



The Federation of Sacred Heart & St Mary's RC Primary School, Battersea

POSITIVE HANDLING AND RESTRAINT POLICY

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An effective behaviour and discipline policy should secure an orderly and purposeful atmosphere in which activities and learning can take place. There may, however, be rare occasions when staff will need to use 'reasonable force' in order to control or restrain children or young people for safety reasons. This policy outlines how positive handling and physical interventions are used in our school.

Policy Rationale and Philosophy

At the Federation of Sacred Heart and St Mary's, staff are trained to look after the pupils in their care. Staff have a duty to intervene in order to prevent pupils from hurting themselves or others. There may also be situations in which a child seriously disrupts good order in the school or causes damage to property. If a member of staff needs to intervene physically they will follow this Positive Handling and Physical intervention Policy. Any parents wishing to view this policy may do so on request.

The school is committed to providing the best *care, welfare, safety and security* for its pupils. Any form of restrictive physical intervention is only carried out by trained staff teams, when an individual is completely out of physical and emotional control or about to reach that point, when he/she becomes a danger to him/herself or others.

Introduction

The term 'Positive Handling' 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 reasonable force to control or restrain a pupil. The terms 'physical intervention' or 'restraint' are used when reasonable force is used to overcome active resistance. A clear and consistent positive handling policy supports pupils who have social, emotional and mental health (SEMH) and or cognitive learning difficulties (such as ASD or ADHD) within an ethos of mutual respect, care and safety, and where positive relationships are pro-actively fostered.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444051/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf

Pupils with social emotional and mental health and ASD/ADHD sometimes present a risk to themselves and others. Section 550A of the Education Act 1996 describes the circumstances in which teachers and others authorised by the Headteacher may use reasonable force to control or restrain pupils. Such action may be reasonable in order to prevent children injuring themselves or others, damage to property or the breakdown of discipline.

This policy details how we implement the guidance in this school. It should be considered alongside the most recent national guidance. It is designed to help staff to ensure that any actions they take are reasonable, proportionate and absolutely necessary.

School Expectations

The Governors and staff of this school take seriously their duty of care towards pupils, employees and visitors to the school. Staff protection is an important part of child protection and safeguarding; both depend on confident and competent staff who feel supported by the leadership team. This policy has a clear focus. 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.

The expectation at this school is that all staff should support one another. This means that staff always offer help and always consider it. Help does not always mean taking over. It may mean being available in case you are needed, seeking help from a colleague or looking after somebody else's group or class. Supporting a colleague does not only mean agreeing with their suggestions and offering sympathy when things go wrong.

Real support sometimes means acting as a critical friend to help colleagues become aware of possible alternative strategies. Good communication is necessary so that colleagues avoid confusion when help is offered and accepted. All staff need to understand what manner of assistance may be required and what is available.

Positive Behaviour Management

All physical interventions at this school are conducted within a framework of positive behaviour management. The school behaviour policy is intended to reward and encourage pupils to take responsibility for improving their own behaviour. Part of our preventative approach to reducing risk involves looking for early warning signs, recognising and communicating any factors which may influence bad behaviour and taking steps to divert behaviours leading towards foreseeable risk. Pupils are encouraged to participate in the development of their own plans by focusing on positive alternatives and choices. Parents are also encouraged to contribute. However, if problems arise, staff have an additional responsibility to support all pupils when they are under pressure and safely manage crises if and when they occur.

Alternatives to Physical Controls

A member of staff who chooses not to make a physical intervention can still take effective action to reduce risk.

They will:

- Show care and concern by acknowledging unacceptable behaviour and requesting alternatives using negotiation and reason.
- Give clear directions for pupils to stop.
- Remind them about rules and likely outcomes.
- Remove an audience or take vulnerable pupils to a safer place.
- Make the environment safer by moving furniture and removing objects which could be used as weapons.
- Guide or escort pupils to somewhere less pressured.
- Ensure that colleagues know what is happening and get help.

