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## Positive Handling Policy

Signed:

on behalf of Inclusive Schools Trust

Date: 16.09.2024



## Positive Handling Policy



### ALL DIFFERENT, ALL EQUAL, ALL LEARNING

#### Introduction

This policy is intended to be read alongside our Behaviour and Anti-Bullying policy, and our Safeguarding Policy.

This policy provides a framework for the use of positive handling and restrictive physical intervention (RPI) within Nightingale Infant and Nursery School, and Drayton Community Infant School. It takes into account the following documentation:

- The 2006 Education Act P93
- The 2012 Non statutory guidance from DFE 'Use of Reasonable Force'
- DFE 2003 Guidance on the Use of Restrictive Physical Intervention for staff working with children and adults who display Extreme Behaviour in association with Learning Disability and/or Autistic Spectrum Disorders'
- 2015 DFE Use of Reasonable Force
- 2019 Government guidance on Reducing the Need for Restraint and restrictive intervention.
- 2015 SEND code of practice.

All permanent classroom-based staff and senior leaders are trained according to Norfolk Step On guidelines and receive refresher training every 2 years. Where necessary and appropriate, some staff are also trained in Norfolk Step Up guidelines, where restrictive physical interventions may be required.

Meg Watling – Assistant Head is the named trainer for both schools and attends required refresher training annually.

#### • Aims

The primary aim of our Positive Handling Policy is to:

- Ensure that all children feel safe and happy in school
- Ensure a consistent, safe and fair approach to managing and encouraging learning behaviours.
- Set and communicate high expectations for children's behaviour
- Give students strategies and processes to manage their own feelings and behaviour
- Give staff clear guidance around the use of RPI.

Overall, the policy will:

- Reduce the risk of foreseeable or actual harm to all members of the school community.
- Assist staff in managing behaviours that challenge or harm and maintaining a positive school environment.

Positive handling describes a holistic approach to a range of risk reduction strategies including verbal, non-verbal and where reasonable and absolutely necessary, restrictive physical interventions.

Central to this policy is the understanding that any RPI used by staff must be in accordance with the idea of 'reasonable force' and only used as a last resort once all other strategies have been exhausted. There is no legal definition of reasonable force. The use of force can only be regarded as reasonable if the circumstances of the incident warrant it and the degree of force employed is 'proportionate and necessary' to the level of the challenging behaviour presented.



## Positive Handling Policy



All staff understand that it is their responsibility to keep children safe and that intervention should be used if the risk to a child's safety outweighs the risk of not using intervention.

'Norfolk Steps' techniques seek to avoid injury to the pupil, but it is possible that bruising or scratching may occur accidentally, and these are not seen necessarily as a failure of the professional techniques, but a regrettable and infrequent side effect of attempts to keep people safe. If a staff member feels they may have accidentally hurt a child, they must report this to a member of the senior leadership team.

A full and detailed explanation of the Norfolk Steps approach is available via the Norfolk County Council website. Individual or group training is always available and planned as part of our CPD. Staff are only trained to the lowest level of RPI that might be required, and consideration is taken for the individual children those staff are working with at that time.

### **Types of touch:**

#### **1. Casual / Informal / Incidental Touch**

Staff use touch with children as part of a normal relationship, for example, comforting a child, giving reassurance and congratulating. This might also include putting an arm out to bar an exit from a room, compliant handholding, patting on the back or putting an arm around the shoulders. The benefit of this action is often proactive in calming and de-escalating and can prevent a child from becoming further dysregulated.

#### **2. General Reparative Touch**

This is used by staff working with children who are having difficulties with their emotions. Healthy emotional development requires safe touch as a means of calming, soothing and containing distress for a frightened, angry or sad child. Touch used to regulate a child's emotions, triggers the release of the calming chemical oxytocin in the body. In our nursery setting, reparative touch may include sitting on an adult's lap – although face to face sitting is always avoided or corrected and, where possible, within sight of other colleagues. Legs should be together and to the side – the child should never be straddling staff. This will be age and stage appropriate. Other examples of this type of touch include patting a back or squeezing an arm through a side hug. At Nightingale and Drayton, we encourage staff that are using touch for comfort to use a 'Safe Hug'. To give a Safe Hug contingent touch is used by standing side by side and using closed hands to place hands on either side of the child's shoulders. This discourages 'front on' touching, and the adult's hands on the shoulders limits the ability of the child to turn themselves onto you. This can be done either standing, sitting, kneeling or crouching. In Nuthatch nursery, a front on hug is okay due to the age and stage of the children in our care. These must not be prolonged and will always be initiated by the child. You may need to offer a distraction to the child if they are hanging on for an extended period of time, using phrases such as "let's go and play with the cars/read a story/get ready to go outside".

#### **3. Intimate Care**

Some pupils require a higher level of personal care around toileting. Please refer to individual intimate care plans and our Intimate Care Policy. All children coming into Nightingale's Nursery setting will have signed a consent form to allow all staff to help where required.



## Positive Handling Policy



When administering first aid it is often appropriate and necessary to use touch. All staff receive appropriate safeguarding training and are able to administer treatment for minor first aid incidents such as a minor bump, cut or graze. More serious incidents will be dealt with by a qualified first aider. Parents/carers will be informed if first aid has been administered. Please refer to individual medical care plans and our Health and Safety Policy and Staff Handbook.

### **Individual Behaviour Plans (IBPs):**

All pupils who require a consistent, managed strategy to address their behaviour beyond the school wide Behaviour Policy must have an IBP. This is created by the adults within school who work with the child on a day-to-day basis but may be informed by input from the Behaviour Lead and SENCO. It should also be written in collaboration with parents or carers and include Pupil Voice.

IBPs are designed to unpick the possible functions of the challenging or harmful behaviours – is the child seeking sensory input, tangible input, escape or attention and connection.

Where RPI is used for a child more regularly, this must be planned for and detailed in the child's IBP. As a school, we work proactively to understand the functions of behaviour and seek to understand the initial signs that a child may be becoming dysregulated. As such, we always work to de-escalate children as early as possible so that the need for RPI is reduced. Our IBPs are designed to help structure this.

**The long-term goal is always to help the child to develop strategies to communicate and regulate.**

Where RPI has been used repeatedly and behaviour is not improved, the Inclusion Team may be called upon to support and offer alternative strategies.

### **Recording and monitoring.**

Where RPI has been used, this must always be logged by the staff who used the strategy on CPOMS, and the Step-Up category selected. This should also include the type of hold that was used. It is best practise to record how long the hold took place for and that all adults involved record their account of what took place. This should be recorded following the ABCA format:

Antecedent – what was happening before the event took place

Behaviour – what happened that lead for the restraint to be used

Consequence – what was the consequence – this should always be educational or protective

Action – what other actions are needed – contact with parents? Review of behaviour plan? Restorative conversations?

Parents/carers should always be made aware if RPI has been used.

### **Consultation and review:**

This policy is referred to on our school website under the policies heading. This policy will be reviewed in full by the Senior Leadership Team on an annual basis.