



**Newall Green
Primary School**

Aiming High To Reach Our Goals

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Positive Handling Policy

Document Control	
Title	Positive Handling Policy
Date	October 2024
Supersedes	May 2023
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	October 2025 (or sooner if recommendation from training change practices before this time).

Approved by: The Trustees **Date:** 15.10.24

Last reviewed on: October 2024

Next review due by: October 2025

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 Report 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 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 2) should be reviewed and updated if necessary.

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 Report' in discussion with a member of SLT (Appendix 1).

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 Report.
- 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.

Newall Green Primary

Appendix 1: Physical Intervention report



Newall Green Primary Serious incident report

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

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

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

Describe lead up to the incident:

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:

Details of the incident:

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		Please specify:
Treatment required		Please specify:
Injury suffered by staff		Please specify:
Treatment required		Please specify:
Injury suffered by others		Please specify:
Treatment required		Please specify:

Section D Follow up

What happened from the child's point of view?
How did the child feel?
What will the child do differently next time they feel that way?
Review of Pupil's Risk Assessment/and Support Plan as a result of this incident:

Witness signatures				
Signed:		Date:		Independent advisor:

Parents/carers were informed

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

Appendix 2: Positive Handling Plan and Risk Assessment

Individual Support Plan to prevent Physical Intervention

Pupil Name		DOB		Date Completed	
Teacher		Parent		Date of review	

	What might we see and hear?	What adults think this means	Strategies to support myself:	Strategies staff could use:	Scripts:
Stage 0 - Baseline Behaviours Positive behaviour support/primary strategies that work:					“you have X minutes left – then we will...”
Stage 1 - Anxiety Behaviours Secondary strategies – Support:					“ Name, instruction, thankyou” “Thank you for following instructions” “Did you mean...” “Work and then... for reward time” “Well done for respecting their/our/your right to...”
Stage 2 - Defensive behaviours Secondary strategies – Support and choices:					“This...and then...” (remind him of what he has chosen for reward time) “Name ,20 seconds thank you”
Stage 3 - Crisis Behaviours Tertiary strategies – Support and risk reduction:					“Name, safe space, thank you.” Use as little language as possible as this can cause him to flare up more.
Stage 4 - Recovery Behaviours Support strategies:					“ Name I understand you are ...” “Name, the adults are here to keep you all safe”



Positive Handling

Team Teach:

Team Teach strategies including various means of de-escalation and positive handling may be used to keep the pupil named in this plan, other pupils and staff safe. Upon signing this plan, parental consent is being given for such strategies to be used.

Pupil Risk Assessment Evaluation: Record whether known hazard or opinion, if the action is deliberate, accidental or involuntary who is at risk (tick those that apply). Rate 1-5 (1-low risk/severity, 5 high risk/severity).

Hazards/behaviours	Known hazard	Opinion	Deliberate	Accidental	Involuntary	Child at risk	Peer at risk	Staff at risk	Others at risk	Likelihood (A)	Severity (B)	Risk Rating (AxB)
Harm to self	No	No	No	No	No	No	No	No	No			
Harm to peers	Yes	No	Yes	No	No	Yes	Yes	No	No	2	3	6
Harm to staff	Yes	No	No	No	No	No	No	Yes	No	3	4	12
Damage to property	Yes	No	No	No	No	Yes	No	No	No	3	2	6
Class disruption	Yes	No	No	No	No	No	Yes	Yes	No	3	2	6
Absconding	Yes	No	No	No	No	Yes	No	No	No	2	3	6

Hazards/behaviours	Known hazard	Opinion	Deliberate	Accidental	Involuntary	Child at risk	Peer at risk	Staff at risk	Others at risk	Likelihood (A)	Severity (B)	Risk Rating (AxB)
Ability to evacuate safely	No	No	No	No	No	No	No	No	No			
Toileting	No	No	No	No	No	No	No	No	No			
Onset of medical condition (acute)	No	No	No	No	No	No	No	No	No			
Management of chronic medical condition	No	No	No	No	No	No	No	No	No			
Allegations against staff	No	No	No	No	No	No	No	No	No			
Other hazards/behaviour	No	No	No	No	No	No	No	No	No			

Signatures

Parent

Signed

Date

___/___/___

Pupil

Signed

Date

___/___/___

SLT

Signed

Date

___/___/___



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

Member of staff	Most recent training	Expiry:	Level:
Jordan Beacham (Team Teach Tutor)	1.10.24	1.10.25	Intermediate Trainer
Adam Pattenden (Team Teach Tutor)	1.10.24	1.10.25	Intermediate Trainer
Debbie Ankers	21/10/2022	21/10/24	Level 1
Lisa Redford	21/10/2022	21/10/24	Level 1
Mary Knight	21/10/2022	21/10/24	Level 1
Carla France	21/10/2022	21/10/24	Level 1
Faye Harris	21/10/2022	21/10/24	Level 1
Holly Smith	09/12/2022	9/12/24	Level 1
Kim Hart	09/12/2022	9/12/24	Level 1
Celia Carson	09/12/2022	9/12/24	Level 1
Kirstie Pryde	09/12/2022	9/12/24	Level 1
Debbie Lee	09/12/2022	9/12/24	Level 1
Jo Williams	09/12/2022	9/12/24	Level 1
Bridie Higson	10.3.23	10.3.25	Level 1
Freyha Wingman	10.3.23	10.3.25	Level 1
Shannon Garrett	10.3.23	10.3.25	Level 1
Sabrena Nicholson	10.3.23	10.3.25	Level 1
Jane Thompson	10.3.23	10.3.25	Level 1
Kirstie McKenzie	10.3.23	10.3.25	Level 1
Vicki Murphy	10.3.23	10.3.25	Level 1
Konner Robinson	13.7.23	13.7.25	Level 2
Alec Smith	21.11.23	21.11.25	Level 1
Cara Kerr	21.11.23	21.11.25	Level 1
Sam Cowhig	21.11.23	21.11.25	Level 1
Sally Stevenson	21.11.23	21.11.25	Level 1
Gemma Fleming	21.11.23	21.11.25	Level 1
Alice Harrison	21.11.23	21.11.25	Level 1
Katherine Cooke	21.11.23	21.11.25	Level 1
Aroua Bahri	21.11.23	21.11.25	Level 1
Patsy Lloyd	21.11.23	21.11.25	Level 1
Vicky Vickers	21.11.23	21.11.25	Level 1
Kara Burton	21.11.23	21.11.25	Level 1
Rebecca Gough	21.11.23	21.11.25	Level 1

Chelsea Ellis	21.11.23	21.11.25	Level 1
Sarah Blakely	21.11.23	21.11.25	Level 1
Gemma Smith	21.11.23	21.11.25	Level 1
Jake Moore	7.12.23	7.12.25	Level 1
Cat Campbell	7.12.23	7.12.25	Level 1
Danielle Farrell	7.12.23	7.12.25	Level 1
Rachel Astall	7.12.23	7.12.25	Level 1
Ellie Smith	7.12.23	7.12.25	Level 1
Shannan Ward	7.12.23	7.12.25	Level 1
Morgan Wilkie	7.12.23	7.12.25	Level 1
John Edwards	7.12.23	7.12.25	Level 1
Helen Ackerley	7.12.23	7.12.25	Level 1
Chloe McCormack	14.3.24	14.3.25	Level 2
Emma Webb	14.3.24	14.3.25	Level 2
Thea Brooks	14.3.24	14.3.25	Level 2