A well-chosen word can sometimes avert an escalating crisis. When pupils are becoming angry there is no benefit in arguing. Telling people to calm down can actually escalate feelings. Pointing out what they have done wrong can make things worse. The only purpose in communicating with an angry person is to prevent further escalation. It is better to say nothing and take time to choose your words carefully than to say the wrong thing and provoke a further escalation.

The Last Resort Principle

At this school we pro-actively foster positive relationships and only use reasonable force when there is no realistic alternative. This does not mean that waiting until the danger is imminent, by which time the prospect of safely managing it may be significantly reduced. It does mean that we expect staff to conduct a risk

assessment and choose the safest alternative. It also means that we expect staff to think creatively about any alternatives to physical intervention which may be effective.

Positive Handling 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 Handling Plan. **See Appendix A.**

The plan details any strategies which have been found to be effective for that individual, along with any particular responses which are not recommended. Risk assessments should be considered alongside any other planning documents which relate to the pupil. They should take account of age, gender, level of physical, emotional and intellectual development, special need and social context.

Staff Training

Ideally it would be the policy of this school that all staff working closely with pupils are trained in the pro-active and responsive positive handling strategies and, to complement the behaviour management approaches and strategies reflected in the School Behaviour Policy. However, given the numbers of children for whom Positive Handling is required, it is not always possible to train all staff.

Selected staff will be trained in any physical interventions to be used. These staff will be trained by the accredited provider. Restrictive physical intervention should only be carried out by identified members of staff who have been appropriately trained. However, situations will inevitably arise where this is not possible. And in these instances, all staff have the power to make decisions about the need for reasonable force and positive handling.

General Advice for Staff:

Be sure that you are aware of and complying with the school policy for behaviour and discipline.

It is better to defuse situations wherever possible, as this prevents them from escalating to a level where force is necessary.

Send for the assistance of another member of staff as soon as possible, using agreed behavioural and assistance support.

All those involved should be de-briefed after incidents to explore more positive / effective responses to future difficult situations.

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.

Where possible, staff should always attempt to use diversion or diffusion in preference to physical interventions. They should only use the techniques and methods approved for use in this school or appropriate safe methods that must not include those forbidden in this policy.

Recording

Whenever overpowering force is used the incident *must* be recorded using the approved proforma. The Federation of Sacred Heart and St Mary's Physical Restraint Incident Log [Appendix B](#)

All staff involved in an incident should contribute to the record which should be completed within 24 hours. These need to be handed to The Executive Headteacher or the Associate Headteacher as soon as possible after a physical intervention.

Staff should:

- Read through the school recording form carefully
- Take time to think about what actually happened and try to explain it clearly.
- Complete all names in full.
- Sign and date all forms.

The report should contain the following:

- The name(s)
- The time and location
- Details of how the incident was triggered and progressed, with details of observed behaviour
- Details and outcomes of the steps taken to diffuse the situation
- A description of the degree of force used, how applied and for how long
- A body map to outline any injuries to staff or pupil(s)
- Details about how incident was communicated to parents
- Signature and date

What is Physical Intervention ('Reasonable Force')?

The use of force is illegal if the physical circumstances do not warrant it. The force used should always be the minimum needed to regain and ensure safety and control for everyone involved or present.

Restrictive Physical Interventions may include:

Bodily Contact - where the physical presence of one or more people is used to control a pupil, e.g. physically interposing between pupils; blocking a pupil's path; holding or 'shepherding' a pupil; using agreed, approved restricted holds in the case of very young children carrying to safety.

Environmental – where a change is applied within the environment for example shutting a door or the use of locks or key pads to prevent access to a particular area. Other than as a one-off emergency measure to protect health and safety, force should not be used to keep a pupil secluded. Seclusion is only lawful by specific court order and will not be part of a planned strategy at this school.

