



POSITIVE HANDLING POLICY

2023-24

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Objectives

At Mount Carmel RC Primary School, we are committed to maintaining the safety and wellbeing of students and staff. This policy has close links with the Behaviour Policy. It is written to explain our procedures in line with:

- Section 93 of the Education and Inspection Act 2006
- British Institute of Learning Disabilities (BILD) Code of Practice
- DfCS Guidance “Use of Force to Control or Restrain Pupils” November 2007
- Joint DfES/DH guidance issued July 2002, “The use of restrictive physical interventions for staff working with children and adults who display extreme behaviour in association with learning disability and/or autistic spectrum disorder”
- School Behaviour Policy and Practice.

School Expectations

In our school we create a calm environment to minimise incidents that may require any physical intervention. We de-escalate incidents when they do arise. We only use physical interventions when the risks involved of doing so are outweighed by the risks of not doing so.

Positive Behaviour Management

All staff and volunteers adopt a positive approach to improving behaviour in order to reward effort and application, and to build self-esteem, and promote a safe environment for students and staff. All staff work in partnership with those who know the child to help those concerned:

- Find out why this child behaves as he or she does
- Understand the factors that influence this child’s behaviour
- Identify early warning signs that indicate foreseeable behaviours are developing

This approach helps to ensure that early and preventative intervention is the norm. It reduces the incidence of extreme behaviours and makes sure that the use of physical intervention is rare.

What is physical intervention (‘reasonable force’)?

The use of force is illegal if the physical circumstances do not warrant it. The force used should always be the minimum needed to regain and ensure safety and control for everyone involved or present. The Positive Handling and Physical Intervention Policy should therefore be read in conjunction with our Behaviour and Child protection/Safeguarding Policy.

Restrictive physical interventions may include:

Bodily contact - where the physical presence of one or more people is used to control a pupil, e.g physically interposing between pupils; blocking a pupil’s path; holding or ‘shepherding’ a pupil; using agreed, approved restricted holds

Environmental – where a change is applied within the environment for example shutting a door or the use of locks or key pads to prevent access to a particular area.

In what circumstances can physical intervention be used?

- To prevent a pupil causing, or being at risk of causing, injury or damage to themselves or others, whether by accident, rough behaviour or by misuse of materials or objects
- To prevent a pupil committing a criminal offence

- To prevent a pupil committing deliberate serious damage or vandalism
- To prevent a pupil from attacking a member of staff or another pupil
- To prevent behaviour which is prejudicial to the maintenance of good order and discipline

The decision to use physical intervention will be taken in the context of the level of risk presented by the behaviour, the seriousness of the incident and the relative risks of the use of physical intervention compared with any available alternative. The use of physical intervention will take into account the characteristics of the pupil, including their age, gender, SEN, physical needs or disability, developmental level or cultural issues.

The Last Resort Principle

At Mount Carmel we pro-actively foster positive relationships and only use reasonable force when there is no realistic alternative. This means that we expect staff to conduct a risk assessment and choose the safest alternative. We expect staff to think creatively about any alternatives to physical intervention which may be effective.

There might be some situations in which the need for positive handling is immediate and where there are no equal effective alternatives (a child is about to run in the road). However, in many circumstances there are alternatives such as the use of assertiveness skills:

- Withdrawal of attention(audience) e.g. if an action such as damage to property is threatened
- Other techniques designed to defuse a situation, such as the avoidance of confrontation, or use of humour, in which case the incident could be dealt with later when emotions are running less high

Where physical interventions are needed to prevent injury to the student, other students or staff, or to prevent serious damage, these should be for the minimum length of time possible and using the least possible force. All staff must consider whether they are using reasonable force. In all circumstances other methods should be used if appropriate and effective positive handling should be a last resort.

When positive handling becomes necessary:

DO

- Tell the pupil what you are doing and why
- Use the minimum force necessary
- Involve another member of staff if possible
- Tell the pupil what s/he must do for you to remove the restraint (this may need frequent repetition)
- Use simple and clear language
- Hold limbs above a major joint if possible e.g. above the elbow
- Relax your restraint in response to the pupil's compliance

DON'T

- Act in temper (involve another staff member if you fear loss of control)
- Involve yourself in a prolonged verbal exchange with the pupil
- Attempt to reason with the pupil
- Involve other pupils in the restraint
- Touch or hold the pupil in sexual areas

- Twist or force limbs back against a joint
- Bend fingers or pull hair
- Hold the pupil in a way which will restrict blood flow or breathing e.g. around the neck, lying face down or pulling arms across the child's chest
- Slap, punch, kick or trip up the pupil

Positive Handling Plans

Risk management is regarded as an integral part of behaviour management planning. All pupils who have been identified as presenting a risk should have a Positive Handling Plan (see appendix C). The plan details any strategies which have been found to be effective for that individual, along with any particular responses which are not recommended. If particular physical techniques have been found to be effective they should be named, along with alerts to any which have proved ineffective or which caused problems in the past.

Positive Handling Plans should be considered alongside any other planning documents which relate to the pupil. They should take account of age, gender, level of physical, emotional and intellectual development, special need and social context. Positive Handling Plans should result from multi-professional collaboration and be included in a Pastoral Support Plan or SEND support form.

