



# STEP Academy Trust

## Positive Handling Policy and Procedures

**Date of Policy:** February 2016

**Date Reviewed:** February 2018

### **Policy Statement**

This policy has been prepared in consultation with staff and governors and sets out the arrangements for the STEP Academy Trust. The governors regard the need for physical intervention of pupils as something they hope can be avoided but in extreme cases, especially to prevent a pupil harming themselves or others, including physically assaulting staff, then this policy is agreed as necessary. This policy seeks to fulfil responsibilities to the fullest extent, to ensure the provision of a safe environment for staff, pupils, parents and visitors.

This policy is to be read in conjunction with the following policies:

- *Child Protection;*
- *Safeguarding;*
- *Intimate Care;*
- *Positive Handling;*
- *Radicalisation and Extremism;*
- *Anti-Bullying;*
- *RRS;*
- *Behaviour and Exclusion;*
- *Health and Safety;*
- *Anti-Harassment & Discrimination;*
- *Code of Conduct setting out standards and acceptable behaviour for staff;*
- *E-Safety and ICT acceptable use;*
- *Managing allegations of abuse against staff;*
- *Equalities;*
- *Admission;*
- *Whistleblowing.*

### **Underpinning values**

Everyone attending or working in a STEP Academy has a right to:

- a recognition of their unique identity;
- be treated with respect and dignity;
- learn and work in a safe environment;
- be protected from harm, violence, assault and acts of verbal abuse.

### **Aims**

- to offer a secure, carefully structured environment, promoting positive behaviour, where pupils develop as confident and independent learners;
- to provide all staff with the necessary support and information to enable them to understand their professional and legal responsibility in carrying out their duty of care which may, at times, involve the use of positive physical intervention;
- to inform staff, pupils, parents, carers and outside agencies about the rationale and use of physical

- interventions in managing challenging behaviours warranting their use;
- to establish consistent procedures for the use of all physical interventions ranging from positive handling to restrictive physical intervention of pupils throughout the school;
- to embed procedures in STEP practice that work towards minimal use of Restrictive Physical Intervention (RPI) and maximum use of non-intrusive intervention such as positive reinforcement, distraction and other de-escalation techniques (**Appendix 1**).

## Legal Position

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:

- committing any offence* (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);
- causing personal injury to, or damage to the property of, any person (including the pupil him/herself); 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.

## What do we mean by Positive Handling?

No legal definition of reasonable force exists, however for the purpose of this policy and the implementation of it in STEP Academies: *Positive Handling uses the minimum degree of force necessary for the shortest period of time to prevent a pupil harming himself, herself, others or property.*

**Positive Handling** by staff can take several forms. At different ages, it could be appropriate to involve:

### 1. Escorting and Holding

The most commonly used forms of physical intervention are escorting and holding. These depend upon the degree of compliance from the child as to whether they constitute 'restrictive'. The development of trusting, confident relationships is of high priority so that children are accepting of the use of the friendly escort and calming holding to support their own efforts to manage their behaviour. These positive handling holds rarely need force and are not 'restraint'.

### 2. Physical Intervention

This may be used to divert a pupil from a destructive or disruptive action, for example guiding or leading a pupil by the hand, arm or shoulder with little or no force.

### 3. Physical Contact

Situations in which proper physical contact occurs between staff and pupils, e.g. in the care of pupils with learning disabilities; in games/PE; to comfort pupils.

### 4. Restrictive Physical Intervention (*Restrictive Physical Intervention- RPI*)

This will involve the use of reasonable force when there is an immediate risk to pupils, staff or property. It is important to note that the use of '*reasonable force*' should be seen as a last resort. All such incidents must be recorded and stored in an accessible way. The level of compliance from the pupil determines whether or not the interaction is an intervention or a method of physical control.