In what circumstances can physical intervention be used:

- To prevent a pupil causing, or being at risk of causing, injury or damage to themselves or others, whether by accident, rough behaviour or by misuse of materials or objects or inability to control their actions.
- To prevent a pupil committing a criminal offence
- To prevent a pupil committing deliberate serious damage or vandalism
- To prevent a pupil from attacking a member of staff or another pupil
- To prevent behaviour which is prejudicial to the maintenance of good order and discipline.

The decision to use physical intervention will be taken in the context of the level of risk presented by the behaviour, the seriousness of the incident and the relative risks of the use of physical intervention compared with any available alternative. The use of physical intervention will take into account the characteristics of the pupil, including their age, gender, SEN, physical needs or disability, developmental level or cultural issues.

Physical Intervention may be used in response to:

- remove disruptive children from the classroom where they have refused to follow an instruction to do so. (Lifting and carrying a child should be a **last resort strategy**, when other courses of action have been followed, unless it is a safety related emergency).
- prevent a pupil behaving in a way that disrupts a school event or a school trip or visit;
- prevent a pupil leaving the classroom or area where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others;
- prevent a pupil from attacking a member of staff or another pupil, or to stop a fight in the playground.
- restrain a pupil at risk of harming themselves through physical outbursts.
- Behaviour which causes significant concern for the health and safety of a group or class.

Any response to extreme behaviour should be reasonable and proportionate. Staff should not react in anger. If they feel they are becoming angry they should consider withdrawing to allow someone else to deal with the situation. Where staff act in good faith, and their actions are reasonable and proportionate, they will be supported.

Reasonable force DOES NOT include the following actions, or any others that may reasonably be expected to cause injury or be considered indecent.

For example:

- Holding around the neck or collar
- Restricting a young person's ability to breathe
- Holding face down
- Slapping or hitting
- Twisting or forcing limbs against a joint
- Holding or pulling by hair or ear
- Locking a young person in a room unsupervised or without adult present.

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 take time to recover from a serious incident. Until the incident has subsided the only 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.

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, as people tend to blame themselves when things go wrong. 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.

Monitoring, Evaluation and Follow Up

Each incident is reviewed and instigate further action as required. The records of incidents are scrutinised on a regular basis, at least half-termly.

The monitoring process will consider:

The level of incidents across the school

Patterns of incidents: are they occurring disproportionately with particular pupils, particular teachers, in particular year groups, particular times of day, etc.

The accuracy of recording

The extent to which approved interventions are being used.

The extent to which all aspects of this policy have been followed.

Risk Assessments where there is a likelihood of a risk of injury, serious damage of property, etc., the school will undertake a structured risk assessment. The aim of which is to identify 'potential for risk factors' and to identify strategies that reduce the likelihood of that potential danger to an acceptable level.

Appendix A - Risk Assessment and Management Plan for children who present with Challenging Behaviours

Name:	Class:	Date:	Review Date:
Keyworker:	Other staff involved in writing plan:		
Parent/carer present? y/n	If no, how will plan be shared with parent/carer?		

Key for Risk Assessment

Likelihood	Severity
5 = Very Likely	5 = Death or life changing injury
4 = Likely	4 = Serious injury requiring hospitalisation. Physical or mental trauma to pupil, other pupils or staff – and parents
3 = Possible	3 = Bruising or some physical injury – (may require checking over by GP or visit to hospital) – upset to pupils, staff and often parents as well.
2 = unlikely	2 = slight scratch, bump, knock (requiring no medical attention) to others often as a result of type of behaviour in 1 below. Sometimes more serious damage to property that also presents danger to pupil and others – breaking of glass windows etc.
1 = very unlikely	1 = Boisterous type of behaviour that makes others feel upset or unsafe. Unpredictable actions in terms of speed or force which often causes damage to property in particular. No intent to harm a person - Causes rising anxiety in others around esp pupils (adults trained to stay calm) who have to get out of the way.

