



Pioneer Educational Trust  
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# POSITIVE HANDLING POLICY AND PROCEDURES

## Key document details

<b>Ratified:</b>	<b>January 2018</b>
<b>Approver:</b>	<b>Trust Board</b>
<b>Next review:</b>	<b>January 2021</b>

## **STATEMENT OF INTENT**

The Trustees of Pioneer Educational Trust recognise their responsibilities under the Health and Safety at Work Act 1974 (HASWA) to ensure that arrangements are in place to carry out our activities in such a way as to ensure so far as is reasonably practicable, the Health, Safety and Welfare of our employees, pupils and all persons likely to be affected by our activities, including the general public where appropriate.

We will co-operate and co-ordinate with Partnerships, Contractors, Sub-Contractors, Employers, and the occupiers of premises and land where we are commissioned to work in order to pursue our Health & Safety Policy aims.

The Trustees will actively work with the Chief Executive Officer and staff to identify hazards and where these cannot be removed, ensure that they are adequately controlled.

Our aims are to:

- Provide and maintain a safe and healthy working and learning environment ensuring the welfare of all persons
- Maintain control of Health & Safety risks arising from our activities
- Comply with statutory requirements as a minimum standard of safety
- Consult with all staff on matters affecting their health, safety and welfare
- Provide and maintain safe systems, equipment and machinery
- Ensure safe handling, storage and use of substances
- Provide appropriate information, instruction and supervision for everyone
- Ensure staff are suitably trained and competent to do their work safely
- Continually develop a safety culture to remove or reduce the possibility of accidents, injuries and ill-health
- Assess risks, record significant findings and monitor safety arrangements
- Review and revise safety policies and procedures periodically and when circumstances may introduce a requirement to amend or improve arrangements
- Develop and maintain a positive Health & Safety culture through regular communication and consultation with employees and their representatives on Health & Safety matters

Our Health & Safety Management System has been developed to ensure that the above commitments can be met. All Staff, Governors and Trustees will be instrumental in its implementation.

## **POSITIVE HANDLING POLICY AND PROCEDURES**

### **Policy Statement**

This policy has been prepared in consultation with the staff, trustees and governors and sets out the arrangements for *Pioneer Educational Trust*. The trustees and governors regard the need for physical intervention of pupils as something they hope can be avoided but in extreme cases, especially to prevent a pupil harming themselves or others, including physically assaulting staff, then this policy is agreed as necessary. This policy seeks to fulfil responsibilities to the fullest extent, to ensure the provision of a safe environment for staff, pupils, parents and visitors.

This policy is to be read in conjunction with the following policies:

- *Safeguarding;*
- *Intimate Care;*
- *Behaviour for learning;*
- *Health and Safety;*
- *Equality;*
- *Code of Conduct setting out standards and acceptable behaviour for staff;*
- *E-Safety and ICT acceptable use;*
- *Managing allegations of abuse against staff;*
- *Whistleblowing.*

### **Underpinning values**

Everyone attending or working in a school within the Trust has a right to:

- A recognition of their unique identity;
- Be treated with respect and dignity;
- Learn and work in a safe environment;
- Be protected from harm, violence, assault and acts of verbal abuse.

### **Aims**

- To offer a secure, carefully structured environment, promoting positive behaviour, where pupils develop as confident and independent learners;
- To provide all staff with the necessary support and information to enable them to understand their professional and legal responsibility in carrying out their duty of care which may, at times, involve the use of positive physical intervention;
- To inform staff, pupils, parents, carers and outside agencies about the rationale and use of physical interventions in managing challenging behaviours warranting their use;
- To establish consistent procedures for the use of all physical interventions ranging from positive handling to restrictive physical intervention of pupils where necessary throughout the schools;
- To embed procedures in STEP practice that work towards minimal use of Restrictive Physical Intervention (RPI) and maximum use of non-intrusive intervention such as positive reinforcement, distraction and other de-escalation techniques (**Appendix 1**).

## Legal Position

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 pupil from doing, or continuing to do, any of the following:

- *Committing any offence* (or, for a pupil 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 pupil himself); 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.

There are occasions when restrictive physical intervention (RPI) is an appropriate response to the risks presented in a particular situation. However, the scale and nature of any physical intervention must be proportionate to both the behaviour of the individual to be controlled, and the nature of the harm they might cause.

## Underpinning Principles

- The use of force should, wherever possible, be avoided;
- There are occasions when the use of force is appropriate;
- When force is necessary, it must be used in ways that maintain the safety and dignity of all concerned.

