Positive Handling as part of Team Teach Policy

Approved:
Due for Review: October 2026

All staff have access to this policy on CPOMS to sign to the effect that they have read and understood its content.

Rationale

At Aspire School, we understand our pupils diverse needs including social, emotional, and behavioural challenges, so implementing a Positive Handling Policy is essential for creating a safe and supportive learning environment. We believe the best way to support this is a multi-disciplinary approach, including using the Team Teach as a framework for our Positive Handling Policy. To do this we:

- **Understand the Needs of Our Pupils**

Our pupils often experience difficulties that can manifest in challenging behaviours. These may stem from a variety of sources, including communication barriers, sensory sensitivities, or emotional distress. This Positive Handling Policy aims to address these needs by promoting understanding and proactive strategies, rather than reactive measures.

- **Promote Positive Behaviour**

The core principle of Team Teach is to foster positive behaviour through de-escalation and proactive techniques. By equipping staff with the skills to manage challenging situations effectively, we can create an environment where positive behaviours are encouraged and reinforced. This not only benefits individual pupils but also contributes to the overall school climate.

- **Ensure Safety for All**

The safety of pupils and staff is paramount at Aspire. Team Teach emphasises the use of minimal physical intervention techniques, ensuring that any physical handling is a last resort, used only when absolutely necessary to prevent harm. This approach aligns with our commitment to safeguarding all members of our school community.

- **Build Staff Confidence and Competence**

Training staff in the Team Teach methodology enhances their confidence and competence in handling challenging behaviours. This professional development equips educators with a toolkit of strategies to prevent incidents and manage situations effectively, reducing stress and uncertainty in the classroom.

- **Foster Positive Relationships**

Implementing a Positive Handling Policy with Team Teach at its core encourages positive relationships between staff and pupils. By focusing on de-escalation and positive reinforcement, we can build trust and rapport, which are essential for effective teaching and learning at Aspire.

- **Comply with Legal and Ethical Standards**

A well-defined Positive Handling Policy is essential for compliance with legal and ethical standards in education. Team Teach provides a clear framework that aligns with best practices in behaviour management and intervention, ensuring that our policies meet the required guidelines for the care and education of pupils with additional needs.

- **Encourage Collaborative Partnerships**

Engaging parents and caregivers in understanding the Positive Handling Policy fosters a collaborative approach to behaviour management. By sharing our commitment to positive handling and communication strategies, we can work together to support our pupils both at school and at home.

The implementation of a Positive Handling Policy using Team Teach is a proactive and compassionate approach tailored to the unique needs of pupils. By prioritising safety, promoting positive behaviours, and building strong relationships, we can create an inclusive environment where every pupil has the opportunity to thrive. This policy not only aligns with our educational values but also ensures that we are meeting the diverse needs of our pupil population effectively and ethically.

Introduction

This policy should be read in conjunction with Bourne Alliance Safeguarding and Child Protection Policy and Aspire's Behaviour and Wellbeing Policy. It details how we will implement guidance provided by DfE, Team Teach and other relevant advice.

The term 'positive handling' includes a wide range of supportive strategies for managing challenging behaviour. A clear and consistent positive handling policy supports all pupils, including those with social, emotional and behavioural difficulties, within an ethos of mutual respect, care and safety.

Staff have a duty to intervene to prevent pupils from hurting themselves or others, damaging property, or in order to maintain good order and discipline. Furthermore, the school takes seriously its duty of care to pupils, employees and visitors to the school.

The first and paramount consideration is the welfare of the children in our care. The second is the welfare and protection of the adults who look after them.

Staff will be trained to look after pupils in their care and aim to focus on de- escalation techniques wherever possible.

The Pastoral Team adopts a comprehensive and collaborative approach when implementing holistic support for each child. Drawing on expertise in Communication, Behaviour, Sensory needs, Team Teach, and other specialised areas, the team works collegially to ensure that every child receives the tailored support they need.

Through teamwork, shared knowledge, and a focus on individual needs, we strive to create a supportive and nurturing environment that empowers children to thrive, emotionally, socially, and academically.

Guidance

- The DfE draft guidance for schools in England - Use of reasonable force and other restrictive interventions in schools

- Section 93 of the Education and Inspections Act 2006 (the Act) enables school staff to use such force as is reasonable. There is no legal definition of when it is reasonable to use force.

- DfE guidance on the use of reasonable force in schools (2013) also states that in addition to the general power to use reasonable force, headteachers and authorised staff can use such force as is reasonable given the circumstances to conduct a search for "prohibited items". Force cannot be used to search for items banned under the school rules.