Take likelihood score of risk x severity of outcome.
 As a guide use a score of 6 as a benchmark – **any score above 6 will indicate that interventions need to be put in place to manage the risk.**

Identification of Risk	
Describe the foreseeable risks	Is each risk potential or actual?
Who is affected by the risk?	
Assessment of Risk	
In which situations does the risk usually occur?	
Who is at risk in crisis situations and is likely to be injured or hurt? (could be physically or emotionally)	
How likely it is that the risk will arise?	Likelihood score*:

What kinds of injuries or harm are likely to occur?	Severity score**:
How serious are the adverse outcomes?	Likelihood score x severity score =

Behaviour Support Plan to manage Risk

What we want to see (could link to IEP targets)	What strategies and teaching methods support this?	
Describe the first signs of anxiety or heightened emotions and resulting behaviour	Proactive interventions to support	Benefits/drawbacks
Describe how things escalate	Early interventions to manage risk	Benefits/drawbacks
Describe the crisis behaviours you are trying to avoid	Reactive interventions to respond to adverse outcomes	Benefits/drawbacks
How will this plan be communicated to others?		

Is there any training or other advice needed?	
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Evaluation of Behaviour Support Plan and Level of Risk

Date of initial plan:	Date of this review:
Number of incident reports since plan set up:	
Review attended by:	

Measures set out	Effectiveness in supporting the child	Impact on risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

Current assessment of risk: Likelihood = x Severity =

ACTIONS FOR THE FUTURE

Proforma for Assessing and Managing Foreseeable Risks for children who present Challenging Behaviours

Name of Pupil Jack Other

Class Group 5 –

Class teacher/Keyworker

School Wandsworth Primary School

Date Plan discussed

Key to Risk Assessment

Likelihood *	Severity **
5 = Very Likely	5 = Death or life changing injury
4 = Likely	4 = Serious injury requiring hospitalisation. Physical or mental trauma to pupil, other pupils or staff – and parents
3 = Possible	3 = Bruising or some physical injury – (may require checking over by GP or visit to hospital) – upset to pupils, staff and often parents as well.
2 = unlikely	2 = slight scratch, bump, knock (requiring no medical attention) to others often as a result of type of behaviour in 1 below. Sometimes more serious damage to property that also presents danger to pupil and others – breaking of glass windows etc.
1 = very unlikely	1 = Boisterous type of behaviour that makes others feel upset or unsafe. Unpredictable actions in terms of speed or force which often causes damage to property in particular. No intent to harm a person - Causes rising anxiety in others around esp pupils (adults trained to stay calm) who have to get out of the way.
Take likelihood of risk x severity of outcome. As a guide I generally use a score of 6 as a benchmark – any score above 6 will indicate that interventions need to be put in place to manage the risk.	

Identification of Risk		
Describe the foreseeable risk	Injury to self/ staff/ class mates Damage to property no patterns yet to be seen in behaviours and predictors Danger and injury Kicking, hitting, biting, grabbing, inappropriate touching of females, spitting	
Is the risk potential or actual?	– definitely actual. Further injury could occur as instances are becoming more dangerous for all involved Other pupils could be injured as some are smaller and less mobile than Jack Actual risk to staff and injuries have been caused e.g. scratches to forearms	
List who is affected by the risk.	School Staff Jack Class mates	

Assessment of Risk		
In which situations does the risk usually occur?	Classrooms Corridors Off-site lessons (swimming) Playground No patterns yet to be seen	
How likely it is that the risk will arise?	Can happen at anytime as transitions happen throughout the day Variations of routines Transition times – be specific about coming in to school?	Likelihood score 4
If the risk arises, who is likely to be injured or hurt?	Staff – calss teacher and TA Jack Class mates	
What kinds of injuries or harm are likely to occur?	Biting Broken skin Bruising Risks associated with saliva in the eye – yes!	Severity score 3
How serious are the adverse outcomes?	Likelihood score x severity score = 12	

