



# **QUEENSWAY PRIMARY SCHOOL**

## **POSITIVE HANDLING POLICY**

### **1.0 Introduction:**

Staff at Queensway School are trained to look after pupils in their care and they have a duty to intervene in order to prevent pupils from hurting themselves or others. Good order and relationships are created and maintained through positive approaches. These approaches are successful in the vast majority of situations. The Children's Act 1989 places a duty on staff to consider the welfare of a child first, and for the welfare of the child to take precedence when practicable over every other consideration. If it is necessary for a member of staff to intervene physically, they follow the school's Positive Handling Policy.

**All physical interventions, including restraint, are conducted within a framework of positive behaviour management.** Therefore, the Positive Handling Policy supplements the schools' Behaviour Policy. Both should be read in conjunction with other policies, most notably the schools' Special Educational Needs and Disabilities (SEND), Health and Safety and Safeguarding policies.

The term 'Positive Handling' includes a wide range of supportive strategies for managing challenging behaviour. The term 'physical restraint' is used when force is needed to overcome active resistance, whilst upholding mutual respect, trust, care and safety. 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.

In all but crisis situations, only staff trained in Team Teach will use physical intervention techniques to support children when necessary. Team Teach is a holistic approach comprising evidence-based de-escalation techniques that can apply to a wide range of scenarios and behaviours.

### **1.1 Purpose of this policy:**

This policy aims to give all members of the school community clear guidance so that any physical intervention they undertake is carried out in a way that supports the values and principles described above. In particular, it aims to describe the circumstances in which holding safely or positive handling is an appropriate response and how staff at the school will fulfil their responsibilities in those circumstances. The Head Teacher is responsible for ensuring that staff, Governors and parents are aware of the policy. She will schedule any necessary training / awareness-raising in a timely manner.

The overriding principle relating to positive handling is that the welfare of the child is the paramount consideration (ref. the Children's Act 1989). Paramount in this context means that it is the first thing people should think about and it should take precedence over every other consideration.

'Duty of Care' is an important legal term. Anyone who is lawfully authorised to work with children (including volunteers etc), has a duty of care. We do not need to wait for damage or injury. A responsible approach is to anticipate what could go wrong and try to prevent it.

Positive handling should avert danger by preventing or deflecting a child's action or perhaps by removing a physical object which could be used to harm him / herself or others. It is only likely to be needed if a child appears unable to exercise self-control of emotions and behaviour.

## 1.2 Physical touch:

At Queensway Primary School we believe that physical touch is an essential part of human relationships. In our school adults may well use touch to prompt, to guide (such as in music tuition), to demonstrate appropriate care (for example if a child has fallen over), to give comfort if a child is upset, to provide reassurance when they may be worried or to support in PE.

To use touch/physical support successfully, staff will adhere to the following principles. It must always:

- be non-abusive – no intention to cause pain or injury
- be in the best interests of the child and others
- where applicable, have a clear educational purpose (e.g. to access the curriculum or to improve social relationships)
- be open and transparent

It is paramount that staff are aware of sensitivities associated with any form of physical contact with children and should refer to other policies such as intimate care, safeguarding and working alone. Advice should be sought from the Head Teacher or the Chair of Governors if there is any concern regarding appropriate action or behaviour. More guidance on physical contact is provided by the Education and Inspections Act 2006.

## 1.3 Legal Parameters:

A 'positive handling' approach includes a wide range of supportive strategies for managing challenging behaviour. Included in this framework are a small number of responses which may involve the use of force to control or restrain a pupil. These are referred to as 'Restraint / Restrictive Physical Interventions' in national Guidance (DfES/DoH 2002).

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:

- a) Committing any offence (or for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);
- b) Causing personal injury to, or damage to the property of, any person (including the pupil themselves);
- c) Injury to self/self-harm, injury to others, rough play, hitting another pupil or adult or fighting, damage to property including their own property;
- d) 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.

