

RMET

Positive Handling Policy

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Document Change History

Date:	Version:	Description of Changes:
21 st July 2023	1.0	Annual Review
18 th September 2023	2.0	Full Review
23 rd February 2024	2.1	Change to Appendix 2 due to Maybo Training

1. Introduction

- 1.1. For the purposes of this policy, the phrase 'Positive Handling' is used to refer to a physical intervention by an adult in which they restrain, move or otherwise have physical contact with a child in order to prevent injury, harm, or destruction of property.

2. Statement of Equality

- 2.1. We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitments to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

3. Aims

- 3.1. This policy aims to:

- protect every person in the school community from harm;
- protect all children against any form of physical intervention which is unnecessary, inappropriate, excessive or harmful;
- provide adequate information and training for staff so that they are clear as to what constitutes appropriate use of Positive Handling and know how to deal effectively with violent or potentially violent situations;
- use the minimum degree of force necessary to accomplish a positive outcome;
- give full support to staff who have been required to use Positive Handling;
- maintain accurate records of incidents where Positive Handling has been used.

4. Guidance and the Legal Framework

- 4.1. This policy has been informed by appropriate reference to the following publications:

- [DfE: Use of reasonable force](#) (non-statutory guidance)
- [Restraint in school's inquiry: using meaningful data to protect children's rights](#)
- [Education and Inspections Act 2006, Section 93](#)
- [The Criminal Law Act 1967, Section 3.1](#)
- [Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties \(2003\)](#)

- 4.2. Additionally, the Trust acknowledges its legal duty to make reasonable adjustments for children with special educational needs and/or disabilities as outlined in:

- [Equality Act 2010](#)
- [Special Educational Needs and Disability Code of Practice: 0 to 25 years](#)

- 4.3. The non-statutory guidance refers to the use of 'reasonable force' also known as 'physical restraint', 'physical intervention', or 'positive handling'. In each case, this refers to a physical

intervention with a child in a school setting for the purposes of control or restraint. This can range from guiding a child to safety by the arm through to more extreme circumstances such as breaking up a fight or where a child needs to be restrained to prevent violence or injury. It can also involve seclusion, where a child is isolated for a period of time to calm their behaviour or protect them from harm.

4.4. Examples of acceptable “passive physical intervention” or “control” include:

- standing between children to diffuse building tension and prevent physical aggression towards each other;
- blocking a child's path, to prevent access to danger;
- leading a child by the arm out of a classroom or similar space where the risk of them staying in the situation is likely to lead to harm (to themselves or others) or where they are being excessively disruptive and refuse to follow instructions (aligned to the behaviour policy).

4.5. Examples of “active physical intervention” include:

- to hold back physically (e.g. separating a fight);
- to bring a child under control (e.g. if they are lashing out and likely to cause harm to themselves or others or property);
- to prevent access or egress from a volatile situation (e.g. preventing entry to a classroom or disabling exit from a classroom where it is safer to contain a child. This includes locking a door to contain a child. In this situation the child must be visible at all times and should not be locked in a room where they cannot be observed for safety);
- to prevent a child harming themselves;
- to prevent an attack on another child or staff member or visitor to the school;
- to prevent a criminal offence.

4.6. All members of school staff and approved volunteers have a legal power to use reasonable force. Force should never be used as a punishment and always as a last resort if attempts to reason with a child have failed or if the risk is immediate and needs to be swift. Force should not be used in lieu of effective behaviour management. Force should not be used to stop a child leaving a room when they are doing so to calm down.

4.7. Whilst physical intervention should only be used as a last resort, as outlined through this policy, it is the case that parental consent is not required where such instances occur. It is however best practice, which we observe, to advise parents retrospectively where positive handling needed to be applied and the reasons why. Any such instances will also be routinely logged. Avoiding the use of reasonable control or restraint, would be a failure on a school's duty of care to protect children and prevent harm.

4.8. Force cannot be used to search for items banned under the school rules. (See separate policy on searching procedures).

4.9. There are certain types of restraint that are not deemed acceptable and as such will not be used in RMET schools:

- the 'seated double embrace' which involves two members of staff forcing a person into a sitting position and leaning them forward, while a third monitors breathing;
- the 'double basket-hold' which involves holding a person's arms across their chest; and
- the 'nose distraction technique' which involves a sharp upward jab under the nose;
- locking or confining a child in a room without adult supervision.