Risk Reduction Plan			
Measures	Possible options	Benefits	Drawbacks
Proactive interventions to prevent risk	Calm stories/ social stories read at least 3 times a day Very clear timetables and expectations Transition times reduced No staff to have their back to Jack, eye contact always Keep Jack busy at all times Teacch approach Feeling balls to allow something to squeeze Feeling chart Not just previous LSA working with him Reduce sensory stimulus, periods of day with low demands on social skills Coming in to school through different entrance? Seek OT advice, consider sensory diet Home school liaison where mum lets school know of anything has happened the evening before etc	Reduce risk of escalating All students and staff remain safe Give Jack strategies to used in situations other than aggression Allow Jack time to express himself in more appropriate way	Time to read stories each day - Jack's lack of understanding of what is happening to him and therefore unable to engage – could become more confused
Early interventions to manage risk	as above, plus Removal from room if possible Calming techniques used to reduce anxiety Alert staff to Jack upset by using a key phrase – Sensory room/quiet area time Distraction from current task/upset –	Jack remains calm - May allow a pattern to be seen	- staff need to be alert and looking for triggers - high staff pupil ratio to help Jack

	distract with what? Squeezy balls Spitting bin 'I need time out' card		
Reactive interventions to respond to adverse outcomes	Class to leave room (staff to use a one word phrase to alert staff the need to leave the room) Give time to work through calming strategies Staff to protect themselves in case of physical attack – long sleeves, hair tied back Staff use supportive stance and give Jack space 2 staff (at least) to be present Member of SLT to be informed immediately Incident form to be signed by xxxx Copy also to be sent home use of safe physical intervention from trained staff to support Jack to regain control of himself and to stop others from being hurt further	Help staff and students Jack reduces incidents	Class leaving room Staff intensive Intervention used which may upset Jack

Communication of Behaviour Management Plan & School Risk Management Strategy		
Plans and strategies shared with:	Communication Method	Date Actioned

Staff Training Issues		
Identified training needs	Training provided to meet needs	Date training completed
Safe physical intervention training	Training to include restraints	
Information about sex education for children with ASD	Course to be identified	

Evaluation of Behaviour Management Plan & School Risk Management Strategy

Date of initial plan:

Date of this review:

Review attended by:

Measures set out	Effectiveness in supporting the child	Impact on risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

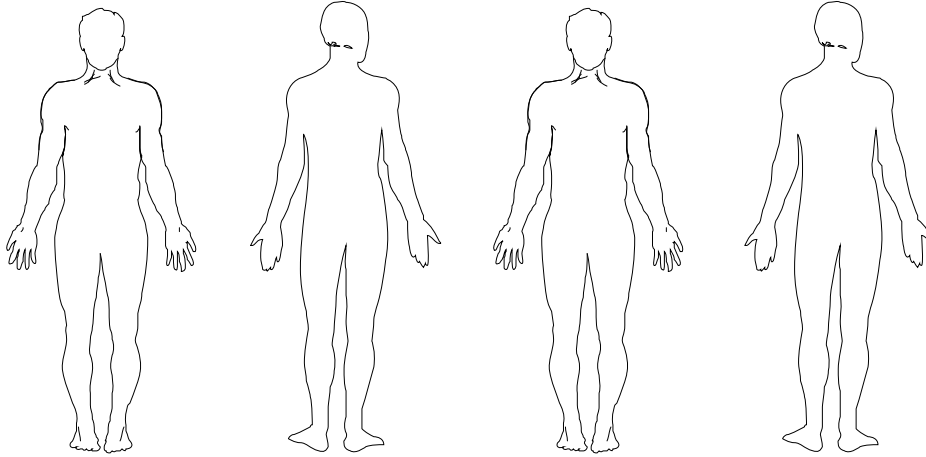
ACTIONS FOR THE FUTURE

Appendix B - The Federation of Sacred Heart and St Mary's Positive Handling Behaviour Log

All incidents involving the use of force to control or restrain a pupil should be logged using the template below and given to the Headteacher within 24 hours of the incident.

