

ALL SAINTS' CHURCH OF ENGLAND PRIMARY SCHOOL

POLICY ON POSITIVE HANDLING AND THE USE OF REASONABLE FORCE

Introduction

All Saints' Primary School is committed to ensuring that all staff and adults with responsibility for children's safety and welfare will deal professionally with all incidents involving aggressive behaviour and will use physical intervention as a last resort in line with this policy which is based on advice from the LA and DCSF. Where physical restraint is necessary, it will be applied in the context of a respectful, supportive relationship with the pupil. In applying restraint, staff will always ensure minimal risk of injury to pupils and staff.

The positive management of behaviour is embedded in the strong, positive ethos of the school. Staff understand the importance of listening to and respecting children. They understand that their practice will help create an environment that is generally calm and supportive.

This policy is set within the context of the school's overall positive strategies for behaviour management.

Positive Handling

Physical techniques are based on providing the maximum amount of care, control and therapeutic support. Amongst the key messages are: **"I care enough about you not to let you be out of control."** Team-Teach 2006 Course Manual pg 12/13

Restraint should be exercised in such a way as to exert the least amount of physical force necessary to bring the situation under control. Wherever possible, restraint should be carried out according to approved techniques.

Where an incident occurs which may lead to physical confrontation, staff should follow the guidance set out below:

- Maintain your respect for all children even when condemning their behaviour
- Remain calm, confident and in control of your actions
- Have clear and reasonable expectations of behaviour from all pupils and ensure that these are well known
- Repeat simple rules and expectations
- Offer choices
- Assume your expectations will be carried out and move away, returning later
- Remove any audience (or the pupil from the audience)
- Deal with difficult issues outside lessons
- Be prepared to "lose face" in the short term
- Have a plan for children who present particular or persistent difficulties

Further points:

- Where a child's needs are recognised within the stages of the SEN Code of Practice, be aware of the targets and strategies in the child's provision map
- Seek advice and assistance from colleagues at an early stage
- Hand over to a colleague if the situation is "getting to you" emotionally
- Look for ways of reducing tension before addressing issues
- Be aware of personal space
- Soften messages you give by your posture, tone of voice, eye contact etc
- Humour may have a place (provided it cannot be construed as humiliating the pupil)
- Make use of "time out" systems

The following are thought unlikely to be helpful:

- Open expression of anger
- Shouting
- Threatening
- Personal comments
- Humiliation of a child in front of their peers
- Leaving a child no options or space
- Thinking of behaviour management in terms of winning or losing

Dealing with situations where physical intervention is judged necessary

Where staff consider it necessary to intervene physically, the following **may** be permissible:

- Physically interposing between pupils
- Blocking a pupil's path
- Leading a pupil by the hand or arm using Team-Teach techniques of friendly hold or single elbow
- Shepherding a pupil by placing a hand in the centre of the back or (in extreme circumstances) using more restrictive holds using Team-Teach techniques.

The following should **not** be used:

- Holding a pupil around the neck, or by the collar, or in any way that may restrict their ability to breathe
- Slapping, kicking or punching a pupil
- Twisting or forcing limbs against a joint
- Tripping up a pupil
- Holding or pulling a pupil by the hair or ear
- Holding a pupil face down on the ground

Physical contact in other circumstances

There are circumstances where physical contact may be appropriate, as follows:

It is important to recognise that positive or 'contingent' touch may be beneficial in some cases, for some children, and that settings should not have a policy which seeks to avoid all physical contact between staff and children / young people. DFE Use of Reasonable

Force: Advice for head teachers, staff and governing bodies (2012) states:

'It is not illegal to touch a pupil. There are occasions when physical contact, other than reasonable force, with a pupil is proper and necessary.'

Examples of where touching a pupil might be proper or necessary:

- holding the hand of the child at the front/back of the line when going to assembly or when walking together around the school
- when comforting a distressed pupil
- when a pupil is being congratulated or praised
- demonstration of exercises or techniques eg Sports, PE, DT, musical instrument
- to demonstrate exercises or techniques during PE lessons or sports coaching
- to give first aid.

- Physical prompts or help for young children or pupils with SEN

It is important to remember that some pupils find touching unwelcome eg cultural background or previous distressing experiences. In exercising professional judgement staff should:

- Heed the pupil's response
- Discuss actions with colleagues
- Avoid private arrangements with pupils
- Be aware of the need for open doors, colleagues in the vicinity etc
- Consider the age, understanding, sex of the pupil

Staff will take reasonable steps to ensure that such physical contact would not lead to any misunderstandings on the part of pupils, and will ensure that they do not leave themselves in a vulnerable position in respect of allegations that might be made in respect of their conduct.