- DfE guidance and the Act make it clear that school staff have a legal power to use reasonable force. However, wherever possible, only staff trained in the pre-emotive and responsive positive handling strategy techniques of Team Teach will use physical intervention techniques with children, and only when necessary.

- In March 2019 the Equality and Human Rights Commission published the guidance document, 'Human rights framework for restraint'. This guidance sets out key principles of articles 3, 8 and 14 of the European Convention on Human Rights (ECHR), incorporated into domestic law by the Human Rights Act 1998, which govern the use of restraint across all settings: https://www.equalityhumanrights.com/en/publication-download/human-rights- framework-restraint

Team Teach

Team Teach training is a cornerstone of our approach to positive handling and is accredited by the **Institute of Conflict Management (ICM)**. Staff participate in a **12-hour course**, with small child and self-injurious behaviour modules determined by the specific needs of the children they support.

These courses are delivered by our in-house qualified Team Teach trainers, ensuring high-quality instruction and adherence to best practices. To maintain proficiency and compliance, all staff undertake a **refresher course** at regular **annual intervals**. This ensures that staff remain confident and competent in implementing positive handling strategies that prioritise the safety and dignity of all children and adults involved. There are also monthly refreshers for all staff at Aspire, run by our Deputy Behaviour Lead.

Further details of the Team Teach approach, as well as training content and refresher information can be found on the Team Teach website. The website address is https://www.teamteach.co.uk/.

To ensure consistency and up-to-date practices in positive handling, the Trust's Team Teach trainers

meet once per term to share common experiences, review techniques, and maintain high standards of knowledge and skill. All participants are required to complete a post-training evaluation following each session. This evaluation is a vital part of the training process, as it provides feedback to inform and shape future training sessions, ensuring they remain effective and responsive to staff needs.

Trainers provide ongoing support through **Class and Pathway Q&A sessions** and **technique refreshers**, tailored to the needs of staff. These sessions are facilitated using Team Teach resources and debrief materials to reinforce best practices. These resources are regularly updated and the most recent version of these can be sought from the Team Teach trainers at the addresses listed in Appendix 2.

Additionally, targeted support for specific classes or pathways is offered based on regular reviews of **Personal Behaviour Support Plans (PBSPs)** and analysis of **CPOMS data**. This data-driven approach ensures that interventions are aligned with individual needs and contribute to a safe, supportive environment for all children.

The school will keep a list of staff qualified to use Team Teach.

Before Using Physical Intervention

We take effective action to de-escalate and reduce risk by:

- Showing care and concern by acknowledging unacceptable behaviour and requesting alternatives using negotiating and reasoning
- Giving clear directions for pupils to stop
- Reminding the pupil about rules and likely outcomes
- Removing an audience or taking vulnerable pupils to a safe place
- Making the environment safer by moving furniture and removing objects which could be used as weapons
- Using positive guidance to escort pupils to somewhere less pressured
- Ensuring that colleagues know what is happening and call for help
- Following Risk Assessments and Positive Behaviour Support Plans (PBSPs)
- Utilising relevant communication tools as listed in a child's Pupil Passport

Whilst or before intervention, staff should speak calmly as a way of reassurance, e.g. "I am doing this to keep you safe".

Use of Intervention

The term 'physical intervention' is used when force is used to overcome active resistance.

Physical intervention should only be used when there is no realistic alternative and for the shortest amount of time possible. A dynamic risk assessment or use the written Risk Assessment. Staff to think creatively about alternatives to physical intervention which may be effective. The paramount consideration is that the action is taken in the interest of the child and that it reduces rather than increases risk.

Staff have a duty to inform the Senior Leadership team of any injuries which affect their ability to handle children.

Staff are specifically trained in Team Teach techniques to ensure the safety and well-being of all individuals during physical interventions. This training emphasises:

- Techniques that do not restrict breathing.
- The ability to recognise the signs of positional asphyxiation and respond appropriately.

In the event that a release is required, staff are trained to seek or administer first aid promptly if necessary, prioritising the immediate health and safety of those involved. This commitment to safety underpins all physical intervention practices within the school.

