



Positive Handling Policy **(Safeguarding)**

Senior Leader responsible	Assistant Headteacher
Date approved by LGB	13 January 2022
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Dereham Neatherd High School: Safeguarding: Positive Handling Policy

It is our aim that the need for the use of restrictive physical intervention will be eradicated from our school completely through the use of de-escalation strategies and by teaching self-regulation and pro-social behaviours to prevent dangerous and unsafe behaviours.

Restrictive and non-restrictive physical intervention

Non-restrictive intervention:

The term physical intervention or “non-restrictive physical intervention” refers to all physical contact. There are occasions when a member of staff may have cause to have physical contact with individuals for a variety of reasons, for example:

- To comfort a student in distress (e.g. supportive hug or offering an arm)
- To praise a student (e.g. a hand on the shoulder where appropriate to the student.)
- To direct or steer a student (e.g. open mitten escort)
- For activity reasons (e.g. to correct a child’s position in a move or manoeuvre in drama or PE)
- To avert immediate danger to the student or others by directing the student to a safe space

This is not an exhaustive list and members of staff should be guided by common sense, knowledge of the child and experience of the situation.

Please refer to Appendix 1 for further information on physical intervention used for supporting, guiding and escorting. For training in the techniques please speak to your Norfolk Steps Service Tutor (Head of SRB).

The use of non-restrictive physical intervention may be used with calm talking using de-escalation scripts, de-escalating body language, limited choices and positive phrasing to de-escalate a situation and prevent the need for restrictive physical intervention. Examples of de-escalation strategies can be found in Appendix 2. For further guidance and training refer to Norfolk Steps Service Tutor.

Restrictive Physical Intervention (RPI):

Section 93 of the Education Act 2006 “enables school staff to use such force as is reasonable in the circumstances”. This was updated by the Use of Reasonable Force Guidance for schools, published by the DfE in July 2013.

“Restrictive physical intervention (RPI)” refers to the use of **reasonable, proportionate and necessary** force in order to control a situation. RPI must either be:

- planned and part of an Individual Risk Management Plan, **or**
- an emergency intervention in the event of unforeseeable clear and immediate danger.

Members of staff will take steps in advance to avoid the need for RPI through dialogue, diversion, limited choices, and the offer of a ‘way out’ to calm down and de-escalate. RPI is only appropriate when all other de-escalation strategies have been used and as a last resort.

RPI is never used to:

- punish
- cause or threaten hurt
- oppress, threaten, intimidate or bully

Examples of where RPI may be used include:

- To prevent a person from committing a criminal offence
- To prevent a person from injuring self or others
- To prevent or stop a person from causing serious damage to property
- To prevent a person leaving a classroom where allowing the pupil to leave would risk their safety or lead to behaviour that significantly disrupts the behaviour of others
- To stop the person from engaging in any behaviour that is causing or is likely to cause a serious disruption to the learning of others

All staff using RPI as part of an Individual Risk Management Plan must have current Norfolk Steps – Step Up training. Templates for Risk Management Plans can be found in Appendix 3.

All Specialist Resource Base (SRB) staff should have up to date training unless they have a condition which precludes them from doing so, e.g. pregnancy or injury.

Where RPI has been used in an *emergency and unplanned situation*, it must be recorded, parents informed and if needed put into a plan for future use.

Reflect, repair and restore

Procedures are in place for supporting and debriefing the student after every incident of restrictive physical intervention, as it is essential to safeguard the emotional wellbeing of all involved.

During the incident the student's behaviour may be influenced by anger, frustration, disappointment, etc. The purpose of reflect, repair and restore is to re-visit the experience with the student when they are calm, relaxed and reflective. In some cases the student may have forgotten the details of the incident by the time they are calm enough for debriefing. The incident can still be discussed by talking about the kinds of behaviours which occurred.

