

## Positive Handling Policy

<b>This Policy was adopted</b>	<b>March 2022</b>
<b>This policy is scheduled for review</b>	<b>March 2023</b>

This policy should be read in conjunction with the following policies:

- Safeguarding Policy
- Child Protection
- Accessibility Policy
- Looked After Children Policy
- Special Educational Needs and Disability (SEND) Policy

## Introduction

Members of staff across the **Follifoot Spofforth Federation** are trained to look after pupils in their care. Staff have a duty to intervene in order to prevent pupils from hurting themselves or others. If a member of staff ever needs to intervene physically, they will follow the school's Positive Handling Policy.

Only staff trained in the pre-emptive and responsive positive handling strategy techniques of TEAM TEACH will use physical intervention techniques with children when necessary. (See Appendix 1 for current list.)

Further details of the TEAM TEACH approach can be found on the TEAM TEACH website. The website address is <https://www.teamteach.co.uk>.

The term positive handling includes a wide range of supportive strategies for managing challenging behaviour. The term 'physical restraint' is used when force is used to overcome active resistance. A clear and consistent positive handling policy supports pupils who have social, emotional, and behavioural difficulties within an ethos of mutual respect, care, and safety.

The school takes seriously its duty of care to pupils, employees, and visitors to the school:

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

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

## TEAM TEACH

The TEAM TEACH system is recognised by the Local Authority and accredited through BILD – British Institute of Learning Disabilities. Staff undergo a one- or two-day course (depending upon the severity of behaviour of the children they are working with) led by qualified trainers with a single day refresher course undertaken every two years.

**Although any member of staff may be required to physically intervene with a pupil who is endangering themselves or others, we would expect accredited staff to take over as soon as possible.**

## Risk Assessment

### Before using physical controls

We take effective action to reduce risk by:

- Showing care and concern by acknowledging unacceptable behaviour and requesting alternatives using negotiating and reasoning.
- Giving clear directions for pupils to stop
- Reminding them about rules and likely outcomes
- Removing an audience or taking vulnerable pupils to a safe place
- Making the environment safer by moving furniture and removing objects which could be used as weapons
- Using positive guidance to escort pupils to somewhere less pressured
- Ensuring that colleagues know what is happening and call for help.

## Restraint

Staff across the **Follifoot Spofforth Federation** only use physical restraint when there is no realistic alternative. We expect staff to conduct a risk assessment and choose the safest alternative. It also means that we expect staff to experiment and 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 extreme behaviour should be reasonable and proportionate. Physical restraint must only be in accordance with the following:

- The child should be in immediate danger of harming itself or another person or in danger of seriously damaging property.
- The member of staff should have good grounds for believing this.
- Only the minimum force necessary to prevent injury or damage should be applied.
- Every effort should be made to secure the presence of other staff before applying restraint. These staff can act as assistants or witnesses.
- Once safe, restraint should be relaxed to allow the child to regain self-control.
- Restraint should be an act of care and control, not punishment.
- Physical restraint should not usually be used purely to force compliance with staff instructions when there is no immediate danger present to people and property.
- The restraint should be discussed with the child, if appropriate, and the parents at the earliest opportunity.
- In addition, whilst or before intervention, staff should speak calmly as a way of reassurance e.g. I am doing this to keep you safe.

## Responding to unforeseen emergencies

Even the best planning system cannot cover every eventuality and the **Follifoot Spofforth Federation** 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. After that event, staff have a duty to plan ahead and prepare a risk assessment or put a Positive Intervention Plan (PIP) in place.

## Risk Assessment

Risk assessments are required for pupils who exhibit extreme behaviour. Responsible staff should think ahead to anticipate what might go wrong.

When considering a pupil's behaviour, staff will think about the following questions:

- Can we anticipate a Health and Safety risk related to this pupil's behaviour?
- Have we got all the information we need to conduct a risk assessment?
- Have we provided a written plan as a result?
- What further steps can we take to prevent dangerous behaviour from developing?

