

Howden Junior School and Howden Infant School

Policy for Positive Handling

At Howden Junior School and Howden Infant School, we are committed to a positive behaviour policy which encourages children to make positive behaviour choices. We do however recognise that children sometimes do make the wrong choices. On occasions this may result in a situation that requires some form of physical intervention by staff. Our policy for physical intervention is based upon the following principles: -

- Physical intervention should be used only as a last resort when other appropriate strategies have failed.
- Any physical contact should be only the minimum required.
- Physical intervention must be used in ways that maintain the safety and dignity of all concerned.
- Incidents must be recorded and reported to the Headteacher as soon as possible (or the Chair of Governors if it involves the Headteacher)
- Parents will be informed of each incident

1. The Legal Framework

Section 93 of the Education & Inspections Act 2006 allows 'teachers and other persons who are authorised by the Head Teacher who have control or charge of pupils to use such force as is reasonable in all the circumstances to prevent a pupil from doing, or continuing to do, any of the following:-

- causing injury to his/herself or others
- committing an offence
- damaging property
- prejudicing the maintenance of good order and discipline'

2. Our approach

At Howden Infants and Howden Juniors, we aim to avoid the need for physical intervention and regard this as a last resort in a tiny minority of situations. We always aim to deal with behaviour using a positive approach and therefore this policy should be read in connection with our Behaviour Policy.

It is not possible to define every circumstance in which physical restraint would be necessary or appropriate and staff will have to exercise their own judgement in situations which arise within the above categories. Staff should always act within the School's policy on behaviour and discipline, particularly in dealing with disruptive behaviour.

Staff should be aware that when they are in charge of children during the school day, or during other supervised activities, they are acting in *loco parentis* and have a 'Duty of Care' to all children they are in charge of. They must, therefore, take reasonable action to ensure all pupils' safety and well being.

Staff are not expected to place themselves in situations where they are likely to suffer injury as a result of their intervention.

2.1 Before using physical interventions

We take effective action to reduce risk by:

- Showing care and concern by acknowledging unacceptable behaviour and requesting alternatives using negotiating and reasoning.
- Giving clear directions for pupils to stop.
- Reminding the pupil about rules and likely outcomes.
- Removing an audience or taking vulnerable pupils to a safe place.
- Making the environment safer by moving furniture and removing objects which could be used as weapons.
- Using positive guidance to escort pupils to somewhere less pressured.
- Ensuring that colleagues know what is happening and call for help.

3. Use of physical restraint

Physical restraint should be applied as an act of care and control with the intention of re-establishing verbal control as soon as possible and, at the same time, allowing the pupil to regain self-control. It should never take a form which could be seen as punishment.

Staff are only authorised to use reasonable force in applying physical restraint, although there is no absolute definition of this. What constitutes reasonable force depends upon the particular situation and the pupil to whom it is being applied. However, as a general rule, only the force necessary to stop or prevent danger should be used, in accordance with the guidelines below.

In all circumstances, alternative methods should be used as appropriate with physical intervention or restraint, a last resort.

When physical restraint becomes necessary:

DO

- Tell the pupil what you are doing and why
- Use the minimum force necessary
- Involve another member of staff if possible
- Tell the pupil what s/he must do for you to remove the restraint (this may need frequent repetition)
- Use simple and clear language
- Hold limbs above a major joint if possible e.g. above the elbow
- Relax your restraint in response to the pupil's compliance

DON'T

- Act in temper (involve another staff member if you fear loss of control)
- Involve yourself in a prolonged verbal exchange with the pupil
- Involve other pupils in the restraint
- Touch or hold the pupil in a way that could be viewed as sexually inappropriate conduct
- Twist or force limbs back against a joint
- Bend fingers or pull hair
- Hold the pupil in a way which will restrict blood flow or breathing e.g. around the neck
- Slap, punch, kick or trip up the pupil
- Use physical restraint or intervention as a punishment

4. Actions after an incident

Physical restraint often occurs in response to highly charged emotional situations and there is a clear need for debriefing after the incident, both for the staff involved and the pupil. **The Headteacher and should be informed of any incident as soon as possible** and will take responsibility for making arrangements for debriefing once the situation has stabilised. An appropriate member of the teaching staff should always be involved in debriefing the pupil involved and any victims of the incident should be offered support, and their parents informed.

If the behaviour is part of an ongoing pattern it may be necessary to address the situation through the development of a support plan with a focus on SEMH, risk or other strategies agreed by the SENDCO. This may require additional support from, other services, such as the LA SEMH team, Inclusion Team and Trust specialists.

When managing situations involving pupils with SEN and disabilities or medical conditions associated with extreme behaviour, staff must recognise these additional vulnerabilities and consider carefully any associated risks when using reasonable force.

In some circumstances, a referral to the Early Help Locality Hub may be appropriate to help identify an additional support for a particular child.

It is also helpful to consider the circumstances precipitating the incident to explore ways in which future incidents can be avoided.

All incidents should be recorded immediately on the CPOMS with the TEAM TEACH category indicated.

Use the following as a guide of what to include:

RECORD OF PHYSICAL INTERVENTION OR RESTRAINT

Date of incident: Time of incident:

Member(s) of staff involved:

Adult witnesses to restraint:

Pupil witnesses to restraint:

Outline of event leading to restraint:

Outline of incident of restraint (including restraint method used):

Outcome of restraint:

Description of any injury(ies) sustained by injured pupil and any subsequent treatment:

Outline of parent/carers response when informed of the restraint:

A member of the leadership team will contact parents as soon as possible after an incident, normally on the same day, to inform them of the actions that were taken and why, and to provide them with an opportunity to discuss it.