School staff use RPI as opposed to holding or escorting as the last resort after:

- appropriate de-escalation techniques have failed to help the child to control him/herself (**Appendix 1**);
- instant risk assessment by staff lead them to believe that injury, or serious damage to property, is an immediate danger;
- knowledge of the child's history and behaviour pattern leads staff to believe that speedy removal from

the room is necessary to prevent escalation or breakdown of the session or other pupils behaving in a similar manner;

- the pupil has been cautioned that his/her continued choice of behaviour may lead to restraint.

#### **5. Restrictive Physical Intervention (RPI)**

We adopt positive behaviour management procedures to diffuse and de-escalate, including:

- requests to comply, partial agreement, negotiation;
- exposition of consequences or application of sanction;
- verbal advice and support, reassurance using calm talking, humour, distraction;
- options offered, stepping away, time out offered;
- holding without force.

#### **The Support of Parents/Carers**

The STEP Home School Agreement explains behaviour expectations. Acceptance of the place offered and the Home School Agreement indicate parental support in the application of all our behaviour management strategies to help the pupil. The use of RPI (*Restrictive Physical Intervention*) can be a source of anxiety for parents/carers. We therefore attempt to establish as a priority, close working relationships with parents and carers so that they fully understand why it has been used. This school/home relationship in itself is a strategy for reducing the likelihood of need for RPI on any regular scale. Additionally, where a child has a history or pattern of requiring restrictive physical intervention (RPI) strategies are to be agreed and documented in advance.

#### **Staff Training**

Staff participate in Behaviour Management Training in September each year and throughout the year -INSETs, etc. All members of staff are authorised to use Restrictive Physical Intervention although some staff have received specific training on Positive Handling.

#### **Recording and Reporting**

It is essential that a risk assessment is completed to assess and manage foreseeable risks for children who present challenging behaviours (**Appendix 2**).

It is important that on occasions necessitating its use, RPI is recorded (**Appendix 3**). This is to:

- prevent later misunderstanding of the incident;
- prevent misrepresentation of the facts;
- identify patterns of behaviour;
- encourage pupils to acknowledge/take responsibility for their actions;
- allow parents/carers to check the use of RPI at any time;
- allow the Headteacher to monitor the operation of the policy;
- allow Positive Handling Plans or individual risk assessments to be developed for individual pupils who are assessed as being at greatest risk of needing RPI.
- Incidents will be reported to parent/carer (if there is social worker involvement then this should be reported to them and any other involved professionals). Report to SLT member.

#### **Complaints**

Staff seek to involve parents/carers in the effective management of such situations because home involvement is frequently key to behavioural change.

Despite the care taken by staff to follow procedures and ensure that incidents are positively resolved, a small number of complaints following restrictive intervention may be expected for many reasons, e.g.:

- pupils with severe emotional and behavioural needs may take time to accept responsibility for their

actions and seek to transfer ownership of negative behaviour to others – often the staff who have ‘controlled’ them;

- some parents/carers have yet to accept that their child can behave in school in a manner dangerously violent or disruptive enough to have needed RPI;
- any act of RPI carries with it a risk of accidental harm which is difficult for the injured party (who could be either the child, member of staff or passing member of the public) to accept as such.

### **Dealing with Complaints**

Parents/carers must be informed by telephone (the most immediate and favoured communication method), in person, by letter or by note in home-school books of serious incidents of challenging behaviour necessitating RPI. This is the first opportunity for parents/carers to discuss any concerns they might have.

If the parent/carer or child remains anxious, an appointment can be made to discuss the incident with the staff concerned and/or the Head Teacher. At this point, written records and other evidence may be consulted and shared with the parent/carer to help him/her to understand the facts. Presented with the evidence, parents/carers are enabled to see that procedures are followed and actions justified. The pupil concerned will also now, having been given the chance to re-evaluate and accept what has happened, in all likelihood confirm the facts postulated by staff and reassure the parent/carer.

If the situation cannot be resolved through informal discussion, the parent/carer may make an official complaint, which will be investigated according to STEP Academy Trust procedures.