Positive handling should only be used when all other strategies which do not employ force have been tried and found unsuccessful.

Circumstances in which positive handling or restraint may be used

Examples of when such action may be reasonable are:

- to prevent injury to self or others
- to prevent damage to property
- to prevent a crime being committed
- to prevent a pupil from absconding
- to prevent the good order of the group

The age, understanding and sex of the pupil must be taken into account.

Contact with Parents and other agencies

The school will ensure that parents are contacted:

- At a planning stage, as a preventative measure, where it is considered that a pupil presents a significant risk of requiring some physical restraint
- Following an incident where physical restraint has been required in order to resolve any issues relating to the incident itself
- Subsequently, as appropriate, as part of an ongoing behaviour management strategy

The school will contact other agencies as necessary eg Social Services, medical advice, where it is appropriate for the school to seek further advice, which will inform a 'Positive Handling Plan' and a risk assessment.

Staff Team Teach Training

The school is committed to high quality training in positive behaviour management strategies and physical intervention techniques for all staff that require it. Several members of staff have been trained in **Team-Teach techniques**.

In order for physical intervention techniques to be safely employed, all staff involved will identify their training needs in the area and training will be arranged as required.

The staff working closely with pupils who require Positive Handling are trained in the pre-emptive and responsive positive handling strategies and techniques of Team Teach, to complement the behaviour management approaches and strategies reflected in our Positive Behaviour Management Policy. Further details of the Team Teach approach can be found on the Team Teach website (www.team-teach.co.uk).

Any staff who are expected to use planned physical intervention and are authorised by the Head Teacher, are trained in the **Team Teach** Model of Positive Handling. All Team Teach training courses have been fully accredited by the Institute of Conflict Management (ICM) in accordance with DfE and Department of Health guidance. Positive handling training is always provided by qualified instructors with rigorous guidelines.

See appendix 1 for staff currently trained in Team Teach methods.

The skills and techniques taught on a Team-Teach course are as a result of an on-going risk assessment in an effort to safeguard everyone involved in a violent incident where physical interventions are necessary.

***"Team-Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent "side-effect" of ensuring that the service user remains safe".
(George Matthews – Team Teach Director)***

It is also recognised that staff may choose to respond with a technique from outside the Team Teach framework. This does not automatically render the use of such skill or technique necessarily improper, unacceptable or unlawful. Its use must be judged on whether or not it was reasonable, proportionate and necessary in those particular contexts and circumstances.

Placing Physical Intervention in Context

Whilst it is recognised that incidents requiring physical intervention cannot usually be anticipated, where staff consider there may be cause for concern, detailed planning is required, in consultation with an appropriate colleague.

Physical Intervention is but one strategy available to staff and should always be seen as a last resort when all other strategies have failed. Physical interventions can be placed in 2 broad categories:

Emergency Interventions:

Emergency interventions will involve staff employing, where necessary, one or a combination of the strategies mentioned in the previous section in response to an incident. This will occur when all other strategies have been exhausted or the incident requires a rapid physical response (for example a child running on to a road).

Planned Interventions:

Planned interventions involve staff employing, where necessary, one or a combination of the strategies mentioned in the previous section as an agreed response to an identified behaviour. This will be documented in a Positive Handling Plan and will be reviewed half termly. Permission of parents / guardians will be endeavoured to be gained before initiating this as an accepted response. The Positive Handling Plan will list the accepted strategies to be used as well as strategies that may be used before-hand. A risk assessment will also be completed identifying the risks involved in the procedure as well as the risks involved if a planned Physical Intervention is not used.

Help Protocols

The expectation is that all staff should support one another. This means that staff always offer help and always accept it. Help does not always mean taking over. It may mean just staying around in case you are needed, getting somebody else or looking after somebody else's group. Supporting a colleague does not only mean agreeing with their suggestions and offering sympathy when things go wrong. Real support sometimes means acting as a critical friend to help colleagues become aware of possible alternative strategies. Good communication is necessary so that colleagues avoid confusion when help is offered and accepted. They need to agree scripts so that all parties understand what sort of assistance is required and what is available.

