

Ambitious College Positive Handling Policy

1 Purpose and Scope

The purpose of this policy is to inform all Ambitious College staff who come into contact with learners in Ambitious College how to intervene physically when the safety of the learner or that of others is at clear and present risk.

Ambitious College utilise a Positive Behaviour Support approach to supporting learners. As such, all learners have a Behaviour Support Plan that details known behaviours that can challenge, alongside information about proactive and reactive strategies to support these and skills development programmes that will teach a skill to replace that behaviour with meaning over time.

Sometimes behaviours that challenge occur, placing the safety of the learner and/or others in danger. Where less intrusive (i.e. non-physical) reactive strategies have been unsuccessful in redirecting the behaviour in question, staff may need to use physical interventions in order to keep the learner or others safe.

This will require staff to use trained Team Teach interventions, as stipulated in the learners Behaviour Support Plan, Risk Assessment of Challenging Behaviour, and Positive Handling Plan

Physical intervention strategies should only be used as a last resort where a learner is putting themselves or others at risk and all non-physical strategies have been demonstrated to be unsuccessful. Staff must complete Team Teach Training prior to supporting our learners to ensure any physical interventions used are done so safely.

2 Introduction

Ambitious College is committed to the following principles:

- The use of force should, wherever possible, be avoided
- There are occasions when the use of force is appropriate
- When force is necessary, it must be used in ways that maintain the safety and dignity of all concerned.

Ambitious College recognises its responsibility both to provide curriculum access for young people with Autism and to ensure the health, safety and welfare of its employees and learners as far as is reasonably practicable.

This policy has been designed to comply with the requirements of The Manual Handling Operations Regulations (1992; revised 1998 edition) and The Health and Safety at Work Act (1974). It takes full account of the Equality Act (2010), The SEN and Disability Act (2001), The European Convention for the Protection of Human Rights and Fundamental Freedoms, and the EU Charter of Fundamental Rights (Nice 2000). It also complies with the 'Guidance on the Use of Restrictive Physical Interventions' issued by the DoE (2002) and the Nice guidelines on 'Interventions for Challenging Behaviour in Adults with Autism' (2015).

At Ambitious College we aim to create a calm environment that minimises the risk of incidents arising that might require the use of force. This is done in a number of ways:

- Learners are supported by a Trans-Disciplinary Team (TDT) that is person centred and outcomes-focused.
- Focused 'learning to learn' ILP targets that aim to develop coping strategies and skills that overcome behaviours that challenge and increase opportunity to learn.
- Supporting learners to identify emotions and develop appropriate expression of these.
- Total communication environment.
- Ensuring all Behaviour Support Plans are focused on the prevention of challenging behaviours through proactive strategies, or aim to end the occurrence of challenging behaviour as quickly and safely as possible through non-physical reactive strategies.
- Only using physical intervention when the risks involved in doing so are outweighed by the risks involved in not using physical intervention.
- Having up to date and regularly reviewed Risk Assessments of Challenging Behaviour and Positive Handling Plans for learners.

The majority of learners who attend Ambitious College will engage in their daily routines within appropriate safe boundaries with little difficulty. However, there are times when the behaviour of a learner becomes challenging and requires staff intervention to ensure the learner's own safety, the safety of others and/or that property is not seriously damaged. This may require the use of physical interventions.

Ambitious College uses Team Teach® as an approach to positive handling, or physical intervention. Team Teach is accredited by The Quality Training Centre

(Institute of Conflict Management); the Department for Education and Skills (DFES) and Department of Health (DOH), amongst others, support Team Teach as providers of training on the acceptable use of physical interventions.

Team Teach techniques seek to avoid injury to the learner and reduce risk. However 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 pupil remains safe. These will always be noted and logged in incident reports and RPI logs following an intervention.

3 Physical Intervention

The term “Physical Intervention” refers to any method of responding to challenging behaviour which involves some degree of direct physical force to limit movement (Challenging Behaviour Foundation, 2015)¹.

Physical intervention techniques utilised in Ambitious College provide a gradual, graded system of response commensurate with the situation, task and individuals involved. It allows for amendment of the phasing level (or intensity) of intervention up or down as appropriate for the given circumstances at the time.

The use of physical intervention must be reasonable, proportionate and necessary.

