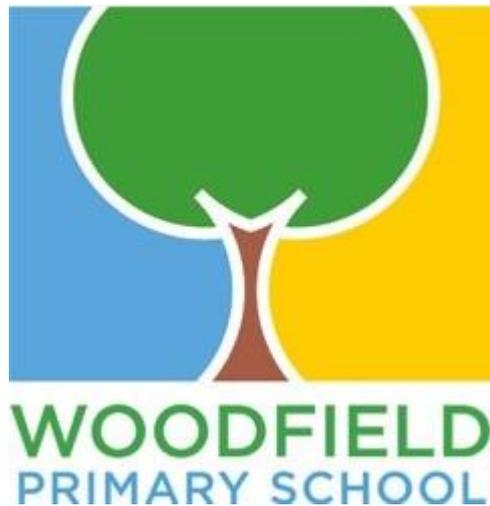


# Woodfield Primary School



## Positive Handling Policy

Reviewed – June 2018  
Next Review Due June 2019

## **POLICY FOR POSITIVE HANDLING**

### **Rationale:**

**The School understands that if children are behaving in an unacceptable, threatening, dangerous, and aggressive or out of control ways, they have not yet learned how their strongest emotional reactions can be contained, channelled and communicated safely.**

This policy has been compiled to assist school in responding appropriately in situations where the management of pupil's behaviour requires the use of containment and Safe Holding as a response to high scale behaviour.

This policy complies with or has regards to:

- DfEE Circular 10/98 'Section 550A of the Education Act of 1996': the use of force to control or restrain pupils (see appendix 1)
- LEA policy and advice.
- Human Rights Act 1998
- The Thrive Approach
- The Team Teach Approach

### **Aims**

#### **School aims to:**

- Promote an ethos of respect, care and safety for all within the school community
- Promote a coherent, consistent and co-ordinated approach to positive handling
- Establish and maintain good relationships, using attunement, validation, containment, soothing and regulation(VRF'S) to respond to difficult situations
- Ensure that if it is necessary to use positive handling procedures then ALL actions must be **REASONABLE** and **PROPORTIONATE**

### **Behaviour Management**

This plan is a codicil to the school's 'Behaviour and Inclusion Policy'.

### **Duty of Care**

Under section 550A of the Education Act 1996 all qualified teaching staff have a 'Duty of Care'. All other staffs will receive written authorisation from the Head teacher (person responsible for the implementation of the policy, its monitoring and co-ordinating of its use), (see appendix 2)

### **Risk Assessment Plans**

There may be occasions when some children behave in ways that make it necessary to consider the use of restrictive physical intervention as part of a behaviour management plan. All identified behaviours necessitating use of physical intervention should be formally risk assessed using form appendix 3. Planned use of physical intervention must be clearly shown to be in keeping with the pupil's statement and his / her individual education plan. It should be properly documented within school records.

## **Use of positive handling/physical intervention**

Safe holding is a key opportunity for emotional learning.

A child without boundaries is a danger to themselves and contributes to school communities that do not feel safe.

### **When can positive handling/ physical restraint be used?**

- Committing a criminal offence
- Causing injury to themselves/ others
- Causing damage to property of others
- Causing disorder
- Persistently refusing to leave a classroom and go to a safe place.
- Running dangerously down a corridor
- Fighting
- Engaging in, or being on the verge of committing vandalism
- Risking injury by accident, rough play or misuse of dangerous materials or objects.

**Positive handling/ physical restraint should only be used when all other strategies have been exhausted.**

The school follows the Thrive Approach and therefore advocates the use of the vital relational functions:

- Attunement
- Validation
- Containment
- Soothing
- Regulation

Strategies to be used are:

- Vital Relational Functions
- Reassurance
- Rules reminder
- Listening
- Withdrawal offered
- Withdrawal directed
- Making the environment safer
- Choice and consequence.

Section 550A of the Education Act 1996 outlines the powers that teachers, and others authorised by the Head teacher, have to use reasonable force in schools. The circumstances in which an authorised person may use reasonable physical restraint within school are:

Individual Behaviour Support Plans that detail strategies and holds, need to be in place. These need to be shared with parents/carers and completed where possible with the involvement of the child. Best practise is when the adults have prepared the child for the hold and it has actually been rehearsed with them e.g. the following script could be built up over a few conversations:

***“When you get really upset it is awful for you.*”**

*I see you get more and more jumpy and you start to get hot.  
When this happens I am going to keep you safe. This is how I am going to do it....  
I am going to hold you until you feel that you are calm.  
I will know this because your breathing will be slower, you won't be shouting and struggling,  
and you will have calm arms and legs. Your body will be relaxed."*

The child may not manage some of this and the whole sequence may happen over an extended period of time.

All adults coming into contact with the child must be aware of the plan and now that when an incident occurs, at least 2 adults need to be involved. Those adults, wherever possible, should be those closest/ best relationships with the child.

Every instance that the child shows signs that they are beginning to dysregulate or that they are unsafe, the adult's response needs to be quick and consistent and in line with the agreed plan.

During the hold, the adults (at least 2) calm and soothe the child. Nothing else is appropriate if the child has had a 'being interruption for some considerable time. If the child is beginning to calm and/or has interruptions other than 'Being', attuning and validating the child's inner experience is the adult's role in order to build the thinking brain.

When the child has calmed, continue to hold. Repair the relationship, shine the light on the behaviour and name the sensations and emotions THEN teach/offer alternative ways of behaving, this may take some considerable time and may happen over time when the hold is over.

The child needs to experience being contained safely in order to experience being understood and cared for when in extremis in order to build trust and to be co-regulated when they cannot manage their emotions alone. Once the child's emotional state is regulated provide the child with verbal support to develop their cognitive reasoning and choice. The Thrive practitioner uses the strategies and activities related to Being, Doing and Thinking to achieve this.