## Positive Intervention 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 Intervention Plan. The plan details any strategies which have been found to be effective for that individual, along with any particular responses which are not recommended. Any 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 caused problems in the past. Positive Intervention Plans should be considered along with the child's Education Health Care Plan (EHCP) or SEN Support Plan and any other planning document relevant to the pupil.

They should take account of age, sex, level of physical, emotional, and intellectual development, special needs, and social context.

## Post Incident Debrief

Following a serious incident, it is the policy of the **Follifoot Spofforth Federation** to offer support to all involved. This is an opportunity for learning and time needs to be given for following up incidents so that pupils have an opportunity to express their feelings, suggest alternative courses of action for the future and appreciate other peoples' perspective.

It is difficult to devise a framework of support that meets the need of all staff. 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 (if appropriate) in any incidents involving violence. If members of staff need time to rest or compose themselves, then the Head teacher or Senior leader will make arrangements for the class group to be supported.

## Recording

All incidents of unacceptable behaviour should be recorded on CPOMS.

All serious incidents or incidents involving restraint will be recorded on the appropriate form and uploaded to CPOMS

Within these recording strategies, all details must be recorded by witnesses within twenty-four hours and signed by at least two members of staff. The Head Teacher needs to be informed.

## Monitoring and Evaluation

The Head Teacher and SENDCO will ensure that each incident is reviewed and instigate further action as required.

## Parents

When there is concern about a child, parents will be invited to contribute to a risk assessment and Positive Intervention Plan. Written parental agreement will form part of this. Parents will be informed of the school's policies. Parents will be informed following serious incidents.

## Complaints and Allegations

Any complaints will follow the school's complaints procedure.

## Appendices

Appendix 1 List of those qualified to use TEAM TEACH techniques.

Appendix 2 Blank Positive Behaviour Plan

Appendix 3 Example Positive Behaviour Plan

Appendix 4 Recording Restraint Incident form



## Appendix 2 Blank Positive Behaviour Plan



Positive Intervention Plan			
Child's Name:	Date of Plan:	Review Date of plan:	Photo

<p><u>Sensory</u></p> <p><u>Attention -</u></p> <p><u>Communication -</u></p> <p><u>Escape/Avoid -</u></p>
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### What does the behaviour look like?

Stage 1 Anxiety Behaviours	Stage 2 Defensive Behaviours	Stage 3 Crisis Behaviours	Stage 4 Reflective Behaviours	Stage 5 Recovery Behaviours
•				
Stage 1 Responses	Stage 2 Responses	Stage 3 Responses	Stage 4 Responses	Stage 5 Responses
•	•	•	•	•

What are known common triggers?

De-escalation skills	TRY	AVOID	NOTES
Verbal advice and support			
Giving space			
Reassurance			
Negotiation			
Choices			
Humour			
Consequences			
Planned ignoring			
Take up time			
A quiet space			

Diversions and distractions

**Preferred method Physical intervention?**

Any medical conditions to be taken into account before using Physical interventions? Has advice from OT been sought?
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Intermediate	TRY	AVOID	NOTES
Friendly escort			
Single elbow			
Figure of four			
Double elbow			
Single elbow in seats			
T Wrap			
T Wrap to seats			
Seats to T Wrap			
T Wrap to ground			
Cradle			
Half Shield escort			
Block to Guide			
Quiet room			

	Name	Signed	Date	Comment
<b>Headteacher:</b>				
<b>SENCo</b>				
<b>Parents/Carers:</b>				
<b>Teacher:</b>				

**Plan discussed with pupil**

**This plan to be attached to SEN Support Plan and reviewed in line with SEN Support Plan reviews or before if significant changes in pupil's behaviour**