Who can physically intervene?

Only staff who have successfully completed the two-day Team Teach ‘*Training Course in the Reduction of Risk, Restraint and Restriction*’ are permitted to engage in physical intervention with a learner. Staff must attend a refresher training course every two years.

In the vast majority of cases physical intervention strategies will be applied by staff that have also completed individualised training with the learner in question and therefore will have advanced knowledge of other non-physical means of intervention. However there may be emergency situations (e.g. relating to health and safety – e.g. danger of harm near a hot surface) where a staff member intervening does not typically work with that learner.

Successful completion of Team Teach training is one of the essential pre-requisites to working independently with a learner in Ambitious College.

¹ Challenging Behaviour Foundation. *Physical Intervention*. [Online]
<http://www.challengingbehaviour.org.uk/cbf-resources/information-sheets/physical-interventions.html>
[Accessed 4th September 2015]

When can someone physically intervene?

The need for the use of positive physical interventions will be assessed on an individual basis using the Criteria Checklist (**See Appendix A**). Each learner will have a Risk Assessment of Challenging Behaviour (**See Appendix B**). Should the learner meet the criteria for a planned approach to positive handling, or a “planned intervention” it will be identified in the Risk Assessment of Challenging Behaviour they will also have a ‘Positive Handling Plan’ (PHP; forming part of the Risk Assessment; **Appendix B**). These documents are monitored and reviewed as part of a Trans-Disciplinary Team process.

The PHP will detail what are known as “planned physical interventions”. Even when a really good Behaviour Support Plan is in place, there may be times when behaviours that challenge occur. At such times it may be necessary to physically intervene where there is

1. An immediate and clear risk to the learner’s, or others’ safety
2. An immediate and clear risk of serious damage to property
3. An immediate and clear risk of a criminal offence being committed.

Where the physical intervention used is not listed in the PHP, this is known as an “unplanned physical intervention”.

Note: In each learner’s Behaviour Support Plan the number of proactive strategies must be greater than the reactive strategies – these include how to support the learner in a person centred way, promoting success and redirecting early warning signs of challenging behaviour. Reactive strategies must list non-physical strategies with increasing levels of intensity that must be attempted prior to using physical intervention. The only exception to this is where a learner’s safety is at imminent risk, e.g. running onto a road.

Please see section below on ‘Recording’ on how to record planned and unplanned physical interventions.

4 Definitions

Restrictive Physical Interventions (RPI): RPI is defined as any method of responding to challenging behaviour which involves some degree of direct physical force to limit movement (Challenging Behaviour Foundation, 2015). In all cases the use of RPI has to be justified by there being:

- The likelihood of injury to the learner (including self-harm)
- The likelihood of injury to others
- The likelihood of serious damage to property
- The likelihood of the learner committing a criminal offence

Personal Safety Techniques (PST) are used to disengage from aggression, e.g. how to safely come out of a hair pull with minimal harm to all parties involved. These techniques are designed to disengage without causing pain or injury to the learner, however when responding to some particularly risky behaviour (biting or pulling hair) the learner may experience minimal discomfort.

Escorting is when a learner is accompanied for protection or guidance. The level of compliance from the learner being escorted and the degree of physical intervention being used by a member of staff will determine whether this act should be considered as a Restrictive Physical Intervention (RPI) – for example, was the learner being escorted being controlled for their and others safety.

Withdrawal, Time-Out, Seclusion It is important to differentiate between these categories of Restrictive Physical Interventions (RPIs):

- **Withdrawal** involves removing the person from a situation which is causing anxiety or distress to a location where they can be continuously observed and supported until they are ready to resume their usual activities.
Withdrawal will only be used as part of an agreed Behaviour Support Plan or in rare occasions where an unforeseen incident occurs. Withdrawal would be an option for a last resort technique when all other attempts to de-escalate the learner have been proven ineffective. If the utilisation of Withdrawal involves the use of a 'Quiet Room' in Ambitious College then the learner involved must be continually monitored by a member of staff to ensure their safety and well-being.
- **Time-out** involves restricting the individual's access to positive reinforcement; this must only be utilised as part of a behaviour support plan when all other positive strategies have been proven ineffective.
- **Seclusion** involves the person being forced to spend time on their own against their will. It will only be considered in exceptional circumstances; a learner's right to liberty is protected by criminal and civil law, and seclusion outside of the Mental Health Act should always be proportionate to the risk presented by, or to, the learner.
Seclusion is not used in any case as a planned intervention. There are always opportunities for the young person to be supported by, or to communicate with, staff members during either withdrawal or time-out.