The Last Resort Principle

We will only use physical restraint when there is no realistic alternative. This does not mean that we always expect people to methodically work their way through a series of failing strategies, before attempting an intervention in which they have some confidence. Nor does it mean always waiting until the danger is imminent, by which time the prospect of safely managing it may be significantly reduced. National guidance is clear on this point.

"If necessary staff have the authority to take immediate action to prevent harm occurring even if the harm is expected to happen some time in the predictable future." "The Control of Children in the Public Care: Interpretation of the Children Act 1989" Para 10, Page 4 - Department of Health,1997

It does mean that we expect staff to conduct a risk assessment and choose the safest alternative. It also means that we expect staff to experiment and think creatively about any alternatives to physical intervention which may be effective.

Risk Assessment and Planning for the use of Positive Handling

As part of our support process it is necessary for us to ensure that we have identified and considered possible risk issues, put control measures in place to ensure the safety of children and staff and identified any further actions we may need to take in the near future. This will ensure that we are taking every reasonable action to implement a range of approaches to support and safeguard children.

- Positive Handling Plans and Risk Assessments – any child with significant Social, Emotional, Mental Health Difficulties who requires Physical Intervention will have a Positive Handling Plan (PHP) and Risk Assessment; which details known triggers, preferred techniques and strategies to be used with the child. It will also identify techniques and strategies that will not be used. All staff will be informed of the contents of the PHP and appropriate strategies. The PHP will assume that all the de-escalation strategies required have been used prior to any PH techniques. The PHP will be compiled through discussion with the child and, ideally, his/her parents. PHP will be reviewed and updated every term. Any PHP and risk assessment will be recorded in each classes Inclusion folder.

- If an incident occurs and strategies are used that have not been planned for and changes to the PHP are deemed necessary, the PHP will be updated within 24 hours. Appropriate interventions will be put in place to ensure that there is a planned strategy should there be a repeat incident.
- Part of the process of developing a PHP for each child involves assessing the risks for both children and adults, on occasion it will be necessary to determine that the use of PH is not appropriate for a child, this may be due to their own personal circumstances or as a result of a medical condition. In these cases, it will be necessary to identify an alternative support mechanism that will ensure the safety of other children and adults.

Unreasonable use of Force

It is never reasonable to use force simply to enforce compliance in circumstances where there is no risk. Nor is it reasonable to use any more force than is necessary to achieve a reduction in risk. Under no circumstances should pain be deliberately inflicted or should pupils be deliberately subjected to undignified or humiliating treatment (this should not be confused with the unavoidable discomfort associated with some approved techniques for disengaging from assaults such as bites and grabs). Other than as a one-off emergency measure to protect health and safety, force should never be used to keep a pupil secluded. Seclusion is only lawful by specific court order and cannot become part of a planned strategy at this school.

Reasonable, Proportionate and Necessary

Any response to extreme behaviour should be reasonable, proportionate and necessary. People should not react in anger. If they feel they are becoming angry they should consider withdrawing to allow someone else to deal with the situation. Where staff act in good faith, and their actions are reasonable and proportionate, they will be supported.

When physical intervention is considered staff should think about the answers to the following questions:

- How is this in the best interest of the pupil?
- Why is a less intrusive intervention not preferable?
- Why do we have to act now?
- Why am I the best person to be doing this?
- Why is this absolutely necessary?

If staff can answer these questions it is more likely that a physical intervention will be judged to be reasonable, proportionate and necessary.

There is no legal definition of the term 'reasonable' but there are a number of considerations:-

- The degree of force used must be in proportion to the incident and the behaviour it is attempting to control.
- The degree of force used should be the minimum needed, but maximum force may be reasonable in some circumstances.
- A risk assessment should take into account the following before 'reasonable' force is used:-
 - The age of the pupil
 - The level of understanding
 - Gender of the child
 - Cultural influences
 - Child's characteristic ways of responding to stress and authority
 - Medication
 - Whether a weapon is involved
 - Availability of staff, their confidence, competence and self-control of staff involved

The following key principles must be adhered to when using Positive Handling:

- The child should be warned verbally that Positive Handling will be used unless they can control themselves.
- Only 'reasonable' force should be used to gain control of the situation.
- A minimum of 2 members of staff should be involved if a full restraint is necessary. This is to ensure the safety of both children and staff.