A restorative approach:

“An approach to inappropriate behaviour which puts repairing harm done to relationships and people over and above the need for assigning blame and punishment” (Wright, 1999)

Following a significant incident involving RPI some restoration must take place and the incident must be recorded. Restorative justice may include the following actions and dialogue:

- Explore what happened (ask the student to tell the story)
- Explore what people were thinking and feeling at the time
- Explore who has been affected and how
- Explore how relationships can be repaired
- Summarise what has been learnt so responses will be different next time

Students with language and communication difficulties may need to use pictures and comic strips to understand and/or explain the event. Students with a social communication difficulty or Autism may have difficulties understanding their own feelings and the feelings and motivations of others. They may assume that their intentions would have been understood by others and therefore feel the other people's responses were unfair or inappropriate. (“Theory of Mind” – Simon Baron-Cohen)

Recording and monitoring

All incidents of Restrictive Physical Intervention must be recorded in the Significant Incident/ Restraint Record (bound and numbered book, kept in the Specialist Resource Base office) and be signed by a member of the Senior Leadership Team. The record must then be scanned and attached to the student's SIMS record. Where an injury has occurred, a First Aid report should also be filled in.

This book will be monitored by the Associate Assistant Headteacher (SENCO) or, in his absence, the Deputy Head.

Recording of RPI is essential for the following reasons:

- To assist in monitoring agreed behaviour management programmes
- To provide protection for staff who may be required to give a detailed account of their actions
- To help to prevent inappropriate use of RPI with pupils
- To assist in monitoring the use of agreed Norfolk Steps procedures
- To indicate the need for management action in response to repeated behaviours
- To form part of the risk assessment procedure

Appendix 1: Non-restrictive intervention

Supporting, Guiding and Escorting

Supportive hug

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Offering an arm



Open mitten escort



Appendix 2 : De-escalation

De-escalation Strategies

<p><u>Positive (Specific) Phrasing</u></p> <ul style="list-style-type: none"> • Stand next to me • Put the pen on the table • Walk in the corridor • Switch the computer screen off • Walk with me to the library • Stay seated in your chair 	<p><u>Negative (ambiguous) Phrasing</u></p> <ul style="list-style-type: none"> • Stop being silly • Be good • Don't throw the pen • Stop running • Don't talk to me like that • Calm down
<p><u>Limited Choices</u></p> <ul style="list-style-type: none"> • Where shall we talk? Here or in the library? • Put the pen on the table or in the box • Are you going to work on your own or in a group? 	<p><u>No Choice (demands) and Open (ambiguous) choices</u></p> <ul style="list-style-type: none"> • Get in here now • Get out • Do as you're told • Give it to me now • What do you want to do? • Would you like to go inside?

Phrases on the left-hand side are more successful in de-escalating a situation than those on the right-hand side and should therefore be used wherever possible.

De-escalation Scripts

- Child's name
- I can see something has happened....
- I'm here to help...
- Talk and I will listen
- Come with me and....

De-escalating Body Language

- Distance – outside of an outstretched arm
- Sideways stance
- Relaxed, open hands
- Leaving an exit free – open door (if safe to do so)

Appendix 3: Risk Management Plan templates

Risk Assessment Calculator

Name	
DOB	
Date of Assessment	

Harm/ Behaviour	Opinion Evidenced	Conscious Sub-conscious	Seriousness Of Harm A	Probability Of Harm B	Severity Risk Score
	O/E	C/S	1/2/3/4	1/2/3/4	A x B
Harm to self					
Harm to peers					
Harm to staff					
Damage to property					
Harm from disruption					
Criminal offence					
Harm from absconding					
Other harm					

Seriousness	
1	Foreseeable outcome is upset or disruption
2	Foreseeable outcome is harm requiring first aid, distress or minor damage
3	Foreseeable outcome is hospitalisation, significant distress, extensive damage
4	Foreseeable outcome is loss of life or permanent disability, emotional trauma requiring counselling or critical property damage
Probability	
1	There is evidence of historical risk, but the behaviour has been dormant for over 12 months and no identified triggers remain
2	The risk of harm has occurred within the last 12 months, the context has changed to make a reoccurrence unlikely
3	The risk of harm is more likely than not to occur again
4	The risk of harm is persistent and constant

Risks which score **6** or more (probability x seriousness) should have strategies listed on next page

Individual Risk Management Plan

Name	DOB	Date	Review Date
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Photo	Risk reduction measures and differentiated measures (to respond to triggers)
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Pro social / positive behaviour	Strategies to respond
Anxiety / DIFFICULT behaviours	Strategies to respond
Crisis / DANGEROUS behaviours	Strategies to respond
Post incident recovery and debrief measures	

Signature of Plan Co-ordinator..... Date

Signature of Parent / Carer..... Date

Signature of Young Person.....Date.....