Any response to challenging behaviour should be **reasonable, proportionate and necessary**. Physical intervention must only be in accordance with the following:

- The member of staff should have good grounds for believing the child is in immediate danger of harming themself or another person, in danger of seriously damaging property or not maintaining good order or discipline.
- Only the minimum force necessary to prevent injury or damage should be applied.
- Every effort should be made to secure a minimum of two Team Teach trained members of staff present before applying the intervention. Other staff can act as assistants or witnesses.
- Once safe, the intervention should be relaxed to allow the child to regain self-control.
- Intervention should be an act of care and control, NOT punishment.
- Physical intervention should not be used purely to force compliance with staff instructions when there is no immediate danger to people and property.
- After the event, the intervention should be discussed with the child, if appropriate, and the parents at the earliest opportunity. Staff can be supported through these conversations by SLT or Team Teach trainers if appropriate.

When managing a Physical Intervention staff should:

- Always give a student an opportunity to resolve the situation without use of physical intervention first.
- Always send for assistance from colleagues; other students should never be involved in physical intervention. Staff may have to intervene before help arrives, but not managing this entirely on their own is safer for all concerned.
- Be aware of their emotions. Are you comfortable and confident to deal with this scenario without anger or distress? If not – do not intervene.
- Continue to communicate with the student (and witnesses) throughout the incident even if the student doesn't respond. Be clear about what they are doing and inform the student that the intervention will cease when it is no longer necessary.
- Apply only appropriate strategies and the minimum required force to achieve the required outcome (prevention of injury/harm, student/staff safety, restoration of good order). Release the student once this has been achieved.
- Manage the situation calmly – even if the student responds negatively.

- Complete a record of the incident on CPOMS as soon as possible after the incident and ensure that both adults and children only re-engage once they are ready and composed.

The definition of reasonable, proportionate, necessary, and safe practice can change and evolve, and this will be kept under review.

Head Support Pads– Reducing risk during self-injurious behaviours

At Aspire, we use Head Support Pads to support the safe management of children during incidents where there is a risk of self-injury, such as head-banging. These pads are soft, waterproof, and wipeable, and are deployed only by trained staff following Team Teach guidance. Head Support Pads are used as protective barriers only and are not a form of mechanical restraint. Their use is fully risk assessed, ensuring that all potential hazards are considered and mitigated. Our paramount principle is keeping the child safe, with interventions guided by dynamic risk assessment, safe positioning, and ongoing monitoring. All uses of Head Support Pads are recorded as physical interventions on CPOMS to ensure accurate reporting, reflection, and review. Pads are cleaned and stored safely after use, and staff are encouraged to participate in debriefs following incidents to review practice and ensure wellbeing for both children and adults.

Dynamic Risk Assessment – Responding to Unforeseen Emergencies

Even the best planning system cannot cover every eventuality, and the school recognises that there are unforeseen or emergency situations in which staff must think on their feet.

An unforeseen event may require an emergency response with a dynamic risk assessment. After that event, staff have a duty to plan ahead and prepare a Risk Assessment or PBSP

Positive Handling Plan (including Risk Assessment Process)

Risk assessments are required for pupils who exhibit challenging behaviour. Responsible staff should think ahead to anticipate what might go wrong. Parents will be involved with the writing of the Risk Assessment or PBSP

When considering a pupil's behaviour, staff and parents will think about the following:

- Can we anticipate a Health and Safety risk related to this pupil's behaviour?
- Have we got all the information we need to conduct the Risk Assessment?
- Have we provided a written plan?
- What further steps can we take to prevent dangerous behaviour from reoccurring?

Staff may also need to make an individual risk assessment where it is known that force is more likely

to be necessary to restrain a particular pupil, such as a pupil who is considered to be at greatest risk of needing positive handling interventions due to their special educational need (SEN) or disability. Plans should be compatible with a pupil's EHCP and properly documented in the school records.

An individual risk assessment is essential for pupils whose SEND are associated with:

- Communication impairments that make them less responsive to verbal communication
- Physical disabilities and/or sensory impairments
- Conditions that make them fragile, such as hemophilia, brittle bone syndrome or epilepsy
- Dependence on equipment such as wheelchairs, breathing or feeding tubes.

Risk management is regarded as an integral part of behaviour management planning. All pupils who have been identified as presenting a risk should have a Risk Assessment or PBSP. The plans detail strategies which have been to be found effective for that individual, along with any responses which are to be avoided. Any particular physical techniques which have been found to be effective should be named, along with any alerts to any which have proved to be ineffective, or which have caused problems in the past.