**Recording and Reporting**

**All incidents to be reported ASAP using the school's recording system- CPOMS**

## Appendix 3 Example Positive Behaviour Plan



Positive Intervention Plan			
<b>Child's Name:</b>	<b>Date of Plan:</b>	<b>Review Date of plan:</b>	Insert photo here

### **Sensory**

*Tactile*-. When CYP is in class she doesn't like anyone close/touching her or her possessions, she must have her own personal space that no one can use at any time. She also has a breakout space where she can go when she wants to work on her own. When CYP is hurt and is very upset she calms down quicker when one adult gives her time to talk it through in a safe space, most recently when she is on her spinner. CYP likes to collect small items from around the classroom and school. She feels safe and secure when she has possession of them. She has a pencil case with 5 items in that she can use when learning, and 5 items in a bag that she can access when she has completed a given amount of work. CYP also has a fidget toy to help her focus when we are discussing the work as a whole class.

*Auditory* – CYP can display stage 1 of behaviours when there is too much chatter in class. She takes herself away from the noise by asking to work outside in a quieter space with her one-to-one support.

### **Attention** -

CYP seeks the attention of adults in school, often making small toys and bringing in gifts to share with them. She does struggle to listen to class discussions, explanations, and instructions, often desperate to get onto the actual activity. At times her one-to-one support takes CYP out to complete a task when they see that she is finding it a challenge to concentrate in class. At times, CYP does appear as if she is not listening, however when asked questions about the work it is clear that she has taken it in and is processing the information.

### **Communication** –

CYP can articulate herself well. She has a good range of vocabulary to describe her feelings. When CYP is finding a situation challenging, she often needs time to practice mindfulness before she is ready to talk. This takes the form of sorting, cutting, and sticking. This can help avoid Stage 2 behaviours – this needs to be carefully approached with 'now' and 'then' labels to avoid this happening all the time.

**Escape/Avoid –**

CYP will try to leave when someone is too close to her and is getting irritated by that person. CYP will also go into fight/flight mode. It is important that she is allowed to go to her safe space to feel safe and secure. It is also important that a member of staff is with her for medical reasons. We have found that CYP displays this behaviour when she is tired.

**What does the behaviour look like?**

<b>Stage 1 Anxiety Behaviours</b>	<b>Stage 2 Defensive Behaviours</b>	<b>Stage 3 Crisis Behaviours</b>	<b>Stage 4 Reflective Behaviours</b>	<b>Stage 5 Recovery Behaviours</b>
<ul style="list-style-type: none"> <li>• Scowls/frowns</li> <li>• Reluctance to engage</li> <li>• Lack of eye contact</li> <li>• Stops seeking adult approval</li> <li>• Making “hmmph” noises.</li> <li>• Makes fists low down</li> <li>• Rummaging through her bag/possessions</li> <li>• Walking around class to collect pieces for her bag, i.e., paper.</li> </ul>	<ul style="list-style-type: none"> <li>• CYP will make louder growling noises.</li> <li>• Pulls angry face</li> <li>• Makes fists low down.</li> <li>• Stamps feet.</li> <li>• Attempts to leave the lesson without permission or runs to her quiet space.</li> <li>• Refusal to work with anyone including adults. Tries to dictate who she wants to support her.</li> </ul>	<ul style="list-style-type: none"> <li>• Hits</li> <li>• Screams/screeches</li> <li>• Cries</li> <li>• Throws things at others</li> <li>• Swipes out</li> <li>• Hides away</li> </ul>	<ul style="list-style-type: none"> <li>• CYP must be alone with an adult nearby to make sure she's safe.</li> <li>• CYP cools down better when she's given time to be mindful. After 10-15 mins approach CYP and discuss what happened. Make CYP's views feel valued.</li> </ul>	<ul style="list-style-type: none"> <li>• Engages in calm conversation</li> <li>• Makes eye contact</li> <li>• Takes part in post incident learning – don't expect too much from CYP.</li> </ul>