DfE Guidance states that no schools should have a 'no contact' policy. There is a real risk that such a policy might place a member of staff in breach of their duty of care towards a pupil, or prevent them taking action needed to prevent a pupil causing harm.

## What do we mean by Positive Handling?

- No legal definition of reasonable force exists, however for the purpose of this policy and the implementation of it in PET: *Positive Handling uses the minimum degree of force necessary for the shortest period of time to prevent a pupil harming himself, herself, others or property.*

**Positive Handling** by staff can take several forms. At different ages, it could be appropriate to involve:

### 1. Physical Contact

Situations in which proper physical contact occurs between staff and pupils, e.g. in the care of pupils with learning disabilities; in games/PE; to comfort pupils.

### 2. Physical Intervention

This may be used to divert a pupil from a destructive or disruptive action, for example guiding or leading a pupil by the hand, arm or shoulder with little or no force.

### 3. Escorting and Holding

The most commonly used forms of physical intervention are escorting and holding. These depend upon the degree of compliance from the child as to whether they constitute 'restrictive'. The development of trusting, confident relationships is of high priority so that children are accepting of the use of the friendly escort and calming holding to support their own efforts to manage their behaviour. These positive handling holds rarely need force and are not 'restraint'.

### 4. Restrictive Physical Intervention (*Restrictive Physical Intervention- RPI*)

This will involve the use of reasonable force when there is an immediate risk to pupils, staff or property. It is important to note that the use of '*reasonable force*' should be seen as a last resort. All such incidents must be recorded and stored in an accessible way. The level of compliance from the pupil determines whether or not the interaction is an intervention or a method of physical control.

Trust staff use RPI as opposed to holding or escorting as the last resort after:

- Appropriate de-escalation techniques have failed to help the child to control him/herself (**Appendix 1**);
- Instant risk assessment by staff lead them to believe that injury, or serious damage to property, is an immediate danger;
- Knowledge of the child's history and behaviour pattern leads staff to believe that speedy removal from the room is necessary to prevent escalation or breakdown of the session or other pupils behaving in a similar manner;
- The pupil has been cautioned that his/her continued choice of behaviour may lead to restraint.

### 5. Restrictive Physical Intervention (RPI)

We adopt positive behaviour management procedures to diffuse and de-escalate, including:

- Requests to comply, partial agreement, negotiation;
- Exposition of consequences or application of sanction;
- Verbal advice and support, reassurance using calm talking, humour, distraction;
- Options offered, stepping away, time out offered;
- Holding without force.

### The Support of Parents/Carers

The Trust schools' Home School Agreements explains behaviour expectations. Acceptance of the place offered and the Home School Agreement indicate parental support in the application of all our behaviour management strategies to help the pupil. The use of RPI (*Restrictive Physical Intervention*) can be a source of anxiety for parents/carers. We therefore attempt to establish as a priority, close working relationships with parents and carers so that they fully understand why it has been used. This school/home relationship in itself is a strategy for reducing the likelihood of need for RPI on any regular scale.

## Staff Training

Staff participate in Behaviour Management Training. All members of staff are authorised to use Restrictive Physical Intervention although some staff have received specific training on Positive Handling. A number of key staff have received Team Teach training which is regularly updated. These selected staff members are the first port of call in any instances that require positive handling or RPI.

## Recording and Reporting

It is essential that a risk assessment is completed to assess and manage foreseeable risks for children who present challenging behaviours.

Pupils that experience difficulties that may result in the use of positive handling have a personalised Positive Handling Plan which is updated at least termly and is shared with the pupil's class teacher and selected staff as well as the pupil (where appropriate) and parents/carers. The purpose of this document is to identify both triggers and preferred strategies for supporting the pupil effectively. **(Appendix 2).**

It is important that on occasions necessitating its use, RPI is recorded **(Appendix 3)**. This is to:

- Prevent later misunderstanding of the incident;
- Prevent misrepresentation of the facts;
- Identify patterns of behaviour;
- Encourage pupils to acknowledge/take responsibility for their actions;
- Allow parents/carers to check the use of RPI at any time;
- Allow the SLT to monitor the operation of the policy;
- Allow Positive Handling Plans or individual risk assessments to be developed for individual pupils who are assessed as being at greatest risk of needing RPI.

Schools within the Trust have named Safeguarding Governors who regularly review our policies, protocols and practice. A review of record keeping of physical handling is completed termly and a report is shared with the Governing Body.

## Complaints

Staff seek to involve parents/carers in the effective management of such situations because home involvement is frequently key to behavioural change.