Health and Safety Considerations

- Off-site interventions. If it is considered necessary to use PH with a child when they are not onsite the same procedures will be followed as if they were on site. The incident needs to be recorded as soon as the child and adult are back on site and the parents need to be informed.
- Positional Asphyxia. "This term has been used to describe deaths which have been attributed to an individual's body position. Adverse effects of restraint include being unable to breathe, feeling sick or vomiting. Signs may include swelling to the face and neck, and petechiae (small blood-spots associated with asphyxiation) to the head, neck and chest.

“The fact that a person can complain does not mean that they can breathe.”Team-Teach 2006, Course Manual, p. 62.

As part of the Team Teach training all staff will have been made aware of the Risks of Seated and Standing holds. Please refer to the Manual for more detailed information if required.

In order to prevent the possibility of Positional Asphyxia is important to ensure that all staff are using Team Teach adults appropriately and constantly watching for signs of discomfort. Consequently even if only one person is actually ‘holding’ a child we need to ensure that there is always another adult who can observe the child to ensure that they are able to breathe and not in any discomfort. School staff are not currently trained or authorised to use advanced ground holds.

Recording incidents

“Use of physical intervention in school should be monitored in order to help staff learn from experience, promote the well being of the children in their care, and provide a basis for appropriate support.” DFES LEA Guidance/0264/2003

It is necessary to ensure that there is a contemporaneous account of every incident involving physical restraint of a pupil (as soon as possible, and normally not later than 24 hours). The school maintains a bound incident book, which is kept in the School Office.

See appendix 2

This has a signed and dated entry for each incident. Report the incident to the Headteacher or Deputy Headteacher as soon as possible. However, Serious Incident Reports should not be completed until the individuals concerned have recovered from the immediate effects of the incident. They should not be rushed. A record is written into the Incident Book. This refers to supporting sheets and other relevant information.

The report must include:

- Name(s) of pupils involved, and when and where the incident took place
- Name of any other staff or pupils who witnessed the incident
- Reason that force was necessary (eg to prevent injury to the pupil, another pupil or member of staff)
- How the incident began and progressed, including details of the pupil’s behaviour, what was said by each of the parties, steps taken to defuse or calm the situation, degree of force used, how it was applied, by whom and for how long
- Pupil’s response and the outcome of the incident
- Details of any injury suffered by the pupil, another pupil, or member of staff and any damage to property

Bear in mind these records will be retained and cannot be altered. They will be kept for many years and could form part of an investigation at some time in the future.

Staff should keep a copy of their report and may seek advice from a senior colleague or representative of their professional association.

Parents should be informed by the appropriate person as soon as possible; usually the Headteacher or Deputy Headteacher. Oral information should be confirmed in writing. Parents will be offered an opportunity to discuss the incident. Where other agencies such as Social Services are involved they should also be included in debriefing arrangements.

These forms will be monitored on a six weekly basis to monitor any trends, Health and Safety Issues and to identify any areas of concern. These reports will be passed to the Inclusion Manager / Headteacher for their information. In some cases we will also forward the forms to other professionals such as the Lead Professional Inclusion Officer or colleagues at CAMHS or Social Care. Any recommendations made will be addressed and implemented where they are considered appropriate to the Service.

Post Incident Support Structure for Pupils and Staff

Following a serious incident, support will be offered for all those involved. People take time to recover from a serious incident. Time needs to be found to repair relationships. When careful steps are taken to repair relationships a serious incident does not necessarily result in long term damage. This is an opportunity for learning for all concerned. Time needs to be given to following up incidents so that pupils have an opportunity to express their feelings, suggest alternative courses of action for the future and appreciate other people's perspective. When time and effort are put into a post incident support structure the outcome of a serious incident can be learning, growth and strengthened relationships.

Dealing with Complaints

There may be occasions where physical intervention results in an allegation of assault by a pupil or their parents/carers. Every allegation requires a thorough and professional response, even though some allegations will turn out to be unfounded.

Where there is an allegation of assault, the Headteacher, prior to the detailed investigation of the matter, should establish that the parent is satisfied not to invoke the Child Protection Procedures, and for the matter to proceed through the school's investigative and, where necessary, disciplinary procedures.

Parents have the right to refer any incident of alleged assault to the police as a child protection issue. If they do so then the Headteacher has to allow that process, which may involve a joint investigation with Social Services/NSPCC (depending on circumstances), to conclude before following through any internal processes.