5 Recording a Physical Intervention

All occurrences of RPI must be recorded on the learner's RPI log sheet, plus:

- Following the first or any unplanned occurrence of an RPI where a learner or staff member is injured the incident should be logged on the Incident/Accident Software System. This comprises of a computerised form and incident data entered is stored in a database that is used to track incidents over time and to help identify trends.
- In an incident where injury to anyone has occurred, an Incident/Accident form is completed by the staff member reporting the incident with any witness statements noted. This is recorded electronically on the incident accident database.
- Where no injury has been sustained record the RPI on the RPI log in the learner's personal folder only (and note accordingly if planned or unplanned). **See Appendix C.**
- In the event of any single episode of RPI lasts longer than 15 minutes, any unplanned restrictive physical intervention or any injury to a learner or staff member during RPI this must be logged in the Pink Book, a log for serious incidents. This is reviewed monthly by the Chair of Governors.

6 Monitoring and Review Systems

All Incident/Accident Reports must be checked by a Learning Support Co-Ordinator, who will alert a learners' Behaviour Analyst when either a planned or unplanned physical intervention has been used. It is the responsibility of the Behaviour Analyst to (1) ensure this has been recorded appropriately on the RPI log, and (2) to review the BSP / Risk Assessment for Challenging Behaviour where an unplanned physical intervention was utilised or guidelines provided are demonstrated to not meet the learners needs.

Each time a Risk Assessment for Challenging Behaviour / PHP is updated a Review Log is completed and attached to the front cover to track how frequently it has been reviewed, for what reason, and what changes have come about as a result. **See Appendix D.**

The Head of Learning Support reviews all Incident/Accident reports weekly and completes a more detailed analysis of incidents on a monthly basis. Both reviews and analyses are reported to the Senior Leadership Team on a monthly basis. In addition, Quarterly Health and Safety Reports are completed which detail incident, accident and near miss events, pink book entries and Riddor reports with a comparison of events against previous years' entries. Quarterly Reports are reported to the Governing Body for monitoring purposes.

RPI logs are audited monthly by the learner's Behaviour Analyst to ensure

1. RPI is being recorded when it has been used
2. The RPI log is completed with the appropriate information
3. Interventions are used in an appropriate manner (i.e. where non-physical interventions have been unsuccessful in keeping the young person safe)
4. To monitor the frequency of RPI; where there is an increasing trend in RPI the Behaviour Analyst must review the Behaviour Support Plan accordingly.

Behaviour Analysts will archive RPI logs on a monthly basis (following audit). These records will be stored for a minimum of 25 years.

7 Reducing the use of Physical Intervention

All interventions should be in accordance with individual Behaviour Support Plans and will be in place for an appropriate period of time. The desired outcome of the Positive Behaviour Support approach is that over time learners' skills and quality of life will increase and inversely the rate of challenging behaviour will decrease.

Physical interventions will be systematically faded out as determined by data, trans-disciplinary review and monitoring.

Each learner will have an Annual Person Centred Review and End of Year Progress Review. Reviews will include an overview of behaviour supports including the use of physical interventions.

The Behaviour Analyst is responsible for ensuring minimal rates of physical interventions for learners on their caseload, and that the rate of its use decreases over time. This is achieved through supporting the learner to (1) avoid escalations to the level where physical intervention is required, and (2) develop skills and abilities that expand their repertoire of coping strategies to replace the behaviour of challenge.

8 Debriefing

Debriefing after an incident is essential in supporting staff and learners to learn from the experience and use it to inform best practice. Staff are provided with opportunities to debrief with appropriate members of staff, e.g. line manager, Behaviour Analysts, Learning Support Co-Ordinators, or utilising 'Empathy' employee assistance and therapy services.

Debriefs with staff occur after any incident. This may take a formal or informal style, individually or as a part of a team, and may be utilised to inform decisions on changes to existing Behaviour Support Plans, Risk Assessments of Challenging Behaviour and Positive Handling Plans, or identify where training/support for staff may be needed.