Stage 1 Responses	Stage 2 Responses	Stage 3 Responses	Stage 4 Responses	Stage 5 Responses
<ul style="list-style-type: none"> <li>• Ensure CYP has her fiddle toy close by so that she can focus and feels in control.</li> <li>• In a positive voice talk to CYP about what she feels will help her.</li> <li>• Distracting CYP from a situation in a positive form.</li> <li>• Remind CYP to make a good/kind choice.</li> <li>• Reminding CYP of the 'Now' and 'Then' cards.</li> </ul>	<ul style="list-style-type: none"> <li>• Be aware that CYP could now run or hit out.</li> <li>• Continue with Stage 1 responses.</li> <li>• Position self near door for safety.</li> <li>• Try and steer CYP to go to her quiet space instead of running out the classroom.</li> <li>• Talk about something positive that motivates CYP (art, drawing, colouring, animals, the beach)</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce verbal support. If unsafe then use clear directions only, in positive tone. If in safe environment don't talk to her much as this makes her more frustrated.</li> <li>• Steer CYP to her quiet space where she can calm.</li> </ul>	<ul style="list-style-type: none"> <li>• If CYP is hurt/upset, sometimes a bear hug from a trusted member of staff helps her calm down – VN/EW.</li> <li>• Quiet time- Once CYP has had 10-15mins alone in her quiet space she tends to come out of herself and talks in soft voice. This is when you can calmly talk to CYP.</li> <li>• Ask CYP, "what made you angry?"</li> <li>• Explain in positive voice to CYP what she could have done instead.</li> </ul>	<ul style="list-style-type: none"> <li>• Support CYP with Post Incident Learning. – don't expect too much from her, ask only one thing for her to do.</li> <li>• Praise CYP for her contributions and Post Incident work.</li> <li>• May need to repeat some of stage 4.</li> </ul>

**What are known common triggers?**

CYP likes to be in charge of things and dictate what she wants to do, who she wants to be with and when. It is important that the 'now' and 'then' labels are used so that she can see what is going to happen and when. As a result, she often struggles with group work and quite often will only work with another adult.

CYP wants to be the first to do everything, i.e., the first group to go cooking.

CYP struggles with sharing unless it is initiated by herself – she can be immensely kind and caring on her own terms.

CYP struggles when there is a change to the daily routine.

CYP finds it challenging when she is tired and often needs mindful time.

CYP struggles in class/whole school situations, for example, collective worship.

De-escalation skills	TRY	AVOID	NOTES
Verbal advice and support	/		After CYP has had personal space and time to herself.
Giving space	/		
Reassurance	/		
Negotiation	/		
Choices	/		Choices should be given in stage 2 and 3 and kept to a maximum of two choices
Humour	/		
Consequences		/	CYP needs time to calm down before she is ready to think clearly. Giving consequences will only escalate the situation.
Planned ignoring	/		This works very well as she seeks attention from adults in school.
Take up time		/	This will result in fight/flight mode from CYP as she will feel trapped.
A quiet space	/		This is one of the first options to take.

#### **Diversions and distractions**

CYP sometimes works well with positive distractions and compliments. E.g., "Look how much work you've done. That's amazing! Let's move you up on our class scale." CYP is extremely helpful and enjoys carrying out small jobs, this can often reset CYP. When CYP is finding work in class a challenging and is displaying stage 1 behaviours, she is given sensory time/time to run around the playground/mindful time to help reset.

Intermediate	TRY	AVOID	NOTES
Friendly escort	/		Holding CYP's hand or arm around her shoulder or giving her a bear hug and leading her to where she needs to be.
Single elbow		/	
Figure of four		/	
Double elbow		/	

Single elbow in seats		/	
T Wrap		/	
T Wrap to seats		/	
Seats to T Wrap		/	
T Wrap to ground		/	
Cradle		/	
Half Shield escort		/	
Block to Guide		/	
Quiet room	/		The cubby hole/library where her sensory equipment can be found.