This does not, of course, preclude the Headteacher from affecting a suspension if she considers that to be appropriate.

In such cases, the LA should be informed, and advice sought from the Designated Child Protection Officer, or EPM.

If an allegation is made against the Headteacher, the Chair of Governors and LA's Designated Child Protection Officer should be informed. If an allegation is made against a member of staff working directly for the LA, the LA's Designated Child Protection Officer should be informed.

In these circumstances, support may be provided either for the member of staff about whom an allegation is made, or the pupil making the allegation, or both.

Support for staff

In addition to the employee's professional association, the school is committed to providing support and advice to staff that have been involved in physical intervention. This may relate to:

- The trauma of the incident itself
- The distress of an allegation having been made against them
- Both

Provision for counselling will be made if required. The LA endeavours to provide some external support, as appropriate, if required. An opportunity will be made to examine the incident and plan future strategies.

Appendices:

Appendix 1 Authorised Staff – Positive Handling (Team-Teach trained)

Appendix 2 Record of Positive Handling (including restraint) bound book example.

Appendix 3 – Positive Handling Plan

Appendix 1**All Saints' Primary School****Authorised Staff – Positive Handling (Team-Teach trained)**

Staff members currently trained in the application of Team-Teach principles:

| Name of staff member | Date of training | Expires |
|-----------------------------|-------------------------|----------------|
| Mr J. Hale | 27.06.18 | 27.06.21 |
| Mrs A. Spires | 27.06.18 | 27.06.21 |
| Mrs J. Jones | 27.06.18 | 27.06.21 |
| Miss E. Pearce | 27.06.18 | 27.06.21 |
| Mrs J. Folker | 27.06.18 | 27.06.21 |
| Miss C. Hicks | 30.04.19 | 30.04.22 |
| Mr D. Roberts | 19.12.19 | 19.12.22 |
| Mr J. Davies | 19.12.19 | 19.12.22 |
| Miss E. Francis | 19.12.19 | 19.12.22 |
| Miss G. Potter | 19.12.19 | 19.12.22 |
| Mrs S. Reyes.Rivera | 19.12.19 | 19.12.22 |
| Mrs. E. Gray | 19.12.19 | 19.12.22 |
| Mrs L. Ismail | 19.12.19 | 19.12.22 |
| Mrs C. Lornie | 19.12.19 | 19.12.22 |
| Mrs C. Brennan | 19.12.19 | 19.12.22 |
| Mrs S. Iqbal | 19.12.19 | 19.12.22 |
| Mrs J. Hodgson | 19.12.19 | 19.12.22 |
| Miss L. Goodhand | 19.12.19 | 19.12.22 |
| Miss L. Jack | 19.12.19 | 19.12.22 |
| Mrs F. Bibi | 19.12.19 | 19.12.22 |

Appendix 2

Bound Book Incident Number _____

All Saints' Cc.E. Primary School, Positive Handling Serious Incident Report

Pupil: **Date:** **Time:** **Duration of incident:**

Staff involved: (1) (2) (3)

Location of incident : Main hall..... Music room..... Cloakrooms.....

Classroom Corridor Playground..... Field

Office: Off-site Other

Any other pupils involved:

Antecedent / Trigger:

Reasons for intervention:

- 1. Immediate danger of personal injury to pupil
- 2. Immediate danger of injury to another person
- 3. To avoid damage to property
- 4. Disruption to other pupils
- 5. Absconding
- 6. An offence being committed

Pupil behaviours involved: (please circle)

hitting slapping pinching scratching pushing grabbingthreats
kicking biting head-butting hair pulling spitting throwing objects
ripping self-harm extreme noise abusive language destruction of property

Restraint: names of staff involved:

Action taken: (please circle as applicable)

| | | | | | |
|---|-------------------------------------|--------------------------------|-------------------------------|---------------------------------|------------------------------------|
| verbal control <input type="checkbox"/> | withdrawal <input type="checkbox"/> | guide <input type="checkbox"/> | hold <input type="checkbox"/> | escort <input type="checkbox"/> | restraint <input type="checkbox"/> |
|---|-------------------------------------|--------------------------------|-------------------------------|---------------------------------|------------------------------------|

(some compliance)

(non compliance)

Physical intervention strategies used:

| | | | | |
|------------------|-----------------------------------|-----------------------------------|----------------------------------|---|
| Position: | standing <input type="checkbox"/> | kneeling <input type="checkbox"/> | sitting <input type="checkbox"/> | Other (please specify) <input type="checkbox"/> |
|------------------|-----------------------------------|-----------------------------------|----------------------------------|---|

1 person

2 person

Location withdrawn to/given time out

All staff involved in supporting and how they supported: e.g. verbal support; getting a drink of water; for how long

.....
.....