### **Monitoring of the Policy and Practice of Procedures**

Following any incident of RPI, the Head Teacher will receive and read the detailed account of the incident, and interview those involved if necessary. Appropriate follow-up action may then be taken. Any complaints will be recorded, including the nature of the complaint, the time taken to deal with them and the outcome.

### **Health and Safety**

The school will ensure that pupils are given support to understand the need for and respond to clearly defined limits, which govern behaviour in the school. Restrictive physical interventions are performed with due regard to ensuring the minimum risk to the safety of all concerned. Where either a pupil has a medical condition (which may make some methods of intervention inappropriate), or a history of aggressive/victim behaviour all staff should be informed of the circumstances so that an accurate risk assessment can be made (**Appendix 2**).

On occasions, the decision to apply RPI procedures will be based on the need to prevent a child from harming him/herself. A member of staff may request to be exempted from obligation to apply if it may endanger their own health and safety, e.g. someone who is pregnant, temporarily suffering from an injury etc. In such a case, arrangements will be made to minimise the possibility of the member of staff becoming involved in a situation requiring the use of RPI. Check no injuries to child or person applying RPI.

### **Policy Review**

This policy is to be read in conjunction with all other school policies, in particular the Behaviour and Anti-Bullying Policies.

## Bank of ideas for behaviour management

It is important to remember there is a strong relationship between behavioural difficulties and language delay/disorder and learning difficulties. If someone has difficulty understanding what is being said or has problems finding words or sentences to express feelings then they are more at risk of expressing frustration and challenging behaviour.

### General strategies

- There should be behaviour management plans for consistent approaches to predictable behaviours
- Agreed approaches / targets for a particular child should be used consistently by all staff
- Good behaviour must be modelled by adults in their interactions with pupils
- Keep your voice calm and controlled with no shouting, and your body language (facial expressions, posture, gestures) matching your spoken language
- Notice the mood and behaviour of the child when they arrive in the morning
- Look for signs of anxiety / tension
- Try to defuse a situation before it starts by distraction, offering alternatives, isolating the area so there is no audience or move the child away
- Negotiate, if possible
- Be patient
- Ask for assistance
- If a child becomes agitated when another child is behaving inappropriately, explain or distract the child and reassure them
- Plan activities where children can succeed
- Physical activity / quiet activity can ensure the day starts positively

### Effective communication

- Sentences with positive statements are easier to understand than ones with negative ones. E.g. *'hands on laps please'* is easier to understand and reinforces the desired behaviour better than *'stop waving your arms about you will hit someone'*,
- Avoid unnecessary social phrases before giving request e.g. in the sentence *'it's almost dinner time so I think it would be a good idea if we all went .....*' these words carry no useful information for what you want the child to do and just create confusion – just say "its dinner time - time to line up".
- Use Augmentative and Alternative Communication systems (AAC) - visual or physical cues and symbols to explain what is about to happen. Examples are:
  - natural gestures and pointing
  - real objects, pictures and photographs
  - use pictures on key rings on the wall to show sequences of events
- Actively listen to the child and notice if their body language matches their verbal language
- Acknowledge and reflect the child's feelings
- Give children time to respond. This is particularly important for children with language delay / disorders where they will take longer to process what is being said to them, then find the right words they want and make them into a sentence.
- Reassure with a quiet hand on the child's shoulder if it is appropriate
- If the child is focussed on a physical activity, if appropriate gently cover their hands to encourage eye contact with you - this will assist listening

## **Routines and approaches**

- Set up familiar routines throughout the day
- Sit the child in the same place in the circle/ classroom sitting next to e.g. an adult or a child
- Wherever possible finish routines i.e. counting 1 – 10, then show the finish sign or symbol
- Give clear boundaries for a required activity or behaviour e.g. use an egg timer for X minutes
- Reward good behaviour at an appropriate time and by a means that is relevant to the child by e.g. focused praise e.g. good sitting, stickers, eye contact and smile etc.
- Use negotiation to achieve an outcome e.g. you do this and then do that. Pictures can help a child understand sequences
- Bring child to the circle when it is set up and ready so they do not have to wait
- Take an activity to the child if they will not go to a table
- Support the child to take part in turn taking activities
- Realistic expectations – allow a child to do activity and then move to something else if they have done what they can
- Let a child go first if they cannot wait and then, in time, ask them to wait for the second go.