Risk Assessments and PBSPs should be considered along with the child's EHCP or any other planning document relevant to the pupil such as an Individual Health Care Plan or Pupil Passport. The Risk Assessment or Positive Behaviour Support Plan should take account of the age, sex, level of physical, emotional and intellectual development, special needs and social context. Parents will be involved in the writing of each Risk Assessment, PBSP or Pupil passport and review. (Risk Assessment **Appendix 1**)

Parental Engagement and Duty of Care

While Aspire School strives to ensure that parents and carers are fully involved in the development and signing of any Positive Behaviour Support Plans (PBSPs), our overriding duty of care is to safeguard the wellbeing of the children in our care. In circumstances where parental agreement has not yet been secured, we will proceed with the use of agreed behaviour strategies, including physical interventions and restrictive physical interventions, as outlined in this policy. These techniques will only be approved and discussed by our in-house Team Teach trainers or the Headteacher, post consultation with trainers, and will be implemented in line with legal and ethical standards. We aim for the PBSP to be approved within 7 days of it being shared with the Behaviour Lead or Deputy Behaviour Lead. Only once this happens, should it go to parents for their consultation and agreement. We remain committed to ongoing dialogue with parents and carers, reviewing plans regularly and working collaboratively to achieve the best possible outcomes for each child.

Post-Incident Debrief

After any incident a full debrief should take place so that learning can inform practice.

Following an incident, it is the policy of the school to offer support to all involved. This is an opportunity for learning, and time needs to be given for following up incidents so that pupils and staff have an opportunity to express their feelings, suggest alternative courses of action for the future and appreciate another person's perspective.

It is difficult to devise a framework of support that meets the needs of all. As individuals we all vary in how much support we need after an unpleasant incident. Generally, The Headteacher, Assistant Headteacher, Pastoral team, and Team Teach trainers collaborate to ensure appropriate follow-up after incidents. Generally, a Team Teach trainer will engage with staff and children involved in any intervention to discuss the incident and address concerns. However, due to the complex needs of our children, it may be more appropriate for a child's trusted adult to lead the discussion with the child. This trusted adult can then relay any questions or concerns to the Team Teach trainers during a debrief.

The Aspire Wellbeing Team have trained adults who wish to provide an additional layer of care to all staff and may run debriefs on request from CPOMS. These debriefs are dynamic by nature, but all consist of a solution-focused, non-judgmental discussion with the child's wellbeing remaining top priority. The Deputy Behaviour Lead is also available ad-hoc for check-ins or discussions after high-level incidents.

Definition of High-Level Incident

High-level incidents vary depending on the circumstances of the incident, as well as the backgrounds of those involved. For the purposes of this policy, high level incidents are defined as but not limited to:

- Any physical intervention beyond guiding or prompting.
- Neck disengagements
- Any restrictive physical intervention (RPI).
- Any incident resulting in injury or harm to a pupil or staff member.
- Any event requiring emergency dynamic risk assessment.

If staff or pupils require time to rest or compose themselves following an incident, the Headteacher, Assistant Headteacher, Deputy Behaviour Lead, or Pathway Leads will make the necessary arrangements to ensure a supportive recovery process.

Following an incident, consideration may be given to conducting a further risk assessment, reviewing the current Risk Assessments or Positive Behaviour Support Plans. Any further action in relation to a

member of staff or pupil will follow the appropriate procedures.

Recording

Good practice requires that:

- All incidents where friendly guides and escorts are used are to be recorded as a Safeguarding event following school policy

Staff must adhere to the guidelines outlined in **Appendix 2**, which details the procedures for:

- Recording physical interventions,
- Reporting incidents to parents, and
- Implementing PBSPs when necessary.

All incidents must be fully documented within **24 hours** of their occurrence. Following the guidance in Appendix 2, when a member of staff is required to notify a parent of the use of a Physical Intervention, staff must record that this notification has taken place on **CPOMS**, ensuring clear and accurate communication is logged.

All records will be kept for 25 years from the Date of Birth of the pupil with their pupil record.
Any injury/harm to staff or children involved in an incident must be reported on CPOMs and either an HS157 form filled out for adult injuries, or a log created on Medical Tracker for child injuries.

Legal Compliance and Statutory Requirements

From September 2025, schools are legally required to record and report any significant use of force or physical intervention. This includes:

- Logging all disengagements and restrictive interventions on CPOMS within 24 hours.
- Ensuring a Positive Behaviour Support Plan (PBSP) is in place for any pupil where physical intervention occurs.
- Notifying parents/carers promptly, ideally on the same day, unless doing so would place the pupil at risk (in which case escalate to the DSL).

These requirements align with the Education and Inspections Act 2006, Equality Act 2010, and updated DfE guidance on the use of reasonable force.

