

POSITIVE HANDLING POLICY

MISSION STATEMENT

We are growing together on our journey of achievement with Jesus in our hearts, heads and hands.

POLICY STATEMENT

This policy for St Joseph's Catholic Primary School forms a revision of the guidelines produced by the Local Authority (LA) in 1999. It follows the Guidance produced by the Department of Education (DfE) (reference LEA/0264/2003) on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties, designed to assist LAs and special schools to respond appropriately in situations where the management of pupil behaviour requires the use of restrictive physical interventions. It is DfE policy, and Bracknell Forest Council policy, that the use of force should be avoided wherever possible. Nevertheless, there will be occasions where its use will be necessary, and Section 550A of the Education Act 1996 recognised that, in certain specific circumstances, necessary *reasonable* force can be used by teachers and others authorised by the headteacher to control or restrain pupils.

Revision of the LA policy follows revision of the Authority's Behaviour Support Plan and affords the opportunity to engage those involved in the consultative process of drawing together the 2004 revision of that plan, in producing a policy which reflects an ethos of respect, care and safety in schools. Whilst special schools and settings, which cater for children and young people who may display severe behavioural difficulties, will have a need to anticipate the possibility of having to use restrictive physical intervention at some point, and to plan for its safe and careful use in specific circumstances, many schools may never need to use physical intervention to restrain pupils. This highlights the need to emphasise the following:

- Whole school behaviour policies will seek to prevent difficulties occurring, through the active promotion of positive social behaviour and the deployment of strategies designed to avoid and de-escalate situations, should potential conflict arise.
- Whether in special settings or in mainstream education, where risk of incidents occurring is deemed high or remote, staff need to be aware of the issues surrounding the safe use, as a last resort, of physical intervention, and be suitably trained and prepared. The LA will facilitate appropriate training so that schools can operate consistently across the Borough.
- Those involved in any incident where a restrictive, physical intervention occurs may experience considerable emotional stress. Care and emotional support for all participants at and after the time is important, whilst recording, debriefing, and reflection will each form an integral part of the implementation of the policy.
- Monitoring and evaluation of incidents and policy implementation will be supported by the Educational Psychology Service and Behaviour Support Team.

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1. THE CONTEXT

Section 550A of the Education Act 1996 states that a member of the school staff may use such force as is reasonable in the circumstances for the purpose of preventing the pupil from committing any offence, causing personal injury to, or damage to the property of, any person, including the pupil himself, or engaging in behaviour prejudicial to the maintenance of good order and discipline. It does not authorise anything which constitutes corporal punishment. The joint DfES/DoH Guidance (reference LEA/0242/2002) on 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 Disorders emphasised the following, underpinning principles:

- The use of force should, wherever possible, be avoided.
- There are occasions where 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.

and stated that,

“Restrictive physical interventions should always be designed to achieve outcomes that reflect the best interests of the child ... whose behaviour is of immediate concern and others affected by the behaviour requiring intervention. The decision to use a restrictive physical intervention must take account of the circumstances and be based upon an assessment of the risks associated with the intervention compared with the risks of not employing a restrictive physical intervention. A restrictive physical intervention must also only employ a reasonable amount of force – that is the minimum force needed to avert injury or damage to property or (in schools) to prevent a breakdown of discipline – applied for the shortest period of time.”

In other words, the use of restrictive physical intervention in schools should be **reasonable** and **proportional** to the circumstances.

The Guidance drew a distinction between Restrictive and Non-restrictive physical intervention, eg:

	Bodily contact	Mechanical
Non-restrictive	Manual guidance to assist a person walking	Use of a protective helmet to prevent self-injury
Restrictive	Holding a person's hands to prevent them hitting someone	Use of arm cuffs or splints to prevent self injury

Restrictive physical interventions involve the use of force to control a person's behaviour and can be employed using bodily contact, mechanical devices, or changes to the person's environment. The use of force is associated with increased risks regarding the safety of the young person and staff, and inevitably affects personal freedom and choice. To the extent that *seclusion* (where a young person is forced to spend time alone against their will) involves restricting the person's freedom of movement, it should also be considered a form of physical intervention.

Restrictive physical interventions can be employed to achieve a number of different outcomes:

- To break away or disengage from dangerous or harmful physical contact initiated by a young person.
- To separate the young person from a "trigger", for example, removing one young person who responds to another with physical aggression.
- To protect a child from a dangerous situation – for example, the hazards of a busy road.