Pupil's Name:	Person completing form:
Details of Incident: (Date Time Location Duration)	
Staff involved:	
Describe behaviour and events leading up to incident (antecedent):	
Proactive and early intervention strategies that were used (prior to positive handling):	
Purpose of physical intervention: Who was at risk of injury/serious damage and why was it necessary to intervene at this point?	
Describe the Incident, who was involved, positive handling strategies used, type of hold if one was used, duration of incident and pupil response:	
Describe what happened after the incident: pupil's response, any injuries to pupil, staff or other pupils, damage to property:	
After positive handling: Effect on child, who counselled them and when, child's response.	
Notification: Were parents/guardians informed: Yes/No When and how were they informed: All staff listed to have read report: Yes/No Positive handling log given to Headteacher to sign	

Signature of: (circle as appropriate) Headteacher/Deputy Head/SENCO/PARENTS/LA



Indicate location of injury to pupil: Indicate location of injury to staff:

Were the injuries accidental? Yes / No

Positive Handling Strategies Used

Only staff who have been trained can use the techniques listed below. Please tick if used.

Single elbow		Small child escort	
Double elbow – one person		Double elbow – two people	
T wrap		Response to deadweight	
Take to chairs		Other	

Written Descriptions of Level One – 6 Hour & Level Two – 12 Hour Techniques

Friendly Hold

The holding arm approaches from behind. In the friendly position, the holding arm takes the long bone with a Caring C shape and gently eases the hands of the client into the seatbelt position. Staff members stand close with hips gently pressing to close the gates with the other leg out to balance.

Single Elbow

The holding arm approaches from behind and takes hold of the long bone with a Caring C shape. The forearms are brought up parallel with the ground with the elbows tucked back and the hips pressed in close. The heel of the free hand is placed on the front of the shoulder to stabilise the client and ready to respond to spitting, if required.

Figure of Four

From a Single Elbow the hand which was on the client’s shoulder moves to join the hand holding the client’s long bone just above the wrist. The hand underneath has both thumbs on top. Then the hand underneath the armpit is raised up to pass over the arm of the client, to hold the member of staff own long bone. The arm forms a bar to block the gate of the hand holding with thumbs on top.

Double Elbow

Move the elbow back and momentarily drop the hands to create a space. This enables a colleague to pass one arm along the back of the client and reach under the armpit to hold the forearm close to the side. The thumb is not against the ribs but curled around the arm next to the forefinger. Hips are pressed in close with the back supported.

The one-person double elbow

Caring Cs behind the elbows and pass the furthest arm under the child's arm to hook it alongside. The nearest arm is tucked under the armpit of the staff member. This should only be used as an escort and not in a restraint resistant circumstance.

Single Elbow in Chairs

The client's elbows are moved outwards into a 'chicken wing' shape, with the hands on the hip in the seatbelt position. The members of staff move their bodies forward then slide across in front of the 'chicken wing', so that the elbows are secured behind their backs. The body then secures the elbows reducing the amount of force needed to hold the arms. One leg can step out as a brace, with the heel of the free hand securing the shoulder back into the chair. If required, staff may use their own legs, by placing their inside foot between the child's feet and pressing in, to keep the client's knees together, to reduce the risk from kicking.

Half Shield Single Person 'Short Distance Separation' Technique

The member of staff makes contact in a T shape stance with their hip to the small of the person's back (depending on the height of the person). The arm nearest is posted in front of the arm of the client, to prevent it from punching forward with the back of the member of staff's hand flat along the person's back. The members of staff gather the other arm with a Caring C, aiming to secure just above the elbow, maintaining contact at the hip. The member of staff should walk forward as the person crabs sideways.