Monitoring and Evaluation

The Behaviour Lead / DSLs will ensure that each incident is reviewed and instigate further actions as required. This information will be shared with the safeguarding governor.

Paragraph F2 of the Human rights framework for restraint states *'To know whether discrimination is occurring, public bodies should collect and analyse data on their use of restraint, to identify if restraint is being used disproportionately against people with particular protected characteristics under the Equality Act 2010, or who share other identifiable group characteristics, for example, women, ethnic minorities, or people with particular impairments such as learning disabilities.'*

The Headteacher will regularly review the use of intervention to avoid unintended discrimination.

Complaints and Allegations

Any complaints made against staff will follow the BA Mat Complaints Policy.

Other Physical Contact with Pupils (DfE's Use of Reasonable Force)

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 and necessary:

- When comforting a distressed pupil
- When a pupil is being congratulated or praised
- To demonstrate how to use a musical instrument
- To demonstrate exercises or techniques during PE lessons or sports coaching
- To give first aid

This list is not exhaustive but provides some examples of situations where physical contact is proper and necessary.

School Behaviour, Safeguarding, Anti Bullying policies etc will be incorporated into the care package offered by the Pastoral Team and Aspire School, which is used to address each pupil's needs.

Safe practice guidance for Pupils with Medical or Physical Needs

Our techniques are designed to be low-risk and safe. However, when additional factors—such as broken bones or post-incident recovery—are involved, we must assess whether it is safe for the child to remain on site. The Team Teach physical intervention strategies are intended to support children with average physical ability in a safe and effective way. When a child falls outside these parameters, we will reduce risk by seeking expert medical advice.

In cases of short-term injuries, such as fractures or sprains, we will carry out a risk assessment. To ensure the safety of all pupils and staff, we may require the child to stay off-site until they are fully

healed, unless a medical professional advises otherwise.

These decisions will always be made in consultation with the class teacher, Team Teach trainer, family, and headteacher.

Monitoring, Data Analysis, and Review

Monitoring

- A formal review of this policy will be carried out to reflect changes in Bourne Alliance MAT's strategy and/or changes to legislation.

- The Behaviour Lead will review CPOMS data weekly to identify patterns, triggers, and any disproportionate use of interventions, as well as any behaviours which could be indicative of signs of abuse and appropriate action will then be taken in conjunction with the DSL

- Reports will be shared with SLT and governors termly.

- Data will be analysed for compliance with the Equality Act 2010 to prevent discrimination.

Appendix 1

Personal Behaviour Support Plan

Proactive Strategies		
Active Signs & Strategies	Reactive Signs & Strategies	Recovery Strategies
Positive Handling Interventions that have been agreed to reduce risk:		
Author of PBSP: Signature: Date: Parent/s in attendance: Signature/s: Date: Headteacher or Behaviour Lead: Authorisation Signature: Date:		

Pupil Risk Assessment

Name:

Class:

Date:

Author:

Approved By:

Parent Signature:

