

# HILLSIDE SCHOOL & COLLEGE

## Appendix 1 - The Use of Physical Intervention/Restraint

### Introduction

This appendix should be read in conjunction with:

- DfE Guidance Use of Force 03/12 Section 93 of the Education and Inspections Act 2006.
- Lancashire County Council Protocol on the Use of Restrictive Physical Intervention in Schools, Residential Homes and Other Care Settings for Children.
- LCC Guidance Policy on Care and Control, Moving and Handling, Health Care/Medical Policy and Plans
- Hillside School Care and Control of Pupils Policy
- Recording and Reporting arrangements form Accident and Injuries

A Positive Handling Plan for an individual pupil should be seen as an integral part of the whole school process of education and care. It must relate to the Individual Education Plan, Behaviour Support Plan, Care Plan and the fundamental values and ethos of Hillside School. Its success will be derived from a whole school, holistic response to positive behaviour support and the process for appropriate implementation is firmly based within a procedural approach that is owned by all staff involved, which includes the child.

Where there is clear potential that exists for an individual pupil to repeat behaviour that may be harmful to themselves, others or property it is good practice to draw up a Positive Handling Plan for that child. The need to do so may be evidenced by documentation that could be included in the pupils' Positive Behaviour Support Plan, Statement of SEN or previous accident and injury recording and reporting procedures (Incident Record Forms for Physical Intervention).

Staff employing positive handling techniques share common values that include a commitment to operate within the law and to provide a service that adheres to accepted clinical and professional standards.

### Positive Handling Strategies

Physical Intervention should only be used where it is reasonable to do so to prevent harm occurring to the child or others and it is this philosophical stance that links the legal framework with good practice. In the event of a legal challenge the school would be expected to provide evidence to show how the behaviour procedures promoted the avoidance of harm being caused. A Positive Handling Plan clearly links policy to practice and shows how an individual planned approach has been developed for the child. When producing Positive Handling Plans reference should always be made to the school's policy, multi-agency involvement where appropriate, which includes the involvement and support of both the child and their parents/carers.

The Positive Handling Plan is based upon five main criteria:

- That the child is involved from the outset
- That the plan promotes and on occasion, improves curriculum access
- That a specific target is set which aims to reduce physical intervention
- That the plan is based upon changing conditions and approaches toward the child from one of control to one of co-operation.

## HILLSIDE SCHOOL & COLLEGE

- That it affords the individual pupil with opportunities to own and subsequently change their behaviour

It is acknowledged that even with the best planning there may occur situations where the pupil may participate in violent, aggressive or self-abusing behaviour. However, as professionals our response should be aimed at being proactive and attempting to anticipate the possibility of challenging behaviour and taking action to reduce the likelihood that they may occur.

### Key Principles

When developing, implementing and evaluating Positive Handling Plans the following key principles should always be taken into consideration:

- Any physical intervention should be consistent with the schools policy on Care and Control of pupils.
- Working within this policy, only staff who have received practical training should implement physical intervention (Team Teach Training)
- Procedures for assessing risk and in particular risk assessment for pupils should be undertaken to ensure all aspects of Health and Safety are considered for both pupil and staff.
- Positive Handling Plans must have the interests of the child as the primary consideration and must pay due consideration to their behaviour which may include autistic traits.
- At all times a 'Duty of Care' for and to the child should be of primary concern
- Any planned physical intervention should be justified in respect of what is known about the child's autism based upon multi-disciplinary assessment, alternative approaches/behaviour support which have been tried, an evaluation of the potential risks involved, and reference to Team Teach Techniques and methodology.
- Pupils and their parents/carers should be actively involved in the process.
- Physical interventions should only be employed using '**the minimum degree of force for the shortest possible period**'.
- Pupils who receive physical intervention should be routinely assessed for signs of injury, pain or psychological distress and these should be recorded in the Care Plan section of the child's file.
- Plans should have built in intrinsic experiences for the pupil which promote learning opportunities for them to own their own behaviour and the ability to develop coping strategies.
- The techniques to be used during physical intervention should be clearly recorded on the plan and shared with all relevant staff, and parents/carers. A copy of the plan should be kept in the pupils' Care Plan.
- A Positive Handling Plan should be part of an overall Behaviour Support Strategy for the pupil.
- The staff should ensure that all incidents are clearly, comprehensively and promptly recorded in line with school policy, these will be indicated on the Positive Handling Plan proforma (see Appendix 2).
- All Positive Handling Plans should be reviewed at least termly, or as the need arises.
- **It is the Head Teacher who is ultimately responsible for the development, implementation and monitoring of behaviour support plans.**

Please see appendix 3 for model proforma for Positive Handling Plan

# HILLSIDE SCHOOL & COLLEGE

Staff have received training from an accredited Team Teach Instructor in the use of the following Protective Safety Responses:

- Wrist Hold Responses
- Strangle/Neck Hold Responses
- Clothing Hold Responses
- Hugs and Bite Responses
- Responding to Hair Grabs
- Responding to Punches and Kicks

Staff have also received training from an accredited Team Teach Instructor in the use and application of the following Positive Holding Techniques

- Single Elbow Hold/Escorting pupils to safety (use of chairs)
- Double Elbow Hold/Escorting pupils to safety (use of chairs)
- Figure of Four Hold
- Wrap Standing Hold (only for a smaller child)
- Cradle Hold

All class staff are authorised to use and employ Positive Handling Techniques.

## Staff Training and Induction

Staff, who are new to the school, will not be permitted to undertake any of the authorised Positive Handling Techniques until they have received training from one of the school's accredited Team Teach Instructors. These are currently **Paul Leaper and Tracey Watt**. Arrangements for their training will be made at the schools earliest convenience either at the school or by joining a LCC approved course of tuition. On completion of the course all new staff members will have their names added to the list of approved users of the techniques.