## 1.4 De-escalation techniques:

There are some situations where the need for positive handling is immediate and there are no equally effective or appropriate alternatives. However, before physical intervention is considered / implemented, effective action is taken to reduce risk by:

- Showing care and concern by acknowledging unacceptable behaviour and requesting alternatives using negotiation and reason
- Giving clear directions for a pupil to STOP
- Reminding the pupil about rules and likely outcomes

- Using a distractor, such as a loud whistle, to interrupt the behaviour long enough for other methods of verbal control to be effective
- The 'broken record' strategy, where an instruction is repeated until a pupil complies
- Using humour – in this instance, the incident will be dealt with at a later point when emotions have de-escalated and are no longer running high
- Adjusting language demands, e.g. lowering voice (speaking more quietly), slowly speech and reducing the amount of information – 'LOWER, SLOWER, LESS'. Well-chosen words can also sometimes avert an escalating crisis and help to diminish barriers
- Removing attention (an audience)
- Using positive guidance to escort / guide a pupil to somewhere less pressured
- Adapting the physical environment and making it safer, e.g. by moving furniture and removing objects that could be used as weapons
- Ensuring that colleagues know what is happening and get help

### **1.5 What do we mean by 'physical intervention'?**

At Queensway Primary School physical restraint is only used when there is no other appropriate alternative. National guidance is clear on this point: "If necessary staff have the authority to take immediate action to prevent harm occurring even if the harm is expected to happen sometime in the predictable future." Ref: *Para 10 Page 4 Department of Health – 1997 – "The Control of Children in the Public Care: Interpretation of the Children Act 1989"* – London: H M S O

Staff are expected to conduct a risk assessment and choose the safest alternative. They may also have to think creatively about any alternatives to physical intervention which may be effective. Informal risk assessments should be a routine part of life for staff working with pupils who may exhibit extreme behaviour. Responsible staff should think ahead to anticipate what might go wrong. If a proposed activity or course of action involves unacceptable risk the correct decision is to do something else.

#### **1.5.1 Non-restrictive interventions:**

This is either where the child's movement is not restricted or where the child is held supportively but will be released immediately should they so wish. For example, a child wishing to hold an adults' hand or asking a child to hold an adults' hand for safety reasons; supporting a child who has fallen in the playground. This is termed contingent touch – guiding and holding where there is little if any active resistance.

#### **1.5.2 Holding safely / positive handling interventions:**

When a positive handling intervention is justified, staff will use 'reasonable force'. This is the degree of force warranted by the situation. It will be proportionate to the circumstances of the incident and the consequences it is intended to prevent. Any force used will always be the minimum needed to achieve the desired result and for the shortest amount of time.

During an incident the member of staff involved will ask the pupil to STOP, ask other pupils to move away and send for help. They will then tell pupil that his or her behaviour may be lead to being held safely or guided to a safer place. This will not be used as a threat or said in a way that could inflame the situation. Staff will not act out of anger or frustration. They will adopt a calm, measured approach and maintain communication with the pupil at all times.

Positive handling will take the form of:

- a) *Prevent, impede or restrict movement or mobility:* an application of force to overcome minimal or moderate resistance, prompting and encouraging a pupil.

- b) *Restrain* – to use force to direct someone who is actively resisting to reduce the risk of pain, injury, damage to property and / or a criminal offence. It is a positive application of force to overcome rigorous resistance, completely directing, deciding and controlling a pupils' free movement.
- c) *Intervene in an emergency or unplanned situation*: This occurs in response to unforeseen events. Staff have a duty of care to safeguard pupils. An emergency can only happen once, and once it has happened plans must be in place to reduce the foreseeable risk.

Intervention may also be *planned and proactive*. Please refer to section 1.7.

### **1.5.3 Unreasonable use of force:**

It is not reasonable to use force simply to achieve compliance in circumstances where there is no risk. Nor is it reasonable to use any more force than is necessary to achieve a reduction in risk. Under no circumstances should pupils be deliberately subjected to undignified treatment or pain deliberately inflicted – this should not be confused with unavoidable discomfort associated with some approved techniques for disengaging from assaults such as bites and grabs.