**Preferred method Physical intervention?**

**Any medical conditions to be taken into account before using Physical interventions? Has advice from OT been sought?**

CYP recently had a seizure, all staff are aware of the signs and what to do. Staff have taken online Epilepsy training and staff that work with her on a one-to-one basis are trained in delivering the medication. Please see CYP's

	Name	Signed	Date	Comment
<b>Headteacher:</b>				
<b>SENCo</b>				
<b>Parents/Carers:</b>				
<b>Teacher:</b>				



**Plan discussed with pupil**

**This plan to be attached to SEN Support Plan and reviewed in line with SEN Support Plan reviews or before if significant changes in pupil's behaviour**

**Recording and Reporting**

**All incidents to be reported ASAP using the school's recording system- CPOMS**

**Appendix 4 Recording Restraint Incident form**  
**REPORT FOR RECORDING INCIDENTS WHERE STAFF RESTRAIN A CHILD**

**Part 1 A**

<b>Child's name:</b>	
<b>Time of incident:</b>	
<b>Parents/Carers involved:</b>	
<b>Other children involved:</b>	
<b>Witnesses to incident:</b>	
<b>If appropriate, please attach any witness statements.</b>	
<b>Day and date of incident:</b>	<b>Place of incident:</b>

<b>Events leading to incident</b>	
<p>What was happening for the child before the incident, what seemed to trigger the behaviour, who else was involved or present.</p>	

<b>Behaviour of child</b>	
<p>What behaviour alerted you that the child was struggling to cope?</p>	

**Response from Parents/Carers**

Which techniques did you use to de-escalate the situation? Before restraining the child, what was the response from them and others?

**Reason for the restraint**

What was the specific risk to the welfare of the child or others?

Remember: Physical Intervention and Restraint must be:

1) Necessary (or believed to be Necessary) to prevent harm and must be

2) Proportionate to the degree of harm which may be caused if there was no intervention made.

<b>Description of restraint</b>	
What method or type of hold did you use and were there any complications that arose during the restraint?	
How long did the restraint last?	

<b>Conclusion of restraint</b>	
How did the restraint come to an end, and what help and support did you offer to the child?	

<b>Staff signature:</b>	<b>Date:</b>
<b>Head teacher signature:</b>	<b>Date:</b>

**Part 1 B**  
**(A member of staff not involved in the restraint must fill this in.)**

**Injuries**

**Was the child injured?**                      **Yes**                      **No**                      **If 'Yes', what were the injuries?**

**Was a member of staff injured?**                      **Yes**                      **No**                      **If 'Yes', what were the injuries?**

**Did someone get medical help?**                      **Yes**                      **No**

**Was first aid given?**                      **Yes**                      **No**

**Was an accident form filled in?**                      **Yes**                      **No**

**Were the police involved?**                      **Yes**                      **No**                      **If 'Yes', please say why, who called and when, and the outcome of their involvement.**

**Who was told about the restraint?**

	<b>Name of person told</b>	<b>Date</b>	<b>Time</b>	<b>Initials of Informing Staff</b>
<b>Head Teacher/Senior Leader</b>				
<b>Parent/Carer</b>				
<b>Social worker</b>				
<b>Witness to the incident</b>				
<b>Other</b>				

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Part 2  
Positive Intervention Plan**

**Was this action in line with the part of the child's plan that deals with The Positive Intervention Plan?**      **Yes**      **No**      **If 'No', please explain.**

**Does the Positive Intervention Plan need to be changed?**      **Yes**      **No**      **If 'Yes', please explain.**

**Is a review needed?**      **Yes**      **No**

**If 'Yes', has a date been made?**      **Yes**      **No**

**Signatures**

	<b>Print name</b>	<b>Signature</b>	<b>Date</b>
<b>Staff involved</b>			
<b>Child</b>			
<b>Parent/Carer</b>			