All staff will receive termly updates and refreshers to ensure that their skills are maintained and appropriate use of the techniques remain within acceptable practice and within legal requirements. Staff are also encouraged to take the time to observe and provide for support each other throughout the year.

**Paul Leaper will be available to discuss individual cases of behaviour support and the use of Positive Handling Techniques as required.**

GUIDANCE NOTES

<b>NAME:</b>	<b>CLASS:</b>	<b>YEAR:</b>
<b>STATEMENT OF SEN Y / N</b>	<b>REVIEW DATE:</b>	

**ADDITIONAL INFORMATION:**  
**eg Medical Data: known medication/Asthma/Nose bleeds etc**  
*This information is vital if appropriate positive handling strategies are to be implemented. Any strategies must be on an individual needs basis and where appropriate link to the child's Health Care Plan and moving and handling strategies.*

**TRIGGER BEHAVIOURS: (Describe situations/behaviours which are known to have led to Positive Handling being required)**  
*Link to risk assessment. As part of the process it is important to evaluate current practice and collate data that affords the school with the opportunity to accurately assess environmental factors that may be influencing a child's behaviour.*

**TARGET:**  
*A target should be set that is SMART and that looks to reduce the number of physical interventions of a specific time-scale. The target should be based upon pre-requisite information about the child and/ or baseline data.*  
**SUCCESS CRITERIA:**  
*This section should include additional resources that may be required to meet the target.*

**PREFERRED SUPPORTIVE STRATEGIES: (Underline/Describe strategies which, when and where possible, should be attempted before positive handling techniques are used).**

Verbal advice/support	Planned positive distractions, what?
Reassurance	Positive touch who?
Tactical ignoring	Descriptions of reality. Take up time.
Negotiation/Partial agreement	Time out offered/directed
Transfer adult	Choices/limits/consequences

**Others:**  
i.e. Classroom organisation.

*This section links the behaviour policy of the school with the overall process of positive handling. Primary and Secondary strategies that should be employed as whole school approaches are outlined and agreed prior to physical intervention taking place.*

# HILLSIDE SCHOOL & COLLEGE

## Preferred Handling Strategies: (Described the preferred staff responses/holds)

*It is important that the strategies for responding to individual behaviours are individualised in respect of meeting the needs of the pupil who presents the behaviour.*

Technique	Standing/Sitting	Number of staff	Breakaway Techniques
<i>In line with the school's Care and Control policy and any training that may have been undertaken</i>	<i>Graded in terms of severity of intervention</i>	<i>Where appropriate staff should be named and have received training.</i>	<i>Staff should not physically intervene if they are not confident or competent.</i>

## REPAIR AND REBUILD PROCESSES FOLLOWING THE INCIDENT (What care is to be provided?).

**What learning opportunities exist for the child? How will the child be reintegrated back into school?)**

*This is the medium which enables the child to begin to own their own behaviour and in turn develop alternative strategies. It is imperative that the approach adopted is procedural, certain and predictable with clear roles and responsibilities established within the plan. More detailed information on this aspect of the process can be obtained by contacting the SEN Advisory Division.*

## RECORDING AND NOTIFICATION REQUIRED

*A positive Handling Plan does not replace the school's formal procedure for recording and reporting incidents.*

**Incident Book Y / N**

**RF1 Y / N**

**HS1 Y / N**

## EVALUATION (This section is to be completed during the review)

*Over time, behaviour patterns of individual pupils will change as will the benefits and risks associated with any physical intervention. Each review should include a formal meeting of all relevant personnel involved and the success of the plan should be measured against the original target.*

## SIGNATURES:

*It is important to get people to 'sign up', especially the parents/carers.*

**Head Teacher:** ..... **Date** .....

**Parent / Carer** ..... **Date** .....

**Staff authorised to use techniques** ..... **Date** .....

**Others** ..... **Date** .....

eg Social Worker

# HILLSIDE SCHOOL & COLLEGE

## POSITIVE HANDLING PLAN

## Appendix 3

**NAME:**

**CLASS:**

**YEAR:**

**STATEMENT OF SEN Y / N**

**REVIEW DATE:**

**ADDITIONAL INFORMATION:**

eg Medical Data: known medication/Asthma/Nose bleeds etc

**TRIGGER BEHAVIOURS:** (Describe situations/behaviours which are known to have led to Positive Handling being required)

**TARGET (S):**

**SUCCESS CRITERIA:**

**PREFERRED SUPPORTIVE STRATEGIES:** (Underline/Describe strategies which, when and where possible, should be attempted before positive handling techniques are used).

Verbal advice/support

Reassurance

Tactical ignoring

Negotiation/Partial agreement

Transfer adult

Planned positive distractions, what?

Positive touch who?

Descriptions of reality. Take up time.

Time out offered/directed

Choices/limits/consequences

Others:

i.e. Classroom organisation.

# HILLSIDE SCHOOL & COLLEGE

**Preferred Handling Strategies: (Described the preferred staff responses/holds)**

Technique	Standing/Sitting	Number of staff	Breakaway Techniques

**REPAIR AND REBUILD PROCESSES FOLLOWING THE INCIDENT (What care is to be provided? What learning opportunities exist for the child? How will the child be reintegrated back into school?)**

**RECORDING AND NOTIFICATION REQUIRED**

Incident Book Y / N                      RF1    Y / N                      HS1    Y / N

**EVALUATION (This section is to be completed during the review)**

**SIGNATURES:**

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

Parent / Carer ..... Date .....

Staff authorised to use techniques

.....

..... Date .....

Other(s)..... Date .....