#### St Anne's Infants' School



#### Positive Handling Policy including the Use of Reasonable Force and Positive Touch

#### **RATIONALE**

This policy outlines the school's philosophy and practice in the use of positive handling to promote pupil welfare and manage challenging behaviour. Its purpose is to ensure that school operates within the law and expectations of best practice.

This policy has been written with due regard to our obligations under the public sector equality duty.

#### **AIMS**

#### To ensure:

- behaviour is understood as communication.
- positive touch is recognised as part of establishing and maintaining good relationships
- when behaviours are challenging the principle aim remains to understand what is driving them and find more appropriate expressions in language and/or behaviour although in the immediate term the priority is de-escalation through defusion or distraction
- physical intervention is only used as a last resort and on the principle of minimum force for minimum time
- physical interventions are delivered safely, humanely and in ways that maximise dignity for pupils and adults
- physical interventions are necessary, reasonable, proportionate and in the pupil's best interest
- incidents are recorded, reviewed, monitored and evaluated
- records lead to the drafting and reviewing of Positive Handling Plans (PHPs), in which pupils are included where appropriate
- staff are confident in their rights and responsibilities in all forms of physical contact, including touch
- there is a clear, consistent and correct vocabulary for reporting and reviewing incidents
- staff model self-awareness, regulation, impulse-control and reflection
- pupil resilience and regulation are developed

#### **GUIDELINES**

#### Legal background

This policy is based on 'Behaviour and discipline: Advice for headteachers and school staff' (DfE, January 2016) which in turn is based extensively on 'Use of reasonable force: Advice for headteachers, staff and governing bodies' (DfE, July 2013 and revised July 2015). These, and the legislation which they reflect,

acknowledge that the school's duty of care will sometimes mean using force to act in a pupil's best interest

The use of force can be justified if it is to prevent:

- Harm to self or others (e.g. separating two pupils who are about to fight)
- Significant damage to property (e.g. preventing a pupil from smashing a window)
- An offence being committed (e.g. preventing a pupil from stealing)
- Disruption of good order and discipline (e.g. escorting a pupil from class who has refused to leave following reasonable requests and is disrupting learning)

#### It must be:

- Necessary (i.e. to prevent one or more of the above)
- Reasonable (i.e. other trained staff would consider using the same intervention)
- Proportionate (i.e. the degree of force used is proportionate to the hazard in the situation)
- In the pupil's best interest (including reasonable adjustment for any Special Educational Need and Disability)

It must not be used as punishment.

All staff are legally authorised to use reasonable force however only trained staff will do so as part of planned interventions. The use of reasonable force is always the choice of the individual. In a crisis the member of staff should record how her/his actions were designed to reduce risk whether force was used or not. It is possible that the failure to use reasonable force in some circumstances can be seen as a breach of the duty of care e.g. allowing a pupil to run into the road. If there is a physical or emotional reason, short or long term, why a member of staff should not undertake certain or any physical interventions it is her/his responsibility to make her/his line manager aware. This should be noted and reflected in planning support for pupils in that staff member's class.

Whilst it is unlikely to be necessary in an infants' school, the headteacher and other members of the DSL team have the power to search, including force if necessary, for items that have or could be used to commit an offence or harm. Though these powers are noted, searching is very damaging to relationships and is used only in exceptional circumstances.

#### Vocabulary

The lowest level of physical contact is **positive touch** where there is no element of force at all (see below).

A **prompt** is where there is minimal resistance e.g a hand just above the elbow to get a pupil to move.

A **guide** is where there is more resistance but not significant e.g. a hand just above both elbows is used.

An **escort** is where significant resistance is offered so a greater degree of force is used e.g. the 2 person single elbow technique within Team Teach.

A **restraint** is where the pupil offers total resistance and so is effectively overpowered.

A **disengagement** is where a proportionate degree of force is used to remove self or other from a potentially harmful situation e.g. biting, hair pulling.

Technically all interventions using any degree of force (i.e. all the above except **positive touch**) are called **Restrictive Physical Interventions (RPIs)** but in this policy and in school are covered by the collective term **physical intervention**. This vocabulary will be used in planning support and reviewing/reporting incidents.