It is helpful to distinguish between:

- *Planned intervention*, in which staff employ, where necessary, pre-arranged strategies and methods which are based upon a risk assessment and recorded in care and education plans.
- *Emergency or unplanned* use of force which occurs in response to unforeseen events.

Staff in St. Joseph's Catholic School may need to draw up careful, planned intervention strategies to safely manage the predictable, potential behavioural challenges posed by particular individual students, as well as consider within relationships policies, the possibility of behaviours occurring which would not normally be expected or foreseen, and have strategies to deal safely with "what if?" scenarios.

2. ENTITLEMENT

Within St. Joseph's Catholic School children (and those who care for them) are entitled to find an educational environment where they are safe to work; to learn; to develop; to extend their experience; to take on increasing responsibility for choices and decisions about their learning; to find encouragement, even when they make mistakes; to feel

valued, respected and listened to; to be protected from bullying, abuse or assault; to have their say; to be accepted and loved.

Practitioners are also entitled to find such an environment. They are entitled to make decisions and exercise choices about the direction their work takes; to access training, information and the opportunity to explore issues which arise in the course of managing complex situations, such as the human interactions stimulated by the process of working with groups of children. Just as children are entitled to be encouraged and supported to enable them to learn from mistakes, so are the grown-ups entitled to receive encouragement and support when they have been involved in stressful and potentially distressing incidents.

Parents and carers of children are entitled to feel secure in the knowledge that staff working with their children are competent, confident and trained to both educate and look after them, treating them fairly and with respect, and keeping them safe from harm. Parents and carers of children who may display severe behavioural difficulties are entitled to know, understand and be involved in the planning of strategies adopted to keep their child safe, and to be informed of the circumstances when particular strategies will be, and then are, used.

A child who, for reasons of his own or others' safety, is subject to a restrictive physical intervention, is entitled to encounter calmness and control on the part of the adult(s) around them, to understand the action taken and the reasoning behind it, and to seek reassurance that it is a specific behaviour, and not him as an individual, which has triggered the intervention. If the young person is prone to displaying severe or challenging behaviour, he is entitled to know and understand the strategies that staff will adopt to manage such situations whilst keeping him and others safe. The child is entitled, above all, to know, understand and be helped to learn the appropriate or desirable behaviour(s) which staff would prefer him to adopt, in comparable circumstances.

3. EXPECTATIONS OF SCHOOLS

Schools and settings which make provision for children, who display extreme behaviour should, within their own policies on restrictive physical intervention, cover the following issues and topics:

- The name of the person(s) responsible for implementing policy on restrictive physical interventions and monitoring and coordinating their use.
- The balance between the needs of the pupils and the needs and responsibilities of the school towards staff.
- The measures to be put in place to ensure that, where physical intervention is used, it is reasonable and proportional to the circumstances.
- The relevance of Health and Safety legislation, including guidance on manual handling and violence reduction in relation to staff, pupils and visitors.
- The way in which policy on using physical intervention is integrated with more general policies, (eg) a whole school approach to improving behaviour.
- How the school communicates with parents/carers and pupils about its policy on the use of physical intervention. See Appendices.

(i) General Aims

- To protect every person in the school community from harm.
- To protect all pupils against any form of physical intervention which is unnecessary, inappropriate, excessive or harmful.
- To provide adequate information and training for staff so that they are clear as to what constitutes appropriate behaviour and to deal with violent or potentially violent situations.

(ii) Risk Assessment and Planning

Most children and young people will never need any form of restrictive physical intervention. However, staff may have to deal with some children who exhibit disturbed, distressed and distressing behaviour.

St. Joseph's School will carry out a risk assessment, which will address general issues regarding the school environment, including locations likely to attract less supervision, periods or times when "troublesome" behaviour is more likely, etc.

Risk analyses will also consider individual pupil needs. If teaching staff in a school become aware that a pupil is likely to behave in a disruptive way that may require some form of restrictive physical intervention, then it is important that a careful Support and Intervention Plan is drawn up. This should clarify appropriate and acceptable responses if the situation arises.

Such planning needs to address:

- Managing the pupil (e.g. reactive strategies to de-escalate a conflict, holds to be used, if necessary).
- Involving the parents/carers to ensure that they are clear about the specific action which the school might need to take.
- Briefing staff to ensure that they know exactly what action they should be taking (this may identify a need for training or guidance).
- Ensuring that additional support can be summoned, if appropriate.