Despite the care taken by staff to follow procedures and ensure that incidents are positively resolved, a small number of complaints following restrictive intervention may be expected for many reasons, e.g.:

- Pupils with severe emotional and behavioural needs may take time to accept responsibility for their actions and seek to transfer ownership of negative behaviour to others – often the staff who have 'controlled' them;
- Some parents/carers have yet to accept that their child can behave in school in a manner dangerously violent or disruptive enough to have needed RPI;

- Any act of RPI carries with it a risk of accidental harm which is difficult for the injured party (who could be either the child, member of staff or passing member of the public) to accept as such.

### **Dealing with Complaints**

Parents/carers must be informed by telephone (the most immediate and favoured communication method), in person or by letter of serious incidents of challenging behaviour necessitating RPI. This is the first opportunity for parents/carers to discuss any concerns they might have.

If the parent/carer or child remains anxious, an appointment can be made to discuss the incident with the staff concerned and/or the Head of School / Head teacher. At this point, written records and other evidence may be consulted and shared with the parent/carer to help him/her to understand the facts. Presented with the evidence, parents/carers are enabled to see that procedures are followed and actions justified. The pupil concerned will also now, having been given the chance to re-evaluate and accept what has happened, in all likelihood confirm the facts postulated by staff and reassure the parent/carer.

If the situation cannot be resolved through informal discussion, the parent/carer may make an official complaint, which will be investigated according to Trust procedures.

### **Monitoring of the Policy and Practice of Procedures**

Following any incident of RPI, the CEO/Head of School/Head teacher will receive and read the detailed account of the incident, and interview those involved if necessary. Appropriate follow-up action may then be taken. Any complaints will be recorded, including the nature of the complaint, the time taken to deal with them and the outcome.

### **Health and Safety**

The school will ensure that pupils are given support to understand the need for and respond to clearly defined limits, which govern behaviour in the school. Restrictive physical interventions are performed with due regard to ensuring the minimum risk to the safety of all concerned. Where either a pupil has a medical condition (which may make some methods of intervention inappropriate), or a history of aggressive/victim behaviour all staff should be informed of the circumstances so that an accurate risk assessment can be made.

On occasions, the decision to apply RPI procedures will be based on the need to prevent a child from harming him/herself. A member of staff may request to be exempted from obligation to apply if it may endanger their own health and safety, e.g. someone who is pregnant, temporarily suffering from an injury etc. In such a case, arrangements will be made to minimise the possibility of the member of staff becoming involved in a situation requiring the use of RPI.

## APPENDIX 1

### DE-ESCALATION TECHNIQUES

It is important to remember there is a strong relationship between behavioural difficulties and language delay/disorder and learning difficulties. If someone has difficulty understanding what is being said or has problems finding words or sentences to express feelings then they are more at risk of expressing frustration and challenging behaviour.

#### General strategies

- There should be behaviour management plans for consistent approaches to predictable behaviours;
- Agreed approaches/targets for a particular child should be used consistently by all staff;
- Good behaviour must be modelled by adults in their interactions with pupils;
- Keep your voice calm and controlled with no shouting, and your body language (facial expressions, posture, gestures) matching your spoken language;
- Notice the mood and behaviour of the child when they arrive in the morning;
- Look for signs of anxiety/tension;
- Try to defuse a situation before it starts by distraction, offering alternatives, isolating the area so there is no audience or move the child away;
- Negotiate, if possible;
- Be patient;
- Ask for assistance;
- If a child becomes agitated when another child is behaving inappropriately, explain or distract the child and reassure them;
- Plan activities where children can succeed;
- Physical activity / quiet activity can ensure the day starts positively.

#### Effective communication

- Sentences with positive statements are easier to understand than ones with negative ones, e.g. *'hands on laps please'* is easier to understand and reinforces the desired behaviour better than *'stop waving your arms about you will hit someone'*;
- Avoid unnecessary social phrases before giving request e.g. in the sentence *'it's almost dinner time so I think it would be a good idea if we all went .....*' these words carry no useful information for what you want the child to do and just create confusion – just say "its dinner time - time to line up";
- Use Augmentative and Alternative Communication systems (AAC) - visual or physical cues and symbols to explain what is about to happen. Examples are:
  - Natural gestures and pointing;
  - Real objects, pictures and photographs;
  - Use pictures on key rings on the wall to show sequences of events;
- Actively listen to the child and notice if their body language matches their verbal language;
- Acknowledge and reflect the child's feelings;

- Give children time to respond. This is particularly important for children with language delay/disorders where they will take longer to process what is being said to them, then find the right words they want and make them into a sentence;
- Reassure with a quiet hand on the child's shoulder if it is appropriate;
- If the child is focussed on a physical activity, if appropriate gently cover their hands to encourage eye contact with you - this will assist listening.