### **1.5.4 Responding to Unforeseen emergencies:**

Even the best planning systems cannot cover every eventuality and the school recognises that there are unforeseen or emergency situations in which staff have to think on their feet. The key principles are that any physical intervention should be:

- in the best interest of the child;
- reasonable and proportionate;
- intended to reduce risk;
- the least intrusive and restrictive of those options available which are likely to be effective.

An unforeseen event may require an emergency response. After this, staff have a duty to plan ahead and prepare a risk assessment.

### **1.6 Risk assessment:**

The use of a restrictive physical intervention will be the outcome of a professional judgement made by staff on the basis of this policy. However, it is avoided whenever possible. Positive Handling will only be considered if other behaviour management options have proved ineffective or are judged to be inappropriate (e.g. in an emergency situation). Before deciding to intervene in this way, staff will consider whether the risk of not intervening is greater than the risk of intervening. Any actions will be carried out with the child's best interests at heart.

Staff are not expected to intervene physically against their better judgement nor are they expected to place themselves at unreasonable risk. In such circumstances, they must take steps to minimise risks, for example by removing other pupils and calling for assistance. Where possible, there will be liaison with parents to ensure they are clear about the specific action the school might need to take.

Supply staff will not be authorised to use restrictive physical interventions. Parents and volunteers in the school are not given authorisation. Staff from the local education authority may have their own policies about the care and control of pupils but, whilst on the premises, they will be expected to be aware of, and operate within, the policy of this school.

### **1.7 Restrictive physical intervention within broader behavioural planning:**

If, through the School's special needs assessment procedures, it is determined that a restrictive physical intervention is likely to be appropriate to help a pupil make progress, a risk assessment will be carried out. If appropriate, an individual Positive Handling Plan will then be drawn up for that pupil. This plan will aim to reduce the likelihood of the need for restrictive physical intervention as well as describing how such intervention will be carried out. Positive handling plans will be discussed with parents / carers. Before the risk assessment is implemented, any necessary training or guidance will be provided for the staff involved. The Head Teacher is responsible for establishing staff needs and for organising necessary training.

### **1.8 What to do after the use of a restrictive physical intervention:**

After the use of a restrictive physical intervention, the following steps will be taken:

1. Details of the incident will be recorded using CPOMS by all adults involved.
2. Recording will be completed within 24 hours whenever possible. Staff will be offered the opportunity to seek advice from a senior colleague or professional representative when compiling their report.
3. Any injuries suffered by those involved will be recorded following normal school procedures.
4. The Head Teacher will check that there is no cause for concern regarding the actions of adults involved. If it is felt that an action has 'caused or put a child at risk of significant harm' the Head Teacher will follow the school's child protection procedures and also inform parents / carers.
5. Parents / carers will be informed on the day of the incident.
6. Parents / carers will be offered the opportunity to discuss any concerns they may have regarding an incident and are entitled to see a copy of the incident log if they feel this is required.
7. Support / debriefing will be available for adults and pupils who have been involved in any incident involving restrictive physical interventions.
8. Arrangements for recording and informing parents in the case of a planned restrictive intervention will be followed as agreed beforehand but broadly will follow the same pattern as above.
9. The Senior Leadership Team will use records kept to analyse patterns of behaviour and decide whether responses are being effective. This will be reported to the schools' Governing Body.

### **1.9 Post-incident support structure (for pupils and staff):**

Following a serious incident, it is the policy of this school to offer support for all involved. People can take time to recover from a serious incident. Until the incident has subsided the priority is to reduce risk and calm the situation down. Staff should avoid saying or doing anything which could inflame the situation during the recovery phase. Immediate action should be taken to ensure medical help is sought if there are any injuries which require more than basic first aid. All injuries should be reported and recorded using the school's systems. It is important to note that injury in itself is not evidence of malpractice. Even when staff attempt to do everything right, things can go wrong. Part of the post incident support for staff may involve a reminder of this.