**See example below:**

*"Oh that was really hard for you...  
You really couldn't manage that...  
That was too hard...too much for you...  
You were so frightened that you really wanted to run...  
Oh dear....  
You could not manage those strong and painful feelings....  
I saw you just wanted to get away from everyone and everything...  
In a minute I'm going to wrap you in a blanket you can recover and rest...you look exhausted.  
Later we will talk about this some more...  
I'm going to be help you to be able to do something different when these strong feelings come up...like a volcano in your tummy.  
What you did was not ok and I'm wondering if you are feeling really bad that you....  
.....does hurt. It hurts everyone ...sometimes that happens when we are not ok and we can change that together.*

**The next conversation may start with "I wonder what we could do next time" or "I have been thinking about what happens...."**

**At NO TIME:**

- Use clothing or belts be to restrict movement
- Sit astride someone to restrict their movements
- Must any procedure be used which restricts breathing or impedes airways

- Extend or flex joints or put pressure on the joints
- Exert pressure on the neck, chest, abdomen or groin areas

When physical restraint has to be used then communication between the child and adult has to be ongoing.

Staff should use only the physical restraint strategies that they have been trained in which are in line with those indicated in Team Teach.

The help protocols must be used by all staff in any physical restraint situation

### **Reporting and Recording**

Following any use of physical restraint, the incident must be reported to the Head teacher or Deputy Head in her absence and the Physical Restraint Incident Form (appendix 4) be completed.

### **Post Incident**

Following any physical intervention there must be a period of de-escalation, reflection and review for both the child and adults involved in order to allow both time to recover, rebuild and restore relationships.

### **Complaints**

Complaints will be dealt with in line with the school's Complaints Policy.

### **Staff Training**

A small number of staff are Team Teach Trained.

## Appendix 1

### Section 550A of the Education Act 1996

#### Power of members to restrain pupils

1. A member of the staff may use, in relation to any pupil at the school, such force as is reasonable in the circumstances for the purpose of preventing the pupil from doing (or continuing to do) any of the following, namely:
  - a) Committing any offence;
  - b) Causing personal injury to, or damage to the property of, any person (including the pupil himself), or
  - c) Engaging in any behaviour prejudicial to the maintenance of good order and discipline in the school or among any of its pupils, whether that behaviour occurs during a teaching session or otherwise.
2. Subsection (1) applies where a member of staff of a school is:
  - a) On the premises of the school, or
  - b) Elsewhere at a time when, as a member of its staff, he has lawful control or charge of the pupil concerned;

But it does not authorise anything to be done in relation to a pupil which constitutes the giving of corporal punishment within the meaning of section 548.

3. Subsection (1) shall not be taken to prevent any person from relying on any defence available to him otherwise than by virtue of this section.
4. In this section:

‘member of the staff’, in relation to the school, means any teacher who works at the school and any other person who with the authority of the head teacher, has a lawful control or charge of pupils at the school;

‘offence’ includes anything that would be an offence but for the operation of any presumption that a person under a particular age is incapable of committing an offence.

**Appendix 2**

**Risk Assessment Pro-forma for assessing and managing foreseeable risks for children who present challenging behaviours.**

**Name of child**.....

**Class**.....**Year**.....

**Name of teacher**.....

**School**.....

<b>Identification of Risk</b>	
Describe the foreseeable risk	
Is the risk potential or actual?	
List who is affected by the risk.	
<b>Assessment of Risk</b>	
In which situations does the risk usually occur?	
How likely is it that the risk will arise?	
If the risk arises, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to occur?	
How serious are the adverse outcomes?	

**Assessment completed by:** .....

**Signature**.....**Date**.....

<b>Risk Reduction Options</b>			
Measures	Possible options	Benefits	Drawbacks
Proactive interventions to prevent risk			
Early interventions to manage risk			
Reactive interventions to respond to adverse outcomes			

<b>Agreed Behaviour Management Plan &amp; School Risk Management Strategy</b>		
Focus of measures	Measures to be employed	Level of risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

**Agreed by:**

.....

**Relationship to child**

.....

**Date:**

.....



**Appendix 3**

Number \_\_\_\_\_

**PHYSICAL RESTRAINT INCIDENT FORM**

**Date:**

**Time:**

**Location:**

**Name of child / adult:**

**Class:**

**Year Group:**

**Names of adults involved:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Background to the incident:**

**Steps taken to avoid the incident (tick all applicable)**

- Rights and Responsibilities Talk
- Reassurance
- Rules reminder
- Assessment
- Listening
- Humour
- Distraction
- Withdrawal offered
- Withdrawal directed
- Making the environment safer

**What exactly happened – a brief factual account:**

**Was the person warned before any physical intervention: Yes No (Circle)**

**Was any holding: Mild\_\_\_\_\_ Firm\_\_\_\_\_ Restrictive\_\_\_\_\_**

**Name techniques used:**

**Was the technique effective: Yes\_\_\_\_\_ No\_\_\_\_\_**

**Length of contact in minutes:**

**Details of any injuries:**

**How the incident was resolved:**

**Who was the incident reported to:**

**Action arising from incident (e.g. Behaviour Plan,)**

**Parents informed: Yes\_\_\_\_\_ No\_\_\_\_\_ How:**

**Review of any actions (e.g. Meeting with parents, Learning Mentor)**

**Signature (s) of adults involved:**

_____	<b>Print name</b> _____	<b>Date</b> _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Signature of child involved:**

_____	_____	_____
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**Signature of parent (s)/Carer (s)**

_____	_____	_____
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