5. Physical Contact

5.1. Positive handling/physical intervention is distinct from unnecessary or inappropriate 'physical contact' (for example, slapping/hitting/tapping a child or restraining a child where there is no good reason to do so). Such occurrences of physical contact that are not for the explicit intent of control or de-escalation, would be deemed a matter for investigation under the Trust HR disciplinary procedures. There are however forms of permissible physical contact that align to professional duties. These include:

- In early years and primary settings, holding the hand of the child at the front/back of the line when going to assembly or when walking together around the school or on a school trip;
- when comforting a distressed child;
- when a child is being congratulated or praised (e.g. shaking hands or a supportive hand on the shoulder);
- to demonstrate how to use a musical instrument;
- to demonstrate exercises or techniques during PE lessons or sports coaching;
- to administer first aid.

6. Policy in Practice

6.1. Positive Handling should only be used when all other strategies which do not employ force have been tried and found unsuccessful, or in an emergency situation where the need for Positive Handling is immediate and there are no equally effective alternatives.

6.2. The proper use of Positive Handling requires skill and judgement, as well as knowledge of non-harmful methods of restraining. It is only likely to be needed if a child appears to be unable to exercise self-control of emotions and behaviour. The decision to use Positive Handling as restrictive physical intervention must take account of the circumstances and be based on an assessment of the risks associated with the intervention, compared with the risks of not employing a restrictive intervention.

6.3. The aim of Positive Handling is to avert danger by preventing or deflecting a child's action, either by making a physical intervention or by removing a physical object, which could be used to harm themselves or others. Positive handling may also involve the use of a physical intervention to support the child in returning to a calm state, especially where it is known

that the child responds well to this (e.g. children with ASD who seek deep pressure when hyper-aroused). Any hold used should be eased by degrees as the child calms down. The physical intervention must only employ a reasonable amount of force – that is, the minimum force needed to avert injury or damage to property, or to prevent a breakdown in discipline – applied for the shortest period of time.

- 6.4. Staff should always act within the Trust/Academy Behaviour Policy when dealing with disruptive behaviour. This policy should therefore be read alongside the relevant Behaviour and Safeguarding/Child Protection Policies.
- 6.5. If restraint is required for an extended period (i.e. not a brief restraint such as separating a fight), a senior member of staff must monitor the situation closely with a view to safeguarding the child and the staff concerned. If the restraint becomes unsafe or a medical emergency arises then they are to instruct staff to stop the restraint immediately and if necessary withdraw.
- 6.6. There are occasions when staff should not intervene without help. Assistance should be sought whenever a staff member feels it is not suitable or safe to restrain by themselves.
- 6.7. In circumstances where the member of staff has decided that it is not appropriate to restrain the child without help they should:
 - remove other children who might be at risk;
 - summon assistance from colleagues;
 - if necessary, telephone the police;
 - inform the child(s) that help will be arriving;
 - continue to attempt to defuse the situation verbally;
 - try to prevent the incident from escalating, until assistance arrives.

7. Training

- 7.1. The Trust will work with an approved Positive Handling training provider to ensure key staff receive professional and bespoke training in methods of safe physical restraint. This will be routinely completed by all senior leaders, middle leaders, and those with focused pastoral roles. All other staff will be invited to attend should they wish to. Records will be retained within individual schools, of all staff who have received training. The Headteacher is responsible for ensuring all staff are updated with a list of trained staff, to expedite appropriate support in volatile situations. There are no government approved training techniques for Positive Handling. Our agreed and approved providers are determined in conjunction with the CEO and quality assured by members of the Trust Board. Training should be updated every 3 years and to ensure that new staff and those needing updated training are accommodated, the programme will be offered annually.
- 7.2. In addition, and as part of an ongoing culture of positive behaviour management, regular professional development opportunities will support staff to understand.
 - positive behaviour management strategies that support de-escalation of extreme negative or volatile behaviours, avoiding the need for positive handling;

- the needs of particular individuals whose medical or emotional needs demand a more bespoke approach to de-escalation or safe restraint when needed;
- appropriate dialogue to use in advance of positive handling, for example calmly advising the child about what they are going to do and why, and how the child might change their behaviour, in order that the intervention would become unnecessary;
- wherever possible, the need to seek support from a second adult to reduce the risk of the member of staff or child suffering bodily harm and/or to act as a witness if allegations of assault are made by either party
- how to measure risk such that they are confident to use positive handling when it is appropriate and necessary to safeguard a child/children;
- how to employ the minimum physical force necessary for the minimum period needed;
- the types of restraint which may be appropriate.