Time needs to be found to repair relationships. When careful steps are taken to repair relationships a serious incident does not necessarily result in long term damage. This is an opportunity for learning for all concerned. Time needs to be given to following up incidents so that pupils have an opportunity to express their feelings, suggest alternative courses of action for the future and appreciate other people's perspective. When time and effort are put into a post incident support structure the outcome of a serious incident can be learning, growth and strengthened relationships.

## **2.0 Training:**

Queensway Primary School has adopted the Team Teach Model of training. All training courses have been fully accredited by the British Institute of Learning Disabilities (BILD) in accordance with DfES and Department of Health guidance. Positive handling training is always provided by qualified instructors within rigorous guidelines.

The level of training recommended relates to the level of risk within a school setting. At Queensway School, the level of training required is kept under review and may change in response to the needs of our pupils. Timescales for Team Teach training reaccreditation depend on the course type completed but are between 1 to 2 years.

## **2.1 Complaints:**

We believe our school is a happy and successful place, where everyone is valued and given opportunities to be the best they can be. However, we understand that very occasionally some issues may arise over which not everyone is in agreement. We have adopted a staged approach, which is outlined in the school's Complaints Procedure; this is available on the school website or can be requested directly in paper copy from the school office.

## **2.2 Monitoring and evaluation:**

Any serious incidents of restrictive physical intervention are recorded and reported to Governors. Analysis of such incidents is used in support of school improvement and evaluation.

### **2.2.1 Follow up:**

Following an incident, consideration may be given to conducting a further risk assessment or reviewing key school documents such as Positive Handling Plans. Any further action in relation to a member of staff / employee or an individual pupil will follow the appropriate procedures.

## **2.3 References:**

1. Department of Health – 1997 – “The Control of Children in The Public Care: Interpretation of The Children Act 1989” - London: H M S O.
2. Department for Education & Employment – 1998 – “Guidance On Section 550A of The Education Act 1996: The Use of Reasonable Force to Control or Restrain Pupils” - London: H M S O.
3. Department for Education & Employment – 2001 - ‘Positive Handling Strategies for Pupils with Severe Behaviour Difficulties’ - Letter sent from Chris Wells Head of SEN Division to Chief Education Officers (Same title but nothing like the same document).

4. Department for Education and Skills – July 2002 – “Guidance 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” - London: Department for Education and Skills (DfES version of the “joint” guidance – different title but same document).
5. Department of Health – July 2002 – “Guidance For Restrictive Physical Interventions: How To Provide Safe Services For People With Learning Disabilities And Autistic Spectrum Disorder”, London: Department of Health (DoH version of the “joint” guidance - different title but same document).
6. LEA/0264/2003 - September 2003 - “Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties”.
7. I.R.S.C. – January 2005 – “Guidance for Safe Working Practice for the Protection of Children & Staff in Education Settings”.
8. Birmingham LEA – May 2003 – “The Use of Reasonable Force to Control or Restrain Pupils – Guidance for Birmingham Maintained Schools and the City Council Education Service – Model Policy”.
9. West Midlands SEN Regional Partnership – January 2005 – “Care and Control – a toolkit to support the West Midlands SEN Partnership in the development of a shared approach to fulfilling the LEA duty of care”
10. HMSO – 2004 – The Children Act.
11. National Association of EBD Schools – March 2005 – “NAES Model Policy”.
12. Steaming Publications – March 2005 – “NAES Bound and Numbered Book”.
13. Health & Safety at Work Act – 1974.
14. Management of health & Safety at Work Regulations – 1999 (as amended).

#### **2.4 Other Relevant Policies:**

This policy should be read in conjunction with the school’s:

- Behaviour Policy
- Child Protection and Safeguarding Policy
- Health and Safety Policy
- Mental Health and Wellbeing Policy
- Special Educational Needs and Disabilities Policy (SEND)

**2.5 Review of policy:**

This policy will be reviewed every 3 years by the Head Teacher and the Resources Committee. Any significant alterations that come from this review will be discussed and ratified by the Full Governing Body.

Ratified by Governors on .....

Chair of Governors ..... Date .....

Head Teacher ..... Date .....