An essential element of Risk Assessment will always include appropriate staff training. Effective staff training will serve to enhance the skills and confidence of those responding to, and managing, difficult situations. Appropriately trained staff are more likely to feel confident using verbal and de-escalatory techniques, as well as calming strategies.

St. Joseph's School will arrange formal training for staff every three years and when required new members to be induced as well as update existing members of staff, on techniques and school policy.

(iii) Essential Principles Underpinning Effective Physical Interventions

Clearly, staff training programmes will cover in greater detail issues surrounding effective physical interventions. However, the following general principles are likely to underpin all good practice in this area:

- Tell the pupil who is misbehaving to stop and warn the pupil of possible consequences of failure to do so (NB: this warning must not comprise any threat of unlawful assault).
- Always consider and try the use of other strategies, which might include:
 - “allowing space”
 - “listening”
 - “cajoling”
 - “diverting”
 - “talking”
 - “humouring”
 - “reasoning”
 - “distracting”
 - removing “audience” from the immediate location
- If possible summon another adult – another member of staff may be able to reduce the risk of bodily harm to both the adult and pupil, and also serves as a witness to the incident if allegations of assault are subsequently made by the pupil, or their parents/carers.
- Restrictive physical intervention can take several forms and might involve:
 - Physically interposing between pupils
 - Blocking a pupil’s path
 - Holding
 - Pushing
 - Pulling
 - Leading a pupil by the hand or arm
 - Shepherding a pupil away by placing a hand in the centre of the back
 - (in extreme circumstances) using more restrictive holds in which the member of staff has received appropriate training.
- Continue to communicate with the pupil throughout the incident.
- Make it clear that the restrictive physical intervention will be removed as soon as it ceases to be necessary.

- Appropriate follow-up action should be taken, which may include:
 - Providing medical support
 - Providing respite for those involved

(iv) Inappropriate Force

The following is a list of physical interventions and actions which would not constitute a reasonable use of force:

- Holding a pupil around his neck, or by the collar, or in any way that might restrict the pupil's ability to breathe;
- Slapping, punching or kicking a pupil;
- Twisting or forcing limbs against a joint;
- Tripping up a pupil;
- Holding or pulling a pupil by the hair or ear;
- Holding a pupil face down on the ground.

Staff should always be aware of touching or holding a pupil in a way that might be considered indecent. Teachers and other staff working in schools can be vulnerable to malicious accusations that they used undue force, and/or behaved with sexual impropriety. These dangers can be minimised if staff work within these guidelines.

(v) When not to use physical interventions

There are situations where teachers and authorised staff should not intervene without seeking help. It is likely to be safer to seek assistance when dealing with:

- an older pupil
- a physically large pupil
- more than one pupil
- when the teacher or authorised person believes that she or he may be at risk of injury

In those circumstances where the member of staff has decided that it is not appropriate to restrictively physically intervene with the pupil without help, there remain a number of strategies that should help calm or defuse the situation. They should for example:

- remove other pupils who might be at risk;
- summon assistance from colleagues;
- where necessary telephone the police;
- inform the pupil(s) that help will be arriving.

Until assistance arrives, the member of staff should continue to attempt to defuse the situation orally and try to prevent the incident from escalating.

(vi) Recording and Monitoring

Staff should record all incidents of restrictive physical intervention in accordance with School Policy and report these to the head teacher.

Details should include:

- Name of pupil(s)
- Staff member(s) involved
- Factors necessitating restrictive physical intervention
- The strategies which were employed prior to using physical intervention
- How the physical intervention was implemented and undertaken
- Outcome of restrictive physical intervention
- Any other action taken in the management of the incident

Parents/carers should be contacted as soon as possible and the incident explained to them. This action should also be recorded. De-briefing protocols, involving the pupil(s) as well as staff involved, should be followed and recorded.

An example of a possible recording and monitoring process, with appropriate forms, is given below in the section on Monitoring and Evaluation.

(vii) Complaints

All staff have a duty of care to the children in their school, which will involve legal and moral responsibilities to take appropriate action when necessary. Involving parents when an incident occurs with their child, together with a clear policy adhered to by the staff, should help to avoid complaints from parents. It will not prevent all complaints, however, and a dispute about the use of force by a member of staff might lead to an investigation, either under disciplinary procedures or by the police or Social Services, under Child Protection procedures.