8. Recording/Logging Incidents of Physical Interventions

- 8.1. All incidents of Positive Handling must be reported to the Headteacher.
- 8.2. The Headteacher is responsible for sending details of the incident to the DoE who will investigate further where needed, and retain a log of all incidents of physical restraint. The CEO is also responsible for monitoring that any 'force' used is reasonable and proportionate and that appropriate adjustments are made where needed such that no 'force' is used discriminatorily. In the interests of capturing this information and monitoring impartiality and proportionality, the log retains detail of protected characteristics, alongside the wider detail of each physical intervention. See Appendix 1.
- 8.3. Details need to be reported fully on the template in Appendix 2 'Reporting an incident of physical intervention'.
- 8.4. The Headteacher is responsible for ensuring that parents are informed by telephone, immediately after the event, and by follow up letter within one working day. Written communication should outline detail of the date and time of the intervention, the cause, response, aftercare/debrief and an outline of any additional actions being taken, such as a risk assessment or changes to a child's individual care plan. This letter should be retained on the child's file. A parental letter template is included in Appendix 3. This is intended as a guide which can be adapted as required.
- 8.5. Where it is judged that a child's behaviour presents a continued ongoing serious risk to themselves or others, a Safeguarding Risk and Needs Assessment that is regularly reviewed and a physical intervention plan, where relevant, will be put in place. All incidents and subsequent actions should be recorded and reported by a member of staff to the DSL/DDSL and the Headteacher. The DSL/DDSL will manage a referral to the LADO where required and make provision for communication to the child's parent/carer. Children who have a physical intervention plan and/or Risk and Needs Assessment in place should still have each incident of physical intervention logged and reported to parent as outlined in this policy. Where a particular form of intervention forms part of their agreed regulatory support, parents/carers may agree a preferred communication route (for example email rather than letter template).

9. Monitoring Arrangements

- 9.1. This policy will be reviewed by the CEO every year.
- 9.2. At every review, the policy will be approved by the Trust Board.

10. Links with other Policies

- 10.1. This Positive Handling Policy is linked to the following policies:
 - Safeguarding Policy (RMET)
 - Searching Procedures (RMET)
 - Behaviour and Anti Bullying Policy (RMGS, RPS and TPS)

Appendix 2 – Reporting Form

RMET Reporting an incident of Physical Intervention

Name of Academy:

Name of student:

Year Group of student involved:

Age:

Protected characteristics:

Gender:

Ethnic group (from SIMS):

SEND status: SEN K / EHCP / None

When did the incident occur?

Date	Time	Location	Other students involved as witnesses:
			<p><i>Please note, statements from each student witnessing the physical intervention should be attached to this form</i></p>

Staff involved

Please note, statements from each staff member involved or witnessing the physical intervention should be attached to this form

Name	Role	Positive Handling trained?	Involved physically or as an observer?

Please describe the incident and include:

1. What was happening before? 2. What do you think triggered this behaviour? 3. What de-escalating techniques were used prior to physical intervention? 4. Why was a PI deemed necessary? 5. Any other information relevant to include.

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Physical Intervention technique(s) used (where physical contact has been made) - tick as appropriate:

Non-Restrictive:

Technique	One Person	Two Person	Duration
Active Palms (protecting self)			
Active Palms (blocking egress)			
Rooves and Walls			
Hook and Cradle standing/walking/re-direction			
Hook and Cradle sitting			
Cradle Guide			
Bomb Shelter			
Cradle Off			
Elbow Turn			
Front Shoulder Turn			

Restrictive:

Technique	One Person	Two Person	Duration
Wrap Hold			
Wrap Escort			
Seated Wrap			
Team Turn			
Hook and Interruptor Escort			
Support to Floor			

If the student was held on the ground:

Did they go to ground independently? or Were they supported to ground by staff? or N/A

<p>Medical Warning Signs Warning Signs observed during or after the physical intervention (tick relevant boxes)</p> <p><input type="checkbox"/> No warning signs observed</p> <p><input type="checkbox"/> Abruptly / unexpectedly stopped struggling or suddenly calmed down</p> <p><input type="checkbox"/> Blueness of lips / fingernails / ear lobes (cyanosis)</p> <p><input type="checkbox"/> Complaints of difficulty breathing</p> <p><input type="checkbox"/> Complaints of feeling sick</p> <p><input type="checkbox"/> Difficulty breathing</p> <p><input type="checkbox"/> Lost or reduced consciousness</p> <p><input type="checkbox"/> Tiny pin point red dots seen on the skin (upper chest, neck, face, eye lids)</p> <p><input type="checkbox"/> Vomiting</p>
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Has the student been held before?	Yes/No
Is a risk assessment in place?	Yes/No
<i>A student should have an individual risk assessment detailing reactive strategies and physical intervention approaches if they have been involved in physical interventions on more than one occasion.</i>	
Does the risk assessment need to be created/reviewed as a result of this incident?	Yes/No
If yes, who will action and when? (less than four weeks)	

