



**Newall Green
Primary School**

Aiming High To Reach Our Goals

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Positive Handling Policy

Document Control	
Title	Positive Handling Policy
Date	May 2023
Supersedes	May 2022
Amendments	<ul style="list-style-type: none">• Staff trained in positive handling list updated• Covid-19 Addendum removed
Related Policies/Guidance	<ul style="list-style-type: none">• Safeguarding Policy• Behaviour Policy• SEND Policy• POD Behaviour Policy• Time Out Policy
Review	May 2024 (or sooner if recommendation from training change practices before this time).

Approved by: The Trustees

Date: 17.07.2023

Last reviewed on: May 2023

Next review due by: May 2024

Introduction

This policy sets out the framework for physical interventions when managing challenging behaviour at Newall Green Primary School. Interventions as such, must only be used in the best interests of the young person, when everything possible has been attempted to ensure the safety of all involved.

All staff operate under a duty of care to make every reasonable effort to protect young people in their care. This included protecting them from any form of physical intervention, including physical control or restraint, which may be deemed unnecessary, inappropriate, excessive or unlawful.

It is our approach, that the holistic positive handling and physical intervention, as set out by 'Team Teach' is the approved training to be adopted.

Policy Objectives and Accountabilities

The aim of this policy is to ensure the strategies and practices in place across the trust render the use of physical intervention a rare and exceptional practice. It further seeks to ensure best practice in those challenging circumstances where restrictive physical interventions are deployed.

The Executive Head / Headteacher of each school is accountable for:

- Building the culture of positive handling and skilling the whole workforce to ensure a safe environment for everyone.
- Ensuring that the management of behaviour is centred on the positive reinforcement of acceptable behaviour and that restraint is never used as a form of punishment.
- Ensuring the management of behaviour and challenging situations in their educational setting. Planned physical intervention and restraint may only be used by those staff they have authorised to do so.
- Ensuring a known, agreed and effective system is in place for allowing a senior member of staff to be summoned, either to help with intervention or restraint or to act as a witness and support to both staff and learner (Green Button / or direct call).
- Completing and submitting the Physical Intervention Log within 24 hours of the time of the incident (CPOMs).
- Ensuring that a Risk Assessment of Challenging Behaviour and a Positive Handling Plan are completed (Appendix 1 and 2) following an incident of challenging behaviour where restraint has been used.
- Following up communication with parents/guardians and enquiring on the young person's health should injuries incur absence from learning.
- Informing parents of the school's general responsibility to keep children safe, especially with regards to physical intervention and restraint.

All staff should:

- Ensure a duty of care for all learners and to be familiar with this policy and the school's behaviour management procedures.
- Ensure that authorised staff are fully cognisant of this policy and undertake appropriate available training through the MAT's approved safety intervention trainers.
- Have a clear understanding about when restraint is appropriate and inappropriate and the procedures for summoning help and recording incidents.
- Make personal notes on their recollections of the event, should they be witness to any incident and these should be submitted to the Executive Head immediately after the time of the incident.

What is restrictive physical intervention?

Restrictive physical interventions involve the use of force to control a person's behaviour, examples include: holding the learner by the arm to prevent them running across a busy main road and holding a learner's arms and/or legs to prevent them harming themselves or others. Restrictive physical intervention involves limiting the learner's freedom of movement and continuing to do so against resistance. Within the full range of strategies and interventions to manage challenging behaviour and reduce risk, restrictive physical intervention forms only 5% or less.

Creating a calm and preventative climate

Physical intervention should never be used as a substitute for other strategies and interventions for behaviour management. Other methods of managing the incident must be tried first unless this would be impractical. As a general rule, restrictive physical intervention is allowable only when other strategies (which do not employ force) have been tried and found to be unsuccessful or, in an emergency, when risks of not employing a restrictive physical intervention outweigh the risks of using force. This includes situations where there is a need to defend or protect.

Staff across the trust are encouraged to minimise the potential use of force through focusing on:

- Creating a climate which is calm and orderly where caring and supportive relationships within the school community minimise the risk of incidents arising that might require the use of force.
- Whole school behaviour procedures that incorporate clearly understood reward systems, supporting the development of good behaviour and clear and fair sanctions for negative behaviour.
- A programme for preventing and dealing with bullying including sensitive strategies for identifying, communicating and responding to bullying.
- A positive culture and bespoke teaching sessions which underpins positive relationships and develops individual skills in areas such as communication, resolving conflict and assertiveness. This includes programmes for learners addressing how to manage conflict and strong feelings e.g. through nurture group provisions.
- Only using force when the risks involved in doing so are outweighed by the risks involved in not using force.
- Appropriate training on positive handling, de-escalation and restraint so that staff are regularly made aware of the agreed procedures and actions regarding restraint.
- Induction of new and supply staff to include details of the needs of the children and young people at risk and appropriate learning practitioner responses.