Staff subjected to physical violence or assaults similarly have the right to be supported. This may involve offering immediate help to the member of staff to address any trauma, and to re-establish confidence; offering medical support if any physical injury has been sustained and recommending a visit to a doctor; referral to occupational health; and making a formal complaint to the police. It is also an individual's right to take private/appropriate action (against an assailant) and this may be supported by a recognised Trade Union.

4. TRAINING AND SUPPORT FOR SCHOOLS

Bracknell Forest Council recommends the “**Teamteach**” approach to providing BILD accredited, appropriate and relevant, quality training. The council has developed an “in house” team of accredited tutors from the staff of Kennel Lane School and the Behaviour

Support, Pupil Referral and Educational Psychology Services, enabling schools and settings to purchase the one or two day Teamteach training packages locally. Further information is available from any of the above services.

Consultative advice on developing policies and identifying training needs is available from the Senior Advisor for SEN, the headteacher of Kennel Lane School, the Head of the Pupil Referral Service, the Leader of the Behaviour Support Team or the Principal Educational Psychologist.

Advice and support in developing whole school behaviour policies is available through your attached Advisor, Educational Psychologist or the Behaviour Support Team.

If you wish to speak to someone about an incident involving a member of your school community, any member of the EPS or BST will be happy to respond. Where an allegation has been made against an employee of the school advice should be sought from Human Resources.

5. MONITORING AND EVALUATION

All incidents involving the use or application of a Restrictive Physical Intervention (RPI) should be recorded using a format such as the one in the following Appendix. A copy of this should be forwarded to the Principal Educational Psychologist (EP), marked "CONFIDENTIAL – RPI".

This is to enable the Local Authority to monitor the incidence of such events across Bracknell Forest schools and to evaluate the effectiveness of its policy, and the support arrangements for schools. From September 2006, attached EPs will be asking about incidence of RPI in each school, across the year, as part of this exercise.

The suggested format of the record is structured so as to capture a detailed, factual account of the incident itself, of who was involved, and the circumstances and context in which the incident took place. It is recommended that the "debrief" section is completed within no more than a few days of the event, by a senior member of staff who was not him- or herself, involved directly, or as a witness. As the emotional (and indeed, physical) effects of such incidents can last for some time, it is further recommended that the "follow up" record is completed after 3-4 months (a term) has elapsed, ideally by that same, senior staff member. Attached EPs and members of the Behaviour Support Team will be happy to answer any queries about this process.

Where physical injury has occurred or is later detected, it is important for schools to consult their Health and Safety Policy and follow the appropriate procedure for reporting this fact. The HR team can provide further guidance on this as appropriate.

Drafted by Curriculum and Standards Committee

Policy to be reviewed annually.

Policy to be the responsibility of Curriculum and Standards Committee

Approved by the Curriculum and Standards Committee	
Chair of Curriculum and Standards Committee signature	
Date	
Review date	

APPENDIX A
Use of Restrictive Physical Intervention

Record

A. Context	Date	Time
Pupil Name		DoB
Staff member(s) involved		
Adult Witness		
Pupil Witness		
Outline of event leading to use of RPI		
B. Incident	Outline of incident of RPI	
Nature of RPI (method used)		
Outcome of RPI		

Use of Restrictive Physical Intervention

Debrief

C. Debrief Description of any injuries sustained by any party and subsequent treatment		
Name of "debriefeer"		
Contact with parties		
Name	Date	Time
Name	Date	Time
Name	Date	Time
Name	Date	Time
Contact with parent/carer		
Name	Date	Time
Name	Date	Time
Feelings expressed by parties:		
Feelings expressed by parent/carer:		

Use of Restrictive Physical Intervention			Follow up
D. Follow up	Contact with parties		By whom?
Name	Date	Time	_____
Name	Date	Time	_____
Name	Date	Time	_____
Name	Date	Time	_____
Feelings/needs expressed			
Subsequent action/inquiry/complaint			
Signatures:			
Staff member	Date	
Teacher in Charge	Date	
Headteacher	Date	
Parent/Carer	Date	
Other	Date	
Copy to PEP	Date	

APPENDIX B

POSITIVE HANDLING PLAN (PHP)

Name:

Setting:

