



St James Infant & Pre-School

Touch Policy, inc. Intimate Care Policy, Continence and Changing Policy,

Restrictive Intervention and Positive Handling Policy.

Statutory / **Non-statutory**

Annual review / **2 yearly review**

Date policy adopted	Spring 1 2020			
Review date				
Reviewer's name	S O'Shea			
Date minuted by committee meeting				
Next review due by	January 2021			

Introduction:

The Children Act 1989 and 2004 makes it clear that the paramount consideration in any decision should be in the best interest of the child concerned. Paramount in this context means that it should be the first thing people think about and it takes precedence over other considerations. There are many circumstances where touch is a necessity. Physical contact should always be about meeting the needs of the child.

Actions that can be ambiguous are open to misinterpretation. Staff should always think before making any physical contact. They should be clear about why their actions are in the best interest of the child concerned. They should remember that some children like physical contact and some do not.

Aims:

Children have the right to independence and choices, and we seek to provide opportunities for personal growth and emotional health and wellbeing. However, rights also involve responsibilities, such as not harming other people's rights. Children unable to control their actions or unable to appreciate danger have a right to be protected; and staff have a duty of care to exercise.

Rationale:

Children learn who they are and how the world is, by forming relationships with people and things around them. The quality of a child's relationship with significant adults is vital to their healthy development and emotional health and wellbeing.

Many children who require emotional support from school may have been subject to trauma or distress or may not have had a positive start in life. It is with this in mind that staff seek to respond to children's developmental needs by using appropriate safe touch.

Attachment theory and child development identifies safe touch as a positive contribution to brain development, mental health and the development of social skills.

Our policy rests on the belief that every member of staff needs to know the difference between appropriate and inappropriate touch. Hence, staff need to demonstrate a clear understanding of the difference. Equally, when a child is in deep distress, staff need to know when and how sufficient connection and psychological holding can be provided without touching.

All staff need to be clearly aware of procedures within this policy. The policy should be seen in the wider context of the 'Behaviour Policy' and the 'Safeguarding and Child Protection Policy'. Staff always need to be mindful of appropriate behaviour. All Staff are Team Teach trained in order to understand appropriate touch and very occasionally restraint.

Any physical interventions are logged in a bound book in line with Team Teach Practice. Physical interventions Plans are written for children where physical interventions may be

used more frequently. These are always shared by staff with Parents and is part of a behaviour plan.

Different types of touch

1. Casual / informal / incidental touch

Staff use touch with pupils as part of a normal relationship, for example comforting a child, giving reassurance and congratulating. This might include taking a child by the hand (if age appropriate), patting on the back or putting an arm around the shoulders. The benefit of this action is often proactive and can prevent a situation from escalating.

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. Reparative touch may include stroking a back, squeezing an arm, rocking gently, cuddling, tickling or sitting on an adults' lap, hand or foot massage. These types of touch would be clearly defined within the orchard school policies and appropriateness of staff actions. Because of the complex needs of our children reparative touch is used many of the children.

3. Play contact/interactive

Play contact is used by staff adopting a role similar to a parent in a healthy child-parent relationship. This will only take place when the child has developed a trusting relationship with the adult and when they feel completely comfortable and at ease with this type of contact. Contact play may include rough and tumble, tickle games, being supported to explore in messy play, being held or rocked in physical play or being helped to access playground equipment. This sort of play releases the following chemicals in the brain: Opioids - to calm and soothe and give pleasure; Dopamine - to focus, be alert and concentrate; BDNF (Brain Derived Neurotrophic Factor) - a brain 'fertiliser' that encourages growth.

4. Positive handling (calming a dysregulating child)

Staff may use force as is reasonable in all the circumstances in order to prevent a pupil from doing, or continuing to do, a type of behaviour that may result in them harming themselves or another. This needs to be read in conjunction with the Restrictive Intervention and Positive Handling of Pupils Policy. It may also be a way of providing support for the child in order for them to regulate their emotions or their sensory needs.

5. Using Touch to Communicate and Teach

Because of the complex nature of the children at St. James Infant and Pre-School it is often appropriate and very important to use touch to communicate with them e.g. Through on body signing or to alert a child that they are about to be asked to be moved or to guide

children in completing a task as part of a learning program or to find out about something by exploring materials and objects.