#### School background

As a nurture accredited school, St Anne's Infants' prioritises understanding (and helping pupils understand) behaviour and promoting regulation as a prerequisite to learning. This is reflected in the importance given to PSHE within the curriculum and the creation of attuned relationships with familiar adults. The Team Teach approaches are central in supporting this. These are complementary in:

- Seeing beyond the immediate presenting behaviours
- Using current understanding from neuroscience to understand and review behaviour
- Promoting a sense of safety for pupils
- Linking emotion and behaviour
- Seeing relationship and review as key in changing behaviour over time
- Highlighting the role of staff in setting the emotional tone.

Promoting resilience and regulation is central to the school's mission. Consistency and clear boundaries on behaviour are necessary for this. Additionality is provided by:

Repetition of positive experiences – this is necessary for establishing new neural pathways Access to calming areas within and outside class

Promoting empathic and attuned relationships Staff modelling regulation of stress and impulse

Reflection and review of incidents to highlight learning Unconditional acceptance of the pupil

#### **Team Teach**

Team Teach trainining in positive handling is internationally recognised and accredited by the Institute of Conflict Management (ICM). The training emphasies that 95% of positive handling is non-physical (deescalation), that physical intervention is only ever used as a last resort and that all incidents are reviewed to learn for next time. Identified staff are trained and retain certification at the level of foundation (6hr) inital training

When physical intervention is used it is:

- because no alternative is possible
- on the basis of as little force as necessary for as short a time as possible

- delivered using only recognised Team Teach techniques which are designed to prevent injury, pain and distress
- delivered in ways to minimise indignity e.g. removing audience, adjusting clothing
- in the spirit of 'I care enough about you not to let you be out of control'
- with at least two members of staff involved as quickly as possible
- with staff involved at the outset of the incident relieved ('change of face') as soon as practicable.

Team Teach uses the '6 stage model' to understand crises and key messages from this include:

- All crises have triggers even if they are not immediately apparent
- Spotting anxiety early and de-escalation is a priority
- Once in a crisis the priority becomes safety and calming
- Following a crisis time for recovery is necessary before incidents can be reviewed.

Team-Teach techniques seek to avoid injury to the pupil, 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 pupil remains safe

#### **Positive Touch**

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. This is positive touch.

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;
- To demonstrate how to use a musical instrument;
- To demonstrate exercises or techniques during PE lessons or sports coaching
- To give first aid
- To promote regulation (e.g. therapeutic touch making pizzas on the back, theraplay)

However some pupils are averse to any form of touch while others may need deep pressure touch (weighted blankets) but cannot stand light pressure touch. Yet others may have used challenging behaviour as a means of securing touch in the form of physical intervention. This is kept in mind when planning for individual pupils.

In addition, staff follow Guidance for Safer Working Practice and only use positive touch if it reasonable, proportionate and necessary to avoid potential misinterpretation by others.

### Stages of a crisis - early stages of rising anxiety

In the early stages de-escalation is the priority. Possible techniques include:

**CALM** stance

Recognised scripts

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Identifying and validating emotions
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Verbal advice and support

Reassurance

Giving space

Humour

Negotiation

Limted choices

Negotiation

'the look'

Reminding of consequences

Planned ignoring

Take up time

Time out

Positive touch

Change face (involve another adult) Reminder of past success

Simple listening

**Apologising** 

Partial agreement

'When'....'then'

#### Stages of a crisis - the crisis

During a crisis safety is the priority. Staff closely monitor the pupil's breathing as the body's need for oxygen increases in crisis Possible actions include:

Making the environment safer (eg removing objects that might be used as weapons) Removing the audience

Physical intervention

Changing face

## Stages of a crisis - recovery

Following a crisis recovery is the priority. Possible actions include:

Give the pupil time and space but continue to

monitor Offer a drink of water

Minimal talking

Offer a regulating activity (eg looking at a book, simple sorting tasks,

colouring) Avoid positive touch

Insulate from sources of frustration

Look for signs that the pupil is ready to communicate

## Stages of a crisis - review

In the review stage, learning for next time and reparation are the priorities.