How was this intervention in the best interest of the child?.....

.....

Damage: Damage to property: (please detail)

Value of property: (if relevant) Owner of property:

Further comments:

Any injuries (please circle)

| <u>Person:</u> | <u>Injury type:</u> | <u>Body area</u> | <u>Diagnosed by:</u> (specify) | <u>Injury detail:</u> (specify) | <u>Treated by:</u> | <u>Treatment</u> <u>detail: (if any)</u> |
|----------------|---------------------|------------------|-----------------------------------|------------------------------------|--------------------|---|
| Head/teacher | bruise | fingers | ..... | ..... | self | ..... |
| TA | burn/scald | hands | ..... | ..... | first aider | ..... |
| pupil | cut/abrasion | lower arm | ..... | ..... | GP | ..... |
| parent | bite | elbow | ..... | ..... | paramedic | ..... |
| driver/escort | puncture | upper arm | ..... | hospital | ..... | ..... |
| visitor | sprain/strain | neck | ..... | ..... | ..... | ..... |
| other | scratch/pinch | head/face | ..... | ..... | ..... | ..... |

Sanction given: yes / no

Details:

What can we learn from this?

Parent/carer notified?: Yes: in person phone call **No**

Signed (parent/carer or contacting staff member).....**Date:**.....

Signature of person reporting: **Position:**.....

Checked and signed by: **Date:**

Appendix 3

| All Saints' C.E. Primary School | | POSITIVE HANDLING PLAN | |
|---|---|---|--------------------------------|
| Name | How likely: | DoB | Date |
| Class: | unlikely/possible/probable/likely | | |
| Strategies if a child displays inappropriate physical response: <ol style="list-style-type: none"> 1. <i>Remain calm / adopt a relaxed posture (not directly in-front + open palms) / calm tone</i> 2. <i>Be aware of personal space / take a step back / stand still</i> 3. <i>Speak calmly clearly and confidently in a low voice, if you can, sit down.</i> 4. <i>Adopt intermittent eye contact</i> 5. <i>Spell out sanctions / rewards- attempt to reason</i> 6. <i>Remove the child if possible / or remove the other children to a safe place. (remove audience)</i> 7. <i>Two adults stay with the child concerned, ensure safety</i> 8. <i>Ensure that the child is given adequate time to calm down, so they are reasonably able to communicate.</i> 9. <i>Read/ share a social story (if applicable), to reinforce positive behaviour routines.</i> | | | |
| Specific Triggers/Behaviours/Situations likely to result in Physical Intervention: | | | |
| Change of structure to the day | Supply or cover teacher in class | Non-comprehension of tasks | Not understanding instructions |
| Refusal to settle to work | Refusal to leave a given area | overtired | Conflict on the playground |
| Being challenged verbally | Other: | | |
| Medical conditions that should be taken into account before positive handling: i.e. asthma/ brittle bones etc: | | | |
| Non-physical strategies to be used (before physical intervention to minimise risk) : <i>Tick appropriate strategies</i> | | | |
| Chill out time | Distraction -key words / objects / interests etc... | State alternatives /consequences choices/limits | Praise partial compliance |
| Give space | Reassure/success reminder | Other staff intervene | Repeat request |
| Talk calmly / low stance | Give a count | Planned ignoring | Remove stimulus |
| Verbal advice support | Negotiation | Contingent touch (agreed) | Humour |
| Transfer adult support / transition | Success reminders | Reassurance | Reward chart |
| Other specific strategies: <i>If 'time out' cooling off strategy is used, what specifically has been arranged? What time has been agreed?</i> | | | |
| Praise points / strengths: (Areas that can be developed and built upon) <ol style="list-style-type: none"> 1. 2. 3. | | | |
| De-briefing process following incident: What care is to be provided. space, talk through? etc Positive handling record sheet to be filled in and given to HT / DHT for any handling incident. Parent to be informed. | | | |

Signatures:

Child (Where appropriate)

Parent/Guardian:

Head teacher:

Date:

Review date

Parent/carer notified?: Yes: in person phone call **No**