Learners are also given appropriate debriefs after an incident so they are supported to understand the situation that has just occurred. This may take place through talking about the incident with a trusted member of staff, or for some learners, the use of social stories or other supportive communication aids.

9 Corporal Punishment

Any physical intervention or act which deliberately intends to punish a learner, or which is primarily intended to cause pain, injury or humiliation is strictly forbidden and is considered to be an act of gross misconduct. Examples of this include hitting, pushing, slapping, kicking, poking or prodding a learner. Staff who engages in any such act would render themselves liable for dismissal.

Name of Policy:	Ambitious College Positive Handling Policy
Contractual/Non-Contractual	Non-Contractual
Date last approved	
Policy reviewed by	Governing Body
Date to be reviewed	
Responsibility of which ELT member	Viv Berkeley
Type of Policy	Ambitious College

Appendix A

Positive Handling Plans: Criteria Checklist

Definitions:

PHP: Positive Handling Plan

RPI: Restrictive Physical Intervention (use of force to control a person's behaviour).

When should a PHP be completed?

If you answer "yes" to any one or more of the following questions:

1	Has a RPI ever needed to be used with this learner?	Y N
2	Has the individual ever aggressed towards another person (staff or peer)?	Y N
3	Has the learner engaged in property destruction that could pose a risk to self or others' health and safety (e.g. throw chair, damage furnishings or structure in a classroom, break window)?	Y N
4	Do staff use 'personal safety responses' that involve discomfort to the learner? (bite response – 'manual manipulation of the jaw'; hair response – 'opening the oyster').	Y N
5	Does the individual engage in self injurious behaviour that poses a significant risk to their health and safety?	Y N

AND/OR

If you answer "no" to any of the following questions:

1	Does the learner demonstrate road safety awareness?	Y N
2	Does the learner demonstrate awareness of safety issues around the college, e.g. kitchen safety awareness, water danger, etc.?	Y N
3	Does the learner consistently respond to health and safety-related instructions, e.g. "Stop"; "Wait.	Y N

- All learners must have a Risk Assessment for Challenging Behaviour. If learners meet the criteria set out above this must include a Positive Handling Plan, which sets out 'planned physical interventions'.
- If a learner does not meet the criteria for a Positive Handling Plan and an incident occurs where an unplanned physical intervention is required, the Risk Assessment for Challenging Behaviour (with a Positive Handling Plan) and Behaviour Support Plan must be updated within one week by the learner's assigned Behaviour Analyst and Team Teach Tutor.

Appendix B

Risk Assessment of Challenging Behaviour

Pupil Name:	XXXXXX
Completed by:	*****
Date completed:	01/09/2015
Review Dates:	
Proposed Review Date:	01/11/2015

Version X

Risk Assessment of Challenging Behaviour (i.e. risks of not intervening)

What are the behaviours	Who is at risk from the behaviours (Self, staff, visitor, pupils, property).	Existing Preventative Measures	Possible Non Physical Reactive Measures	List any risks which are not adequately controlled by existing measures
Self-pinching	XXXXX.	<ul style="list-style-type: none"> - XXXXX wears a thin pair of gloves for much of the time in college, to mask the sensation from pinching and to reduce the damage to his skin. This should not interfere with his ability to engage in tasks therefore are not worn when using the toilet, eating, brushing teeth, washing, undressing and undoing buttons. - Provide distinctively positive feedback to XXXXX to acknowledge the absence of this behaviour. - Ensure XXXXX is engaged in a variety of person-centred activities or tasks across the day so to minimise XXXXX's motivation to engage in challenging behaviours. - Give XXXXX lots of enthusiastic attention and verbal praise in the absence of challenging behaviours. 	Redirect XXXXX to an appropriate activity using a clear verbal instruction paired with a visual communication aid (picture or object of reference) and/or gestures such as pointing to where you are instructing XXXXX to go.	<p>Low risk of bruising from isolated incidences of this behaviour.</p> <p>Medium risk of bruising from repeated incidences as well as open wounds from repeated pinching. On occasion it has caused some bleeding.</p>