6. In Self-care activities

Many children at St. James Infant and Pre-School need their personal care needs met by staff and children will be assisted to take part in self-care activities such as feeding, washing or dressing. Children will also have their intimate care needs met when having their nappy or pad change.



St. James Infant School

Restrictive Intervention and Positive Handling of Pupils

Rationale / Objectives

- 1) Deciding if the use of physical intervention is appropriate
- 2) Using physical interventions
- 3) Alternatives to physical intervention
- 4) Reducing the likelihood of situations arising where the use of physical intervention may be required
- 5) Authorisation of staff to use physical intervention and staff development.
- 6) Positive handling plans
- 7) Recording and reporting incidents
- 8) Post-incident support

Rationale

The school is committed to ensuring that all staff and adults with responsibility for students' safety and welfare will deal professionally with all incidents involving aggressive or reckless behaviour, and use physical intervention only as a last resort. If used at all it will be in the context of a respectful, supportive relationship with the student, and be reasonable and proportional to the circumstances of the incident. We will always aim to ensure minimal risk of injury to students and staff.

It is recognised in both statute and Common Law that there is a need to intervene when there is an obvious risk of safety to students, staff and property.

This policy is based on The Department for Education guidance Use of Reasonable Force Advice for Head Teachers, staff and Governing Bodies.

Objectives

The key objectives of this policy are to:

- Maintain the safety of students, staff and visitors
- Prevent serious damage to property
- Prevent serious breaches of School discipline

Deciding if the use of restrictive physical intervention is appropriate

The term Restrictive Physical Intervention describes the use of force to control a person's behaviour.

It involves the use of force to:

- Restrict movement
- Restrict mobility
- Disengage from dangerous or harmful physical contact

Staff will view physical intervention of students as a last resort every effort will be made to manage behaviour positively to prevent the need for restrictive physical intervention.

The decision to use physical intervention will be based on a variety of criteria including

- Following the guidance issued by the Department of Education
- Following school policy on physical intervention
- Implementation of a Positive Handling Plan
- Recording of all incidents in the Bound and Numbered book
- Staff training
- Professional Judgement

In the following situations staff must judge whether or not physical intervention would be reasonable or appropriate to control the following behaviours

- self-harming;
- injury to other children, service-users, staff or teachers;
- damage to property;
- an offence being committed;
- any behaviour prejudicial to the maintenance of good order and discipline within the school or among any of its pupils.

Any member of staff who undertakes a restrictive physical intervention should be clear as to why it is necessary and be able to show that it was in the student's best interest and that it was reasonable and proportionate. For those students assessed as being at risk of restrictive physical intervention Positive Handling Plans will be developed. These plans outline what techniques should be used and not used along with de-escalation strategies. School is aware that it has a legal duty to make reasonable adjustments for disabled children and children with special educational needs.

The judgement on whether to use physical intervention and what physical intervention should be used should always depend on the circumstances of each case and in the case of students with Special Educational Needs information about the individual concerned

Staff need to make the clearest possible judgements about:

- a. The seriousness of the incident, assessed by the effect of the injury, damage or disorder which is likely to result if force is not used. The greater the potential for injury, damage or serious disorder, the more likely it is that using force may be justified.
- b. The chances of achieving the desired result by other means. The lower the probability of achieving the desired result by other means, the more likely it is that using force may be justified.
- c. The relative risks associated with physical intervention compared with using other strategies. The smaller the risks associated with physical intervention compared with other strategies, the more likely it is that using force may be justified.

Using physical interventions

Before using restrictive physical intervention staff should be aware of the de-escalation techniques and supporting strategies and interventions outlined in the Positive Handling Plan. Staff will communicate in a calm and measured manner throughout the incident. Wherever practicable a student should be warned that physical intervention may have to be used before applying it. Staff should make it clear that physical contact or restraint will stop as soon as it ceases to be necessary.

The types of physical intervention could include:

- a. Passive physical contact resulting from standing between students or blocking a student's path.
- b. Active physical contact such as:
 - i) Leading a student by the hand or arm;
 - ii) Ushering a student away by placing a hand in the centre of the back;
 - iii) In more extreme circumstances, using appropriate restrictive interventions, which require specific expertise and training.

The restrictive physical interventions authorised by the School are those techniques in which