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

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

PREFERRED Supportive & Intervention Strategies (Other ways of C.A.L.M.ing such behaviours. Describe strategies that, where and when possible, should be attempted before positive handling techniques are used)

- | | | | |
|---------------------------|-----------------------|---|-----------------------|
| Verbal advice and support | <input type="radio"/> | Distraction (Known Key words, objects, etc. ...Likes | <input type="radio"/> |
| Reassurance | <input type="radio"/> | Take up Time | <input type="radio"/> |
| C.A.L.M talking/stance | <input type="radio"/> | Time Out (Requires a written plan) | <input type="radio"/> |
| Negotiation | <input type="radio"/> | Withdrawal (Requires Staff/Carer Observation | <input type="radio"/> |
| Choices/Limits | <input type="radio"/> | Cool Off: Directed/Offered (Delete as appropriate)
Time allowed put to calm down or cool off | <input type="radio"/> |
| Humour | <input type="radio"/> | Contingent Touch | <input type="radio"/> |
| Consequences | <input type="radio"/> | Transfer Adult (Help Protocol) | <input type="radio"/> |
| Planned/Ignoring | <input type="radio"/> | Success Reminder | <input type="radio"/> |
| 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:

Please print: _____	Please sign: _____
Establishment: _____	Name: _____
Placing Authority: _____	Name: _____
Parents/guardians _____	Name: _____
Name: _____	Signature: _____
Date: _____ / _____ / _____	Review date: _____ / _____ / _____

Other Factors to Consider:

- Key behaviour difficulties
- Our understanding of the behaviour
- What we want to see instead
- Environmental Changes that might help
- Monitoring progress
- How the individual can help
- How Parents or Carers can help
- Rewarding progress

APPENDIX C

SERIOUS INCIDENT RECORD

Serious Incident Record				No:		
Name of Young Person						
Location of Incident:				Date:		
Full Names of Staff Involved:						
Start Time Of Serious Incident:		Duration of Any Restraint:	Any Injuries:		Medical Check:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hrs Mins		<input type="checkbox"/> <input type="checkbox"/> Mins	Child <input type="checkbox"/> Other <input type="checkbox"/>		Offered <input type="checkbox"/> Accepted <input type="checkbox"/>	Incident Reviewed with Young Person Offered <input type="checkbox"/> Accepted <input type="checkbox"/>
Nature of Risk		External Agencies Informed		Supporting Records Completed		
Injury to Person _____		Medical Staff _____		Bound Book _____		
Damage To Property _____		Parent/Guardian _____		Accident Report _____		
Criminal Offence _____		Social Worker _____		Medical Report _____		
Serious Disruption _____		Placing Authority _____		RIDDOR _____		
Absconding _____		Police _____		Formal Statement _____		
Environments and Triggers:						
Describe what was happening and what led up to a dangerous situation:						
Circle the level of potential risk						
Low		Medium		High		
Circle and/or describe precisely what the risk was.						
Verbal abuse / Slap / Punch / Bite / Pinch / Spit / Kick / Hair grab / Neck grab / Clothing grab / Body holds / Arm grab / Weapons, missiles						
Other:						
Who was at risk?						
Controlling Risk						

Describe any changes made to routines, personnel or the environment in an attempt to reduce the risk of this happening.

DIVERSION, DISTRACTIONS AND DEESCALATION ATTEMPTED

Verbal advice and support / Firm clear directions / Negotiation / Limited Choices /
Distraction / Diversion / Reassurance / Planned Ignoring / Contingent Touch /
C.A.L.M. talking/stance / Take Up Time / Withdrawal Offered / Withdrawal Directed /
Transfer Adult / Reminders about consequences / Humour / Success Reminders

Other:

PHYSICAL INTERVENTION STRATEGIES ATTEMPTED

Help Hug / Cradle Hug / Wrap / Sitting Wrap / Double Elbow / Half Shield /
Sitting Double Elbow (Single person) / Single Elbow (Two person) /
Sitting Single Elbow (Two person) / Figure of Four (Two person)

Other:

Signed:

Dated:

Comment:

Help script:

1. Acknowledge the problem
i.e. Tom, I can see something is wrong or i.e. Tom, I can see you are upset
2. Offer of help
i.e. Tom, I am here to help, or Tom let me help
3. Engage
i.e. Talk and I will listen or i.e. Come along we can sort it out

Signed