Noncompliance (refusing to stand up/move to transition)	XXXXX	<u>Transitioning protocol</u> <ul style="list-style-type: none"> - Provide clear information about where XXXXX is expected to transition to and what is expected of him once he gets there. - Use objects of reference and large picture cards to support understanding. Additional prompts can also be used, e.g. positional, environmental and gestural cues. - Avoid transitions through busy environments where possible. - Support XXXXX to follow his visual schedule with colour/shape distinctions. 	<ul style="list-style-type: none"> - Prompt XXXXX to use his communication system to tell you what he wants - If he does not respond, refer back to his visual schedule so he sees what is happening next. - Re-deliver the instruction (or variations of) in an enthusiastic tone approximately every 30 seconds. 	<p>Low to high risk – depending on context e.g. in a fire evacuation /around learners engaging in challenging behaviour that we can't move.</p> <p>However encouragement and light physical prompting is typically sufficient to move XXXXX in more risky situations.</p>
Bolting	XXXXX, staff, other learners, members of the public	<ul style="list-style-type: none"> - Provide XXXXX with positive feedback and access to a preferable item of his choice upon completion of a transition. - Break longer or more difficult transitions down to smaller, more achievable steps. <p><u>Communication training for requesting</u></p> <ul style="list-style-type: none"> - Provide XXXXX with teaching opportunities to ask for 'break' and 'to look'. - Honour these requests immediately (this does not mean XXXXX has to sit down) - It is important to communicate very clearly with XXXXX; he may request 	<ul style="list-style-type: none"> - Say "XXXXX, stop" in a clear, neutral tone. - Gesture to XXXXX to return to the location from where he bolted. - If XXXXX does not comply with this instruction follow the reactive strategy listed above for 'Non-Compliance'. 	<p>Low risk if absconding occurs within the college campus.</p> <p>Medium to high risk of possible aggression towards XXXXX (from other learners) if he has intruded on another learner's personal space.</p> <p>High risk if occurring in the community, unsafe environment (near water, hot</p>

		<p>'break' if he does not understand what is expected of him.</p> <ul style="list-style-type: none"> - Remind XXXXX on average every 3 minutes of where he is going and what he will do when he gets there. This is to avoid XXXXX becoming distracted and forgetting the task at hand. - Supporting staff remain close to XXXXX during breaks to respond to further requests and support XXXXX once he is ready to continue with the transition or task at hand. 		<p>surfaces, car parks, etc.) or during a fire evacuation.</p>
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Level of risk

Low: No physical injury or damage to property; minor distress or disruption.

Medium: Includes physical injury requiring basic first aid within the school; minor damage to property; some distress caused to self or others; or brief disruption to normal school routines.

High: Includes physical injury requiring medical attention beyond basic first aid; extensive damage to property; significant distress caused to self or others; or lengthy disruption to normal school routines.

Behaviours that occurred in the past:

- Self-Injury
- Slapping, hitting and grabbing others;
- Climbing on furniture;
- Stripping clothes off;
- Throwing items

POSITIVE HANDLING PLAN

Risk Assessment of Physical Intervention (i.e. *risks of intervening*)

Physical Intervention	List significant hazards here.	List existing controls. List risks, which are not adequately controlled.	List action needed.	Date action completed and by whom.
Reponses to floppy dead weight	Staff Competencies	All staff trained in basic Team-Teach physical intervention techniques and have access to in house Team-Teach tutors	<ul style="list-style-type: none"> • Staff must successfully complete Team Teach Training prior to leading in the support of a learner. • Team teach training is to be refreshed every two years. • Staff must complete individual learner training (T1-3) prior to independently supporting learners. • Recently trained (TT) staff or staff who are inexperienced in the use of physical intervention strategies to be supported by “critical friends” i.e. Senior LABS, Learning Support Co-Ordinators, Behaviour Analysts and Teach Team Tutors. 	<ul style="list-style-type: none"> • Training is scheduled by line manager. • Line Manager to inform LSCs if a staff member can not be on the rota as a lead or independent LABS • Refresher training is reviewed by the staff member and line manager in supervisions. • Staff member must be responsible with their training and request a “critical friend” if inexperienced in the use of physical intervention.