Defusing and de-escalating potentially dangerous situations

Restrictive physical interventions are intrusive, often distressing, and potentially harmful and therefore should always be considered as a 'last resort' response to challenging behaviour, to be employed only after other approaches have been fully explored or proactively as a part of a positive handling plan.

A member of staff who knows the learner well, and has a good relationship, will be less likely to have to resort to physical control or restraint. It should be noted that confrontational behaviour is likely to produce a confrontational response. In any situation where behaviour could potentially become challenging the adult must remain calm. Under no circumstances should physical intervention be used in anger.

Whatever form of intervention is used, the aim should be to calm the situation and help the learner move nearer to a state where she/he can think and respond rationally and be in control of their own behaviour. The use of physical intervention must always be aligned with the ethos of an educational setting and as such the underlying principle should be: "I care enough about you not to let you be out of control".

The following strategies and approaches may be useful when trying to defuse a situation:

- Body position; keep a confident, natural body stance. Stand at arm's length outside of the child's personal space for as long as possible, try to avoid being directly face to face, be sensitive in your use of eye contact and keep arms down by your side with palms open.
- Communication; use a "you talk and I will listen" approach.
- Appropriate use of voice; keep your voice calm and controlled and speak slowly. Learners are likely to take their cue from the tone and volume of your voice and respond accordingly.
- Appropriate humour can sometimes be used effectively to avoid the need for physical restraint, being careful to avoid sarcasm.
- State the desired behaviours clearly; directions or requests to the learner should be communicated confidently and with a clear expectation that they will be complied with.
- Avoid unnecessary power struggles; this is likely to increase anxiety and cause future problems.
- Keep communication open by talking to the learner; offer choices to enable the learner to extricate him or herself from the situation without losing face. Avoid using questions and long, complex instructions.
- Allow time for the situation to de-escalate.

Could I ever come across a situation where I might have to use an unplanned physical intervention?

Unplanned or emergency interventions may be necessary when a child or young person behaves in an unexpected way that has not happened before. In such circumstances, members of staff must operate within their duty of care to the child or young person and the response must be proportionate to the circumstances. These will involve staff employing, where necessary, one or a combination of behaviour management strategies in response to an incident which must be reported. Physical intervention will be utilised when all other strategies have been exhausted or the incident requires a rapid physical response (for example when a child is about to run onto a road and there is immediate danger).

Risk assessment of challenging behaviour and positive handling plans:

The risk assessment of challenging behaviour must be completed for learners assessed as being at greatest risk of needing restrictive physical intervention. This would then inform the completion of the positive handling plan which must be written and used in any future situation or incident. The positive handling plan should be reviewed at least half termly. The plan will be shared and usually agreed with parents/carers. However, any delay in meeting with parents/carers should not delay either the implementation of the plan, or the learner's continuing attendance/presence to learn.

The positive handling plan will list the accepted strategies to be used in response to the learner's behaviour as well as the strategies that may be used beforehand to de-escalate the situation.

Reasonable, proportionate and necessary force:

The scale and nature of any restrictive physical intervention must be reasonable, proportionate and necessary to both the behaviour of the individual and the nature of the harm they might cause. Staff should use the minimum force necessary for the minimum time to prevent injury and maintain safety, consistent with the appropriate training they have received, and only in exceptional circumstances.

Any restrictive physical intervention should always be designed to achieve outcomes that reflect the best interests of the child or young person whose behaviour is of immediate concern and others affected by the behaviour requiring intervention.

Whether it is reasonable to use force, and the degree of force that could reasonably be employed, can also depend on the age and/or understanding of the learner.

The principle of reducing risk of harm:

Where there is an incident of challenging behaviour, the first aim of any member of staff should be to try and ensure that the child or young person, and anyone else affected by the violence, does not sustain harm. If this is not possible, the secondary aim should be to reduce the level of harm as much as possible. For any physical intervention the judgement must be that the intervention is likely to reduce the risk of harm, not increase it.