## **Encourage independence**

- Encourage independence with the child choosing an activity and child doing things for themselves – with asking for help, if needed
- Give choices through real objects or AAC (page 5) so that child has ownership of decision
- Allow a child to access resources to help them to sit
- Use motivating rewards e.g. stickers, talking to parents in home / school book
- Find out likes and use these to encourage appropriate behaviour and a sense of achievement e.g. use of music, songs
- Find out dislikes and try to avoid these BUT also teach children how to manage them to create self-awareness and chances to succeed in changing their behaviour

## **Resources and the environment**

- Ensure child is ready for learning e.g. is wearing their glasses or hearing aid and is sitting comfortably
- Use 'likes' to base work around e.g. interest in cars for counting
- Set up a box / choosing bag of favourite objects that can be held in lesson time, negotiate and exchange time, if needed. Use only soft toys if they are likely to be thrown.
- Leave a small distance when sitting next to a child so that they cannot grab
- Use carpet squares or cushions so that each child clearly has their own space / place
- Split groups or classes to promote good behaviour
- Move equipment out of the room / area if it causes problems that cannot be managed safely
- Prevent children from doing an activity that is likely to hurt others e.g. always supervise the door if a child is likely to slam it
- The adult may need to model a play activity for the child to understand and try it - praise their appropriate responses
- Position staff at appropriate places to prevent a particular behaviour from happening
- Explain the consequences of behaviour if child understands them e.g. When you put your shoes on you can play.
- Show a symbol of the room / activity with a red cross symbol over it to make it clear to the child that they are not going to the room / activity – show the child the room / activity they are going to do
- Use a social story to support a child to understand a situation
- Photos of family members / favoured staff in a book to support the child in understanding situations e.g. change

- Substitute skills e.g. tapping quietly

**When inappropriate behaviour occurs**

- Shape behaviour by modelling the behaviour you would like to see
- Divert through use of e.g. song, actions, favourite toy
- Distract
- Show symbol for the behaviour you want to see
- Tell child the behaviour you want to see e.g. feet down
- Say, 'No' and take child away from situation for an amount of time e.g. count of 10, 30 seconds using an egg timer to show amount of time
- If child attempts a behaviour e.g. biting to say 'stop' / show symbol for 'stop' and take appropriate action e.g. take child away, divert with a toy, etc.
- Adult to say and sign 'calm down' and distract. Take to another area of the classroom to an area away from other children, if necessary
- Gently massage e.g. hands, back to support calming, if appropriate
- Move objects that could be thrown out of the way
- Adult to sign and count to ....for child to watch and give time to calm down
- Move child to another area of the room
- 2 adults to move a child to another area
- Move all the other children / staff out of the room
- Move child to an area outside the classroom e.g. corridor, playground
- Offer reward e.g. motivating object if child does as requested e.g. sit down and you can hold the .....
- Take away an object the child is holding until they do as requested
- Give a choice. You can stay here or go to.....
- Set up area in the classroom when child can calm down
- Define a chair in specific area of classroom for child to sit on to calm down
- Use cushions to prevent child from hurting themselves
- If child is refusing to move wait for length of time for child to calm down, supervising without giving eye contact. This might be for 5 minutes, depending on the child. Tell them go to .....if they do not respond wait again and repeat procedure. Call for a member of the SMT if necessary.