5. Risk Assessments

If we become aware that a pupil is likely to behave in a disruptive way that may require the use of reasonable force, we will plan how to respond if the situation arises. Such planning will address:

- Strategies to be used prior to intervention
- Ways of avoiding 'triggers' if these are known
- Involvement of parents to ensure that they are clear about the specific action the school might need to take
- Briefing of staff to ensure they know exactly what action they should be taking (this may identify a need for training or guidance)
- Identification of additional support that can be summoned if appropriate
- The school's duty of care to all pupils and staff

See Appendix 1 for an example and 1a for Risk assessment template including positive handling plan (PHP).

6. Complaints and Allegations

A clear positive handling policy, adhered to by all staff and shared with parents, should help to avoid complaints from parents. It is unlikely to prevent all complaints, however, and a dispute about the use of force by a member of staff might lead to an investigation, either under the complaints disciplinary or allegation management procedures.

It is our intention to inform all staff, pupils, parents and governors about these procedures and the context in which they apply.

We will review this policy on a yearly basis.

References;

The Use of Reasonable Force in Schools

Care and Control Guidelines

Safeguarding Children and Safer Recruitment in Education

School Behaviour Policy

School Child Protection Policy

Health and Safety Policy

School SEND policy

Policy approved and reviewed:

Review date: September 2026

Appendix 1-EXAMPLE

Risk Assessment inc Positive Handling Plan (PHP) and Personal Evacuation Plan (PEP).

Name of child									
Class									
Date the plan was put in place.		Review Date							
Any medical or health conditions that need to be known? • Asthma • Diagnosis of ADHD									
What are the known common triggers? • Mondays as has to go to out of school provision before and after school. • Hot weather as struggles to regulate temperature • Crowded areas. • Poor fine motor skills so writing can be a challenge									
What positive behaviour looks like for _____. • Calm and quiet. • Sitting at his desk. • Making eye contact. • Volunteering answers. • Speaking in a measured tone. • Polite.	What strategies support this behaviour? • check in using the 5 point scale each morning and following playtime and lunchtime. • 'Catch Me Being Good' Animal Chart to be used whenever FH makes good choices. • FH to be taken out to playtime and lunch 5 minutes early and brought back into class 5 minutes early. Opportunity to exercise at these time. • Use of fidget toy and sensory diet activity cards. • Loves talking about and looking at books about animals.	What does low level negative behaviour look like? • Moving out of his seat. • Shouting out words and making noises (Tic). • Mimicking others (using different voices). • Putting his jumper on his head. • Hiding under the table. • Throwing equipment across the table. • Biting furniture. Risks? • Member of school community inc FH could be harmed. What actions can be taken to de-escalate and eliminate risk? • Send to safe space in the library. Establish where FH is on the 5 point scale. Then give space and a few minutes to	What does crisis point look like? • Refusal to follow instructions. • Throwing objects/furniture at people. • Lashing out at self, others and at classroom displays. • Running away. Risks? • FH could run into an unsafe area and put himself in danger • Others could be harmed. What actions can be taken to de-escalate and eliminate risk? • Member of SLT to take FH to office area if he is compliant. If not, wait for FH to deescalate ensuring his safety and that of others. • If FH is not compliant, class members						

		calm. • Revisit the 5 point scale. Give FH the choice to return to the classroom to complete work or to complete work in the library area. • Praise good choices.	may need to move to another area for safety until FH can regulate.
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Ideas for de-escalation:

Verbal advice and support, giving space, reassurance help scripts, negotiation choices (either do this or this or false choice/job), humour consequences, planned ignoring, transfer adult, success reminded, simple listening (nod head and lower eye contact), acknowledgement (i understand how you feel), agreeing (if the choice/request is minimal in risk it may break the cycle use dynamic risk assessment to make the decision), take up time (e.g You have 2 minutes to do X I will come back to see if you have done this), removing audience and others (key person, toy or object).

Positive handling techniques

Guiding/escorting: caring-cs, flat hand placed gently on back

Intermediate handling: Single elbow Figure of four Double elbow Single elbow in seats

PEP (Personal Evacuation Plan for fire drill etc).

This risk assessment and PEP gives identifies the risks and mitigation to limit these risks. Use in conjunction with ____F____Support Plan/EHCP.

The following procedure will be carried out to safely remove CHILD from the building in the event of an emergency or practise of such of an event:

On hearing the alarm, the assigned adult from the Y_ staff will be at their side and ensure they are ready to leave.

CHILD and the assigned adult will follow the standard evacuation procedure and assemble in the designated area.

Document to be updated as needed to ensure all risks and actions have been identified

Risk	Action
Mobility is limited.	1-1 or nearest adult to escort F by the hand to the nearest exit assist out of the building.
Can become distressed by loud noises.	Reassure and take by the hand or flat hand on back to help keep them calm whilst explaining the situation in a calm manner.

Appendix 1a

Name of child											
Class											
Date the plan was put in place.		Review Date									
Any medical or health conditions that need to be known?											
What are the known common triggers?											
•											
What positive behaviour looks like for _____.	What strategies support this behaviour? □	What does low level negative behaviour look like? Risks? • What actions can be taken to de-escalate and eliminate risk? •	What does crisis point look like? Risks? What actions can be taken to de-escalate and eliminate risk? •								

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Risk	Action