Standing Graded Holds: 1. Friendly 2. Single Elbow 3. Figure of Four 4. One person double elbow 5. Double Elbow	Staff competencies	All staff trained in basic Team-Teach physical intervention techniques and have access to in house Team-Teach Tutors.	As above	As above
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Outcomes

Self-pinching

Use Caring C's to redirect XXXXX's hands to an alternative activity. It is likely to be most effective to use a caring C just above his elbows to redirect arms back to his sides to an incompatible activity.

Non-compliance

If XXXXX is displaying non-compliance and sitting on the ground in an unsafe area staff to use response to floppy deadweight to redirect XXXXX to a safe environment. This is also to be used in the event of non-compliance during a fire evacuation. (Please see PEEPs).

Bolting

Caring C's → Help Hug → Standing Graded Holds (least to most restrictive interventions in the college; most to least (shadow) in community used to prevent and redirect bolting in unsafe environments. XXXXX to be guided with a shadow escort in any open space in the community so that staff are ready to respond at all times.

Plan for Review

Proposed Review Date	Proposed Review Team	Actual Review Date	Actual Review Team
01/11/2015	Behaviour Analyst Team Teach Tutor Keyworker Learning Support Co-Ordinator.		

Appendix C

Physical Intervention Record Sheet

Learner Name:

Date:

Start time	End time	Intervention(s) used	Duration (in mins)	Reason for use (please be as descriptive as possible- add additional pages if necessary)
				What was the behaviour(s)?
				Who was at risk?
				What other strategies were attempted beforehand (e.g. de-escalation)?
				How was the situation effectively resolved?
Debrief required:				
Date/ time set:				

Were any injuries sustained? If so please describe (who and what)	Was this a planned or unplanned intervention?
	If unplanned please describe:
Seen by first aider:	Signed: _____ Reviewed by: _____

Appendix D
Risk Assessment of Challenging Behaviour: Review Log

Current Version Number	Review Number	Date	Reason for review (planned/reactive)	Incident logged on database (if applicable insert date logged)	List changes made as result of review	Changes made by	Signed by Head of Learning Support
V2	#1						
V3	#2						
V4	#3						
V5	#4						
V6	#5						
V7	#6						
V8	#7						
V9	#8						
V10	#9						

Appendix E

Team-Teach Aims and Course Objectives

- To promote the least intrusive positive handling strategy and a continuum of gradual and graded techniques, with an emphasis and preference for the use of verbal, non-verbal de-escalation strategies being used and exhausted before positive handling strategies are utilised.
- To enable services develop acceptable and authorised responses to disruptive, disturbing, angry and aggressive behaviours in a manner that maintains positive relationships and provides safety for all, by training in Team-Teach.
- To reduce the amount of serious incidents involving physical controls in all settings and to emphasise the importance of exhausting behaviour management strategies in the first instance.
- To increase the awareness of staff concerning the importance of recording and reporting, monitoring and evaluating, all incidents involving positive handling.
- To provide a process of repair and reflection for both staff and children.

Core Course Objectives

Following successful completion of a Team-Teach Practitioners Course participant will:

- Be able to state the basic values, rationale and principles of the Team-Teach Approach.
- Have knowledge and understanding of relevant legal standards and expectations related to use of force.
- Have knowledge and understanding of the reporting, recording, monitoring and evaluating requirements of incidents involving physical controls and reasonable force.

- Have knowledge and understanding of aggression and conflict, being able to recognise typical signs and causes.
- Have knowledge and understanding of the importance of using de-escalation strategies where possible. Is aware of the concept of the conflict spiral, levels of behaviour and the need for an appropriate staff response in order to maximise the opportunity to calm the incident through non- verbal and verbal strategies where possible.
- Have knowledge and understanding of a whole setting holistic approach to behaviour management, including the importance of self awareness and self-control whilst managing challenging behaviour.
- Be able to conduct a follow up process with the service users and is aware of the importance of a support and supervision, repair and reflection process for both staff and individuals involved following a serious incident involving positive handling strategies.
- Optional: Is able to use positive and protective personal safety skills in order to minimise risk to all involved.
- Perform a range of positive handling strategies, gradual and graded, involved in holding, guiding and escorting safety, from least intrusive to more restrictive holds.
- Use positive handling strategies that provide for a range of appropriate de-escalation's options including; keeping standing, from standing into chairs, from standing to the floor, into a knees position where possible. Staff to perform a physical technique specific to smaller children (Standing, chairs and ground sitting options).