Who was the incident reported to, and when?
Was there any medical intervention needed?
Include names of any injured person and brief details of any injuries/treatment:
Was the pupil debriefed? Yes/No Please ensure the student's statement is attached to this form
Were staff offered a debrief? Yes/No
Detail/follow up from debrief:

Parents/carers should be informed by telephone on the day of the intervention, and by follow up letter (template available) within one working day of the intervention, unless individual risk assessment records that a letter is not required. Details should be recorded below:

Phone call date and time	Lead staff	Date letter was sent	Lead staff

This form should be completed by HT:	Name	Role/School	Date

Quality Assurance process:

Name of Executive Leader quality assuring the reporting and response process:

Comments:

Good practice dictates that schools should review what happened and consider what lessons can be learned, which may have implications for the future management of the student. These need not be added to this form but should be incorporated in the individual plans for the child.

Appendix 3 – Letter Template for Reporting an Incident of Physical Intervention to a Parent/Carer

Dear Parent/Carer,

Further to your phone conversation with <STAFF MEMBER> at <TIME> on <DATE>, I am writing to confirm that a member of staff was required to physical intervene with a situation involving <CHILD NAME> on <DATE AND TIME>.

The details of the situation were <INSERT DETAIL>.

The reasons, therefore, for the physical intervention was to <INSERT DETAIL>.

The nature of the intervention was <INSERT DETAIL>.

As a result of this incident the following further actions have been put in place <INSERT DETAIL>.

The incident was witnessed by <INSERT DETAIL> and has been reported and logged in line with our Positive Handling Policy which can be found [here](#) <INSERT WEBSITE HYPERLINK>. In line with the principles of this policy, physical intervention is used as a last resort when all other strategies which do not employ force have been tried and found unsuccessful, or in an emergency situation where the need for Positive Handling is immediate and there are no equally effective alternatives.

If you would like to discuss this further, please do not hesitate to contact <INSET DETAIL> so a face to face meeting can be arranged.

Yours sincerely,

<HEADTEACHER, SCHOOL>

Appendix 4 – Seclusion

Definition: Seclusion involves isolating a student against their will.

Legislation Considerations:

The following legislation and guidance state that seclusion must only ever be considered as a last resort.

- Article 5 of the Human Rights Act: The right to liberty and security
- Mental Health Act Code of Practice (2015)
- Mental Capacity Act (2005).
- Children Act (1989)
- Department for Education Use of Reasonable Force (2013), [Section 93 Education and Inspections Act \(2006\)](#)
- The SEN Code of Practice (2015)
- National Minimum Standard (2013)

Seclusion is not and will not be used as a punishment in RMET schools.

In situations where a student is presenting extreme behaviours, and all de-escalation techniques have been exhausted, staff may determine that the safest way to enable the child to calm down, whilst minimising the risk of harm to self and others, is for them to spend a brief period of time in seclusion. Children in seclusion will be supervised by an adult at all times either within the same space or, if there is a risk of harm, from a safe distance or position from where the child can be safely observed. Seclusion will be used for the shortest possible period of time and only as a last resort, when the risks of not isolating the child are significantly greater than briefly secluding them.

Seclusion must only be used when authorised by the Headteacher/Head of School or a senior leader deputising in their absence.

On the rare occasion where seclusion is deemed necessary, this must be logged as per physical intervention. Parents/carers must be notified and a personalised dynamic risk assessment for the child established.

Appendix 5 – Witness Statement

Witness statement for an incident of Physical Intervention

Name of Academy Year Group of student involved.....

Name of student.....

Gender..... Ethnic group (from sims) SEND need.....Age

Name of witness:..... Role:.....

Date of Physical Intervention:.....

Statement:

Signed:.....

Name:.....

Date:.....

Appendix 6 – Pupil Voice

Pupil Voice for an incident of Physical Intervention

Name of Academy Year Group of student involved.....

Name of student.....

Gender..... Ethnic group (from sims) SEND need.....Age

Pupil Voice:

Signed:.....

Name of note taker.....

Date:.....