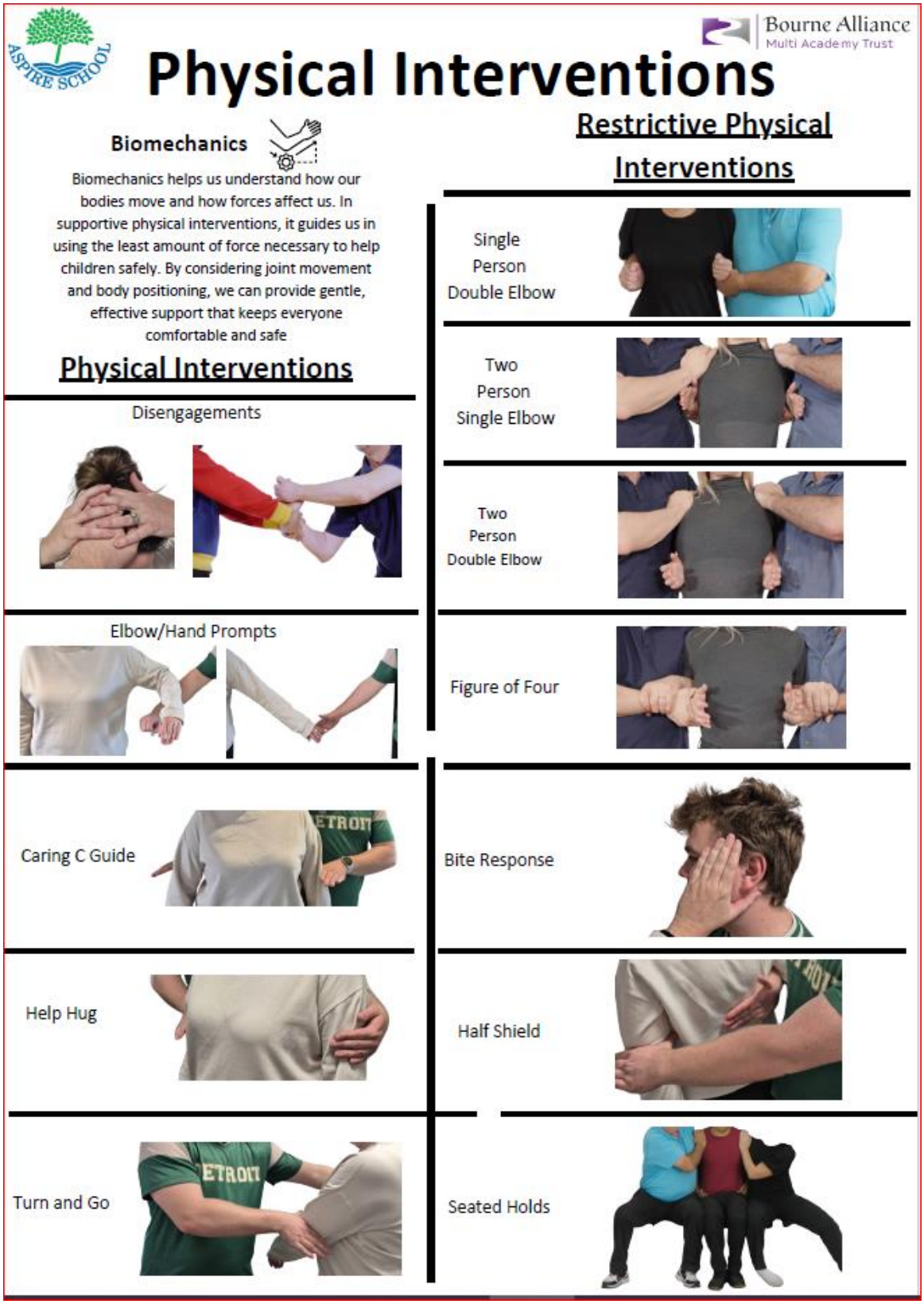
Risk is assessed using the following formula: P X S = Risk Score
Probability Scale: 1 (very unlikely to happen) - (Certain to happen)
Severity Scale: 1 (Very low risk) - (Extremely high risk/danger)

Term	1	2	3	4	5	6
Reviewed						

Hazard	Mitigations	Risk Level P X S	Mitigated Risk P X S

Appendix 2

Staff Reference – Physical and Restrictive Physical Interventions



Physical Interventions (PI)

Action	After Action		PBSP
Arm Disengagements	CPOMS		Yes
Neck Disengagements	CPOMS		Yes
Body Disengagements	CPOMS		Yes

Clothing / Hair Disengagements	CPOMS		Yes
Body Blocking	CPOMS		Yes
Elbow Prompt	No Action Needed		No
Hand Prompt	No Action Needed		No
Caring C Guide	CPOMS		Yes
Help Hug / Elbow Snug Guide	CPOMS		Yes
Turn and Go	CPOMS		Yes

Restrictive Physical Interventions (RPI)

Action	After Action		PBSP
Friendly	CPOMS & Notify Home		Yes
Single Person Double Elbow	CPOMS & Notify Home		Yes
Two Person Single Elbow	CPOMS & Notify Home		Yes
Two Person Double Elbow	CPOMS & Notify Home		Yes
Figure of Four	CPOMS & Notify Home		Yes
Bite Response	CPOMS & Notify Home		Yes
Half Shield	CPOMS & Notify Home		Yes
Turn, Gather, and Guide	CPOMS & Notify Home		Yes
Single Person Double Elbow Seated	CPOMS & Notify Home		Yes
Two Person Single Elbow Seated	CPOMS & Notify Home		Yes
Two Person Double Elbow Seated	CPOMS & Notify Home		Yes

Notification Process

After any of the relevant above incidents:

1. Log the incident on CPOMS with full details.
2. Notify parents/carers by phone as soon as practicable (same day for RPI).
3. Record that notification has taken place on CPOMS.
4. Review and update the pupil's PBSP and Risk Assessment.
5. If parental agreement is pending, proceed under duty of care and document actions.

For any further information regarding the use of PI's or RPI's please speak to the BA-MAT Team Teach Trainers

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