Physical intervention and restraint are permissible when there is clearly no alternative approach that might be used in the circumstances, and where the emergency demands immediate intervention. The use of force is likely to be legally defensible when it is required to prevent:

- A learner engaging in some form of self-harming
- Injury to other young people, staff or service users
- Significant damage to property
- A criminal offence being committed

The assistance of a second adult should be sought, either to help with intervention or restraint or to act as a witness and support to both staff and learner. Each establishment should have a known, agreed and effective system for allowing a senior member of staff to be summoned in such circumstances.

Following an incident, a risk assessment {Appendix 1) should be completed.

Post incident support:

Serious incidents involving the use of force may result in injuries to staff or learners. Immediate action should be taken to access medical help for any injuries that go beyond first aid. It is also important to ensure that staff and learners are given emotional support following an incident.

The Executive Head should ensure that staff and learners affected by an incident have continuing support for as long as necessary in respect of:

- Physical consequences
- Support to deal with any emotional stress or loss of confidence
- Opportunity to analyse, reflect and learn from the incident

Following any incident there should be a process of review which involves both the member of staff and the learner. This review should:

- Use a restorative approach which focuses on finding alternative ways of dealing with any recurrence of behaviour that could lead to force being used.
- Involve giving the learner the opportunity to repair relationships between those involved in the incident as well as developing the social and emotional skills to link feelings to behaviour with the aim of finding alternative ways of dealing with any future situations.
- Inform the positive handling plan for the learner.

Recording and reporting

The member of staff directly involved:

- Informs the appropriate senior member of staff, if that person has not already been called to the incident.
- Within 24 hours of the incident, completes the 'Physical Intervention Log' in discussion with the Executive Head (Appendix 3).

The Executive Head:

- Ensures, where necessary, immediate and appropriate medical attention has been provided and if not already documented in the Physical Intervention Log, updating it accordingly.
- Ensures the parents/carers of the learner/s concerned have been informed as soon as possible, ideally by telephone with a letter to follow, and the incident is discussed for their views to be documented in the Physical Intervention Log.
- Ensures that the learner/s involved have had an opportunity to reflect on the incident and provide his/her/their account of it within the Physical Intervention Log.
- Ensures that, where a witness was present at the incident, they record their recollection of the incident. A formal statement may be required later.

Complaints Management:

If parents/carers are concerned about any incident involving the restraint or physical control of their child they are asked to contact the Executive Head. Complaints are generally best managed within the educational setting as the Executive Head should be well placed to investigate and respond in a timely fashion.



Serious incident report

Seen by head:	Date seen by head:	Log number:
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Section A

Name of child:		Year group:	
Date of incident:	Time:	Location:	
Name of staff involved:		Names of witnesses:	

Reason for intervention

Danger to self		Danger to others	
Severe damage to property		Severe disruption to other pupils	

Describe lead up to the incident:

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De-escalation techniques used & effectiveness rating (1=Not Effective 10=Very Effective)

Verbal advice & Support		C.A.L.M talking	
Distraction		Options offered	
Time out offered		Planned ignoring	
Time out directed		Success reminded	
Transfer adult		Contingent touch	
Choices limits & consequences		Persuasion	
Reassurance		Step Away	
Appropriate behaviour		Negotiation	
Praise Points		Take up time	
Other		Please specify:	

Time Out Log:	
Monitored after 5 minutes	
Monitored after 10 minutes	
Monitored after 15 minutes	

Section B (To be completed if Physical controls were used)

Positive handling strategies used & effectiveness rating (1=Not Effective 10=Very Effective)					
One person double elbow guided		Two person single elbow		Single elbow to seated position	

One person single elbow guide		Two person double elbow		Double elbow to seated position	
Friendly hold		Cradle hold		Small child to bean bag	
		Advanced skills used (please specify):			

Breathing Monitored		Number of staff involved	
Duration of physical intervention			

Section C Medical intervention (Please mark every box YES or NO)

Injury suffered by child	No	Please specify:
Treatment required	No	Please specify:
Injury suffered by staff	No	Please specify:
Treatment required	No	Please specify:
Injury suffered by others	No	Please specify:
Treatment required	No	Please specify:

Section D Follow up

Repair & Reflection:	Staff debriefing:
Pupils point of view:	

Witness signatures				
Signed:		Date:		Independent advisor:

Parents/carers were informed

Date	Time	By whom?	By direct contact, telephone, letter?