### **Routines and approaches**

- Set up familiar routines throughout the day;
- Sit the child in the same place in the circle/ classroom sitting next to e.g. an adult or a child;
- Wherever possible finish routines i.e. counting 1 – 10, then show the finish sign or symbol;
- Give clear boundaries for a required activity or behaviour e.g. use an egg timer for X minutes;
- Reward good behaviour at an appropriate time and by a means that is relevant to the child by e.g. focused praise e.g. good sitting, stickers, eye contact and smile etc.;
- Use negotiation to achieve an outcome e.g. you do this and then do that. Pictures can help a child understand sequences;
- Bring child to the circle when it is set up and ready so they do not have to wait;
- Take an activity to the child if they will not go to a table;
- Support the child to take part in turn taking activities;
- Realistic expectations – allow a child to do activity and then move to something else if they have done what they can;
- Let a child go first if they cannot wait and then, in time, ask them to wait for the second go.

### **Encourage independence**

- Encourage independence with the child choosing an activity and child doing things for themselves – with asking for help, if needed;
- Give choices through real objects so that child has ownership of decision;
- Allow a child to access resources to help them to sit;
- Use motivating rewards e.g. stickers, talking to parents in home/school book;
- Find out likes and use these to encourage appropriate behaviour and a sense of achievement e.g. use of music, songs;
- Find out dislikes and try to avoid these BUT also teach children how to manage them to create self-awareness and chances to succeed in changing their behaviour.

### **Resources and the environment**

- Ensure child is ready for learning e.g. is wearing their glasses or hearing aid and is sitting comfortably;
- Use 'likes' to base work around e.g. interest in cars for counting;
- Set up a box/choosing bag of favourite objects that can be held in lesson time, negotiate and exchange time, if needed. Use only soft toys if they are likely to be thrown;
- Leave a small distance when sitting next to a child so that they cannot grab;
- Use carpet squares or cushions so that each child clearly has their own space/place;

- Split groups or classes to promote good behaviour;
- Move equipment out of the room/area if it causes problems that cannot be managed safely;
- Prevent children from doing an activity that is likely to hurt others e.g. always supervise the door if a child is likely to slam it;
- The adult may need to model a play activity for the child to understand and try it - praise their appropriate responses;
- Position staff at appropriate places to prevent a particular behaviour from happening;
- Explain the consequences of behaviour if child understands them e.g. when you put your shoes on you can play;
- Show a symbol of the room/activity with a red cross symbol over it to make it clear to the child that they are not going to the room/activity – show the child the room/activity they are going to do;
- Use a social story to support a child to understand a situation;
- Photos of family members/favoured staff in a book to support the child in understanding situations e.g. change;
- Substitute skills e.g. tapping quietly.

#### **When inappropriate behaviour occurs**

- Shape behaviour by modelling the behaviour you would like to see;
- Divert through use of e.g. song, actions, favourite toy;
- Distract;
- Show symbol for the behaviour you want to see;
- Tell child the behaviour you want to see e.g. feet down;
- Say, 'No' and take child away from situation for an amount of time e.g. count of 10, 30 seconds using an egg timer to show amount of time;
- If child attempts a behaviour e.g. biting to say 'stop' / show symbol for 'stop' and take appropriate action e.g. take child away, divert with a toy, etc.;
- Adult to sign and count to ....for child to watch and give time to calm down;
- Move child to another area of the room;
- 2 adults to move a child to another area;
- Move all the other children / staff out of the room;
- Move child to an area outside the classroom e.g. corridor, playground;
- Offer reward e.g. motivating object if child does as requested e.g. sit down and you can hold the ..... ;
- Take away an object the child is holding until they do as requested;
- Give a choice. You can stay here or go to.....;
- Set up area in the classroom when child can calm down;
- Define a chair in specific area of classroom for child to sit on to calm down;
- Use cushions to prevent child from hurting themselves;
- If child is refusing to move, wait for length of time for child to calm down, supervising without giving eye contact. This might be for 5 minutes, depending on the child. Tell them go to .....if they do not respond wait again and repeat procedure. Call for a member of the SLT if necessary.