## Whole setting behaviour risk assessment Proforma for assessing and managing foreseeable risks for children who present challenging behaviours

<b>Name of child</b>	
<b>Class group</b>	
<b>Name of teacher</b>	
<b>Academy</b>	

Identification of risk	
Describe the foreseeable risk	
Is the risk potential or actual	
List who is affected by the risk	
Assessment of risk	
Why were your actions in the best interest of the child?	
In which situations does the risk usually occur?	
How likely it is that the risk will arise? [highly unlikely/unlikely/likely]	
If the risk arises, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to occur?	
How serious are the adverse outcomes? [slightly harmful/harmful/extremely harmful]	
Risk rating (see table below) [[likelihood x severity]	

Risk reduction options			
Measures	Possible options	Benefits	Drawbacks
Proactive interventions to prevent risk			
Early interventions to manage risk			
Reactive interventions to respond to adverse outcomes			

Examples for the above include:

- Eliciting pupil view in planning and review
- Providing regular feedback and pastoral support to pupil
- Involving parent/carer in decision-making and planning
- Involving outside agencies (e.g. EP, EWO, Social Services)
- Establishing an individual plan
- Providing regular supervision to staff working with the pupil
- Adapting curriculum arrangements to reflect challenge, choice and structure levels which are appropriate to the pupil's assessed needs
- Adapting group arrangements to promote positive peer models and minimise inappropriate contact
- Arranging furniture and other equipment to minimise movement and frustration
- Providing frequent rest or change of activity opportunities
- Establishing a positive teaching programme to increase the pupil's range of appropriate skills
- Providing a range of rewards which the pupil can earn by demonstrating the skills defined in the teaching programme, and through other appropriate behaviour
- Identifying the message communicated by the pupil's behaviour
- Agreeing key reactive strategies for handling incidents of challenging behaviour with all staff likely to be in contact with the pupil, and ensuring that these plans are shared with parents
- Assistance in the use of an agreed strategy such as a particular communication symbol, or an exit card (specify)
- Physical intervention (specify the planned technique)



<b>Agreed Behaviour Management plan &amp; school risk management strategy</b>		
Focus of measures	Measures to be employed	Level of risk
Proactive interventions to prevent risks		
Early intervention to manage risks		
Reactive interventions to respond to adverse outcomes		

<b>Communication of BMP &amp; school risk management strategy</b>		
Plans and strategies shared with:	Communication method	Date actioned

<b>Staff training issues</b>		
Identified training needs	Training provided to meet needs	Date training completed

<b>Evaluation of Behaviour Management Plan &amp; School Risk Management Strategy</b>		
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		
Any actions for the future:		

\* Risk rating table

<b>RISK RATING</b>	<b>Slightly harmful</b>	<b>Harmful</b>	<b>Extremely harmful</b>
<b>Highly Unlikely</b>	Trivial	Tolerable	Moderate
<b>Unlikely</b>	Tolerable	Moderate	Substantial
<b>Likely</b>	Moderate	Substantial	Intolerable

### APPENDIX 3

## STEP ACADEMY POSITIVE HANDLING RECORD FORM (RPI)

For reporting significant incidents where staff has used force on a pupil

Details of pupil on whom force was used – name, class, and any SEN, disability or other vulnerability
Date, time and location of incident
Description of incident by the staff involved, including any attempts to de-escalate and warnings given that force might be used
Reason for using force and description of force used
Any injury suffered by staff or pupils and any first aid and/or medical attention required
Reasons for making a record of this incident
Follow-up, including post-incident support and any disciplinary action against pupils
Any information and incident shared with staff involved in it and external agencies
When and how those with parental responsibility were informed about the incident and any views they have expressed
Has any complaint been lodged (details should not be recorded)? Y/N
Names of staff involved (directly or as witnesses) – <b>names only included with their consent</b>
Details of other pupils involved (directly or as witnesses), including whether any of the pupils involved were vulnerable for SEN, disability, medical or social reasons – <b>remove these names on any reports to parents</b>

Report compiled by:	
Role:	
Date:	

Report countersigned by:	
Role:	
Date:	

- The member of staff involved in the incident should compile the record. The member of staff with lead responsibility for safeguarding checks the record and provides the member of staff with a copy of the final version.
- Record to be copied to the Strategic Governing Body.
- If there is an injury to the pupil or member of staff the accident report form must be used.