Pupil Risk Assessment – Overview

Student Name		Date of Assessment	
School Contact		Assessor's Name	
School		Date of Review	

Overview:

Triggers for XXX to exert challenging behaviour:

Distraction strategies:

Warning signs – De-escalation required:

Stage 1 Anxiety Behaviours	Stage 2 Defensive Behaviours	Stage 3 Crisis Behaviours

De-escalation strategies:

	Try	Avoid	Notes
Verbal advice and support	<input type="checkbox"/>	<input type="checkbox"/>	
Giving space	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reassurance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Help scripts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Negotiation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Choices	<input type="checkbox"/>	<input type="checkbox"/>	_____
Humour	<input type="checkbox"/>	<input type="checkbox"/>	_____
Consequences	<input type="checkbox"/>	<input type="checkbox"/>	_____
Planned ignoring	<input type="checkbox"/>	<input type="checkbox"/>	_____
Take up time	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Time-out</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Supportive touch	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transfer adult	<input type="checkbox"/>	<input type="checkbox"/>	_____
Success <u>reminded</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Simple listening	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acknowledgement	<input type="checkbox"/>	<input type="checkbox"/>	_____
Apologising	<input type="checkbox"/>	<input type="checkbox"/>	_____
Agreeing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Removing audience	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others	<input type="checkbox"/>	<input type="checkbox"/>	_____

Physical outbursts:

Any medical conditions to be considered before using Physical interventions?

Physical Intervention:

Reflection:

Pupil Risk Assessment – Evaluation



Hazards / Behaviours	Is it a known hazard or <u>opinion</u> <ul style="list-style-type: none"> • Known • Opinion 	Hazard / Behaviour Type <ul style="list-style-type: none"> • Deliberate • Accidental • Involuntary 	Who is at risk <ul style="list-style-type: none"> • Child • Peers • Staff • Others 	Likelihood (A)	Severity (B)	Risk Rating (AxB)
Harm to Self	Known	Accidental	Child	5	5	25
Harm to Peers	Known	Deliberate	Child/peers	5	5	25
Harm to Staff	Known	Deliberate	Child/Staff	5	5	25
Damage to property	Known	Deliberate	Self and others	4	4	16
Class disruption	Known	Deliberate	Self and others	5	5	25
Absconding	Known	Deliberate	Self and Others	4	4	16
Ability to evacuate safely	Opinion	Involuntary	Self and others	3	3	9
Toileting						
Onset of medical condition (acute)ASD						
Management of chronic medical condition						
Allegations against staff						
Other Hazards / Behaviours						



Staff Trained in Positive Handling (TEAM TEACH) at Newall Green Primary

Member of staff	Most recent training
Jordan Beacham (Team Teach Tutor)	
Adam Pattenden (Team Teach Tutor)	
Eliza Boylan	18/10/2019 (mat leave)
Emma McHugh	13/11/2019 (mat leave)
Mandy Slack	13/11/2019
Sophie Tait	13/02/2020
Hannah Jones	23/10/2020
Sarah Blakeley	23/10/2020
Rebecca Gough	23/10/2020
Sam Cowhig	23/10/2020
Steph Ashton	19/02/2022
Gemma Smith	19/02/2022
Chelsea Ellis	19/02/2022
Kara Burton	19/02/2022
Bethan Andrews	19/02/2022
Cara Kerr	19/02/2022
Aroua Bahri	19/02/2022
Gemma Fleming	19/02/2022
Amanda Horrox	13/05/2022
Katherine Cooke	13/05/2022
Deborah Nellist	13/05/2022
Vicky Vickers	13/05/2022
Patsy Lloyd	13/05/2022
Debbie Ankers	21/10/2022
Lisa Redford	21/10/2022
Mary Knight	21/10/2022
Carla France	21/10/2022
Faye Harris	21/10/2022
Holly Smith	09/12/2022
Kim Hart	09/12/2022
Celia Carson	09/12/2022
Kirstie Pryde	09/12/2022
Debbie Lee	09/12/2022
Elaine Smith	09/12/2022
Jo Williams	09/12/2022
Harriet Lamptey	14/07/2023 (Off Site)
Konner Robinson	14/07/2023 (Off Site)

Barry Culf	03/03/2023 (Off Site)
Sabrena Nicholson	10/03/2023
Jane Thompson	10/03/2023
Freya Wingfield	10/03/2023
Bridie Higson	10/03/2023
Shannon Garrett	10/03/2023
Vicki Murphy	10/03/2023
Kirstie McKenzie	10/03/2023