## APPENDIX 2

### Positive Handling Plan

**Name:** xxxxx      **Class:** xxxx

**Positives:** (What they are good at and what they like)

- Music
- Being with adults
- Bubbles

**Triggers/ Difficult situations:**

- Adult responding to a child or adult once they have given XXXX interaction
- Adult sitting with or without other children
- Wanting to do his own thing and not what has been asked of him
- Hunger
- Communication
- Wanting a reaction
- Swimming area or near water
- Unfamiliar staff
- Unfamiliar environments for the first time

**What behaviours are shown?**

- **Early warning signs:**
  - Becoming unsettled
  - Opening and shutting doors
  - Whining
  - Does not always demonstrate any early warning signs
- **If early signs are not noticed:**
  - Scratches
  - Pulls hair
  - Biting
  - Throws things to the floor
  - Pinching
  - Pushes object and tables

**MEDICAL CONDITIONS THAT SHOULD BE TAKE INTO ACCOUNT BEFORE PHYSICALLY INTERVENING.**

Congenital heart disease

## What to do if I display challenging behaviours:

### a. **Early intervention:** including time out

- Change of face sometimes helps
- Distraction with another activity
- Allowing me to make a choice to go to a different area e.g. garden or walk

### b. **When the situation has escalated:** Including Timeout

- Change of face sometimes helps
- Moving me from the room that I am in.
- Moving the other children away
- Making sure that I cannot see who I have just attacked
- Timeout in the garden planning ignoring

### PREFERRED TECHNIQUES (Combination of least intrusive and most effective)

Friendly Hold ■	Figure of Four □
Help Hug ■	Bite release ■
Two person Single Elbow □	Deflection of kicks and hits ■
Two person single elbow to chairs □	Hair release ■
Double Elbow □	Half Shield □

### c. **Afterwards/ Follow up**

Make sure XXXX is calm when he or other peers return

Do not allow him to work with the same member of staff for the rest of the lesson

Get XXXX to complete task or activity on return

## Rewards

- Praise, reward with free play and toys and area of his choice (classroom and garden), bubbles

## Sanctions

- Remove him from the activity/area putting him on his own and not talking and planned ignore

<b>IDENTIFY AND ASSESS RISK(BEHAVIOUR)</b>			
<b>Foreseeable risk</b>	<b>To Whom?</b>	<b>Likely (use rating)</b>	<b>Potential (use rating)</b>
Hitting	Others	1	2
Biting	Others/self	1	2
Pinching	Others	1	2
Hair pulling	Others	1	2
Dropping to the floor	Self	1	2

**NOTIFICATION**

(Who have these plans and strategies been shared with)

Parents/Guardians  Placing Authority  Area Child Protection Team   
 Social Worker  Doctor/Nurse  Key Staff  All Staff

**NAMES**

**SIGNATURES**

**Parents/Guardians**

\_\_\_\_\_

**Teacher**

\_\_\_\_\_

**Team Teach Trainer**

\_\_\_\_\_

DATE: xxxx

Updated: xxxxx

APPENDIX 3

**Pupil Incident Report Form**

Name of School:	
Pupil name:	
Staff name and status:	
Incident date/time/place	
ANTECEDENTS: (events leading up to incident)	
BEHAVIOUR: (how did the pupil respond, describe what actually happened)	
CONSEQUENCES: (how did the staff intervene, how did the child respond, and how was the situation resolved)	



<b>NAMES OF THOSE INVOLVED:</b> (staff and pupils)	
<b>NAMES OF WITNESSES:</b> (staff and pupils)	
<b>SIGNATURE OF REPORT COMPILER:</b>	

## **APPENDIX 5**

### **Trust School Details**

**Safeguarding Trustee: Mr Russell Ford**

#### **Safeguarding Governors**

**Foxborough Primary School – Mr Denby Richards**

**Trevelyan Middle School – Ms Jane Kellet**

**Upton Court Grammar School – Mr Russell Ford**

At Foxborough Primary School any incidents of positive handling or RPI are recorded in the ‘Use of Physical Restraint Record Book’ which is located in the front office.

## Policy Monitoring and Evaluation

The School/Trust is aware of the need to monitor and evaluate this policy regularly to ensure that the systems are in place to allow all of our pupils to achieve their full potential in a safe environment with appropriate and relevant support

To ensure competent, accountable and empowered practice, the focus of planned governor visits is to collect identified evidence, which may be carried out through:

- Interviews with pupils.
- Discussions with staff.
- Observations of classroom practice where this is deemed appropriate and useful.
- Reviews of documentary evidence which will show the following:
  - The identification of our strengths and weaknesses
  - The assurance that future actions are targeted to address any weaknesses
  - The recognition of our successes and the assurance that best practice is embedded
  - The cycle of school development planning
  - The allocation of resources in the most efficient and effective way to maximise their use
  - The assurance that there is consistency throughout the school/trust
  - The Identification of the needs of pupils, staff, parents and the wider community and the assurance that they are met
  - The assurance that policy and procedures meet the requirements of outside agencies