All significant incidents are reviewed at an appropriate time with a familiar adult. The clear focus of the review process is to find a better way next time and make any necessary reparation. Knowledge of the individual pupil dictates when and with whom the review takes place but there is certainly no expectation that it must take place on the same day as the incident. How, where and with whom reviews are to take place are included on the PHP (pro forma included at Appendix A).

#### Stages of a crisis - emergencies

In an emergency any adult in the school does whatever is necessary to keep a child safe. However certain interventions are known to carry elevated risks so are avoided if at all possible. These include:

Using clothing or belts to restrict movement

Taking to or holding a pupil in a lying position on the floor Anything that impedes airways or breathing

Flexing joints or putting pressure on neck, chest, abdomen or groin. Forcing a pupil to spend time alone

The use of any such intervention is reported verbally as soon as possible to a member of SLT and the record of the incident highlights why no other recourse was possible.

#### In all stages staff:

Make a clear distinction between the pupil, who is unconditionally accepted, and the behaviour which may be unacceptable

Are aware of their own regulation as revealed in breathing, body language, intonation, language and behaviours

Seek and accept support if this is needed "I need a cup of tea"

Act consistently with the message 'I care enough about you not to let you be out of control'

Use positive language

Avoid rushing

Speak quietly other than very briefly to make self heard or 'volume match' and immediately reduce. Are sensitive to issues of gender and individual need

## **Complaints**

If during the review, or at any other point, a pupil complains about the way s/he was handled, the compliant should be directed to the Head Teacher. If a parent, carer, social worker or other person complains following an incident, the complaint should be directed to the Head Teacher. In the case of the complaint involving the Head Teacher, the Chair of Governors will handle it.

## **Positive Handling Plans (PHPs)**

Following a major (or near major) incident a PHP (Appendix A) is completed involving as many parties as possible including class staff and parents/carers. Priorities here are to:

Identify early signs of rising anxiety and effective defusion/de-escalation strategies (pp42 -

50 of the Team Teach workbook is a good place to start with this) Identify helpful and unhelpful responses in a crisis.

If a PHP already exists then it is revised following a major incident. All PHPs are reviewed at least annually even if there have been no major incidents. The pupil is included in the drafting and reviewing of his/her PHP before it is completed at a stage appropriate to his/her emotional maturity. Overseeing the completion and review of PHPs is the responsibility of the SENDCo. PHPs are shared with staff with relevant staff by email.

Where a PHP exists, interventions used are as outlined in the plan. Any deviation from the plan is included in the record of the incident.

#### **Recording incidents**

All incidents using physical intervention at the level of escorting and above are recorded in the Bound and Numbered Book kept in the inclusion office and as a behaviour slip on Schoolpod before the end of the day. Parents/carers are also informed of the incident before the end of the day at the latest. The school has created a leaflet to support parents/carers in understanding why physical intervention has been used or may need to be used with their child. The Deputy Head responsible for behaviour carries out statistical analysis of incidents on a termly basis is shared with governors.

### **Staff Regulation**

Current research highlights the importance of adults setting the emotional tone in potentially stressful incidents. A key message of Thrive and Team Teach is that seeking and accepting support from colleagues is a sign of professional strength – "I need a cup of tea." 'Changing face' is a key de-escalation strategy and help is offered to colleagues who are making/have made a physical intervention. There is also a protocol, the 'more help' protocol, for taking over in any situation where staff feel the colleague's actions are not helping at this point "There's a cup of tea in the staffroom for you." The expectation is that this will be used and accepted by all staff, irrespective of position within the school, and that no shame or criticism is associated with its use. Following a significant physical intervention staff too need a period of recovery and debrief. Staff well-being is also addressed in the Staff well-being policy.

Date of review: Dec 2022

Next review: Dec 2023

## Appendix A

# St Anne's Infants' School Positive Handling Plan

Name:	Contributors:	Date:	Review:
Known triggers:			
Stage	Behaviours exhibited	Helpful strategies	Unhelpful strategies
1 – Anxious			
2 – Defensive Indicate key adults and/or 'safe places' outside of class			
3- Crisis Include physical interventions that have proven helpful or unhelpful (if absolutely necessary)			
4 & 5 – Recovery & Depression			
6 – Debrief: Listen & Learn Identify the best person to debrief and inform parents/carers			