style="list-style-type: none"> • When does the behaviour occur? 	
<ul style="list-style-type: none"> • In which environment does it occur? 	
<ul style="list-style-type: none"> • Who is present? 	
<ul style="list-style-type: none"> • What else happened that may be significant? 	
<ul style="list-style-type: none"> • What may make this behaviour worthwhile to the child/young person? 	
<ul style="list-style-type: none"> • What are the immediate consequences of the behaviour for other people? 	
<ul style="list-style-type: none"> • What are the immediate consequences of the behaviour for the individual? 	
<ul style="list-style-type: none"> • What happens when the behaviour stops? 	
<ul style="list-style-type: none"> • Does the child/young person communicate any information which may be helpful? 	

Pro-forma B continued...

Think about the behaviour: Questions to help identify the behaviour and strengths of the child/young person.

- What do you and other staff know about the history and background to the target behaviour?
- Do you know when the behaviour was first displayed?
- What was happening in the child/young person's life when he/she started to display challenging behaviour?
- Is it a new behaviour or has it happened for some time?
- Has this behaviour been exhibited at all in the past?
- Is it similar to other behaviours that have been a challenge in the past?
- What does the child/young person do when not exhibiting the identified challenging behaviour?
When does the child/young person behave in socially acceptable ways?
- What does the child/young person like doing?
- Who has a good, positive relationship with the child/young person?
- What can the child/young person tell you about why they behave in this way?
- What can the child/young person's parent/carer and others tell you about the behaviour?
- What are the child/young person's strengths?
- What can the child tell you about the behaviour, why they do it and what they remember about it?
- What alternative means does the child/young person have in communicating their needs or expressing themselves?

Pro-forma C

Service/setting	
Risk Assessor	
Name of child/young person	
Date of assessment	
Review Date	

Pro-forma C Risk Scoring

There may sometimes be confusion between factors such as the frequency of a risk, its duration, and the actual degree of risk. The following risk score chart is designed to identify how high a risk is, regardless of these factors.

Part 1

	Base score	Less than 4 times a month	4 – 8 a month	Up to 15 times a month	At least once daily
Severe injury to self, or others which requires immediate emergency medical attention.	4	8	12	16	20
20 Injury to self or others that requires non urgent medical attention.	3	6	9	12	15
Behaviour which may result in a criminal offence being committed.	4	8	12	16	20
Minor injury to self or others	2	4	6	8	10
No injury to any individual although significant damage occurs to property.	1	2	3	4	5

Pro-forma C

Part 2

Score	Rating of risk	Action status
1-3	Low	Identify target behaviours in behaviour support plan, monitor and review monthly.
4-7	Medium	Develop and implement a risk assessment, monitor weekly and review monthly.
8-15	High	Prioritise behaviour management plan and risk assessment issues; monitor closely and review weekly.
16-20+	Critical	Requires immediate action, daily monitoring and review of the risks presented

Example

Target behaviour: Josh hits out at staff and other children when he doesn't understand the social situation. Frequently this results in injury to others, such as small abrasions and grazes. This has occurred 5 times in the past month.

The behaviour of hitting others causing injury has a base score of 3.

Occurring 5 times a month has a score of 9.

$$3 + 9 = 12$$

A score of 12 indicates that this behaviour is high risk and requires immediate and continuing action.

Policy produced by..... (Print)
Approved by..... (Sign)
Print Name..... Date.....