Staff Training

It is the policy of this school that we have 6 staff trained in the pro-active and responsive positive handling strategies and, to complement the behaviour management approaches and strategies reflected in the School Behaviour Policy and Practice. In cases where a Positive Handling Plan is in operation, selected staff will be trained in any physical interventions to be used. These staff will be trained by the accredited provider and will be the only staff authorised to use the intervention.

General Advice for Staff

- Be sure that you are aware of and complying with the school policy for behaviour and discipline and positive handling procedures.
- It is better to defuse situations wherever possible, as this prevents them from escalating to a level where force is necessary
- Send for the assistance of another member of staff as soon as possible, using the agreed call-out protocol
- All those involved should be de-briefed after incidents to explore more positive/effective responses to future difficult situations

Responding to Unforeseen Emergencies

Even the best planning systems cannot cover every eventuality and the school recognises that there are unforeseen or emergency situations in which staff have to think on their feet. It is not enough to thoughtlessly apply rules without thinking through the likely consequences. The key principles are that any physical intervention

should be:

- In the best interest of the child
- Reasonable and proportionate
- Intended to reduce risk
- The least intrusive and restrictive of those options available which are likely to be effective.

Whenever a physical intervention has to be made there should be a verbal warning. Where possible, staff should always attempt to use diversion or diffusion in preference to physical interventions. They should only use the techniques and methods approved for use in this school.

Recording

Whenever overpowering force is used the incident must be recorded on CPOMs. All staff involved in an incident should contribute to the record which should be completed within 24 hours. The details recorded on the forms are kept confidentially.

Parents/carers must also be notified and this is to be recorded on CPOMs

Staff should:

- Inform a member of SLT as soon as possible
- Complete the school recording form carefully
- Take time to think about what actually happened and try to explain it clearly
- Complete all names in full
- Sign and date all forms

Post-Incident Support

Incidents that require use of restrictive physical interventions can be upsetting to all concerned and could result in injuries to the child or staff. After incidents have subsided, it is important to ensure that staff and children are given emotional support and basic first aid treatment for any injuries. Immediate action should, of course, be taken to ensure that medical help is accessed for any injuries that require other than basic first aid. All injuries should be reported and recorded in accordance with school procedures. The school should take action to report any serious injuries to staff or students in accordance with LA guidelines.

We need to consider:

- thoughts, feeling, emotions,
- emotional 'first aid'

Stage 1 – Immediate 'Are you ok' This should occur before people leave to go home.

Stage 2 – De-briefing checking people have adjusted to an emotionally difficult event. This should occur within 48 hours.

Stage 3 – Counselling: formal support. Support is available when requested by a member of staff, however it is not imposed.

Post Incident Review

Focus on actions and behaviours:

- Who did what, when, why, how?
- What was the outcome?
- What does it tell us about what we already know about the young person?
- What have we learnt and what or how does this inform our practice?

Monitoring use of Restrictive Physical Interventions

Use of physical intervention in school is monitored in order to help staff learn from experience, promote the wellbeing of children in their care, and provide a basis for appropriate support.

Monitoring can help the school to determine what specialist help is needed for children and to assess the appropriateness of the child's placement at the school. The use of physical intervention is monitored and evaluated regularly at Leadership Group meetings. Individual student risk assessments are reviewed annually.

Responding to Complaints

The use of restrictive physical intervention can lead to allegations of inappropriate or excessive use. In the event of a complaint being received by a school in relation to use of force by staff, the matter should be dealt with in accordance with LA guidelines and agreed procedures for handling allegations against members of staff (see Dealing with Allegations of Abuse Against Teachers and Other Staff).

Policy Review and Evaluation

This policy has been developed in liaison with school staff and governors. It will be reviewed annually, or when relevant national or local guidance indicates additional need.

Positive Handling Plan

Child's Name: Date of Plan: Review Date of plan:

What does the behaviour look like?

Stage 1 Agitation Stage	Stage 2 Acceleration Stage	Stage 3 Peak Stage
Stage 4 De escalation Stage	Stage 5 Post Peak depletion	Stage 6 Recovery

What are the common triggers?

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De-escalation strategies

	Try	Avoid		Try	Avoid
Verbal advice			Space		
Reassurance			Help scripts		
Negotiation			Choices		
Humour			Consequences		
Planned ignoring			Take up time		
Time out			Supportive touch		
Transfer adult			Success reminded		
Simple listening			Acknowledgement		
Apologising			Agreeing		
Removing others			Outside space		

Diversions and distractions / Praise Points

1.
2.
3.

4.
5.

Any medical conditions to be taken into account before using Physical interventions?

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Preferred method of physical intervention?

	Try	Avoid		Try	Avoid
Figure of Four			Double arm hold		
Single elbow			Extended arm hold		
Double elbow			Sit hold		
T wrap			Sit and leg block		
T wrap t ground			Seated leg hold		

Are there any factors to consider when debriefing e.g. communication aids, staff etc?

Hear Explain Link Plan	
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How should we record incidents and who should we inform?

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Signed:

Class Teacher: Print Name:
 Assistant Headteacher: Print Name:
 Headteacher: Print Name:
 Parents/Carers: Print Name:
 Social Services (if applicable) Print Name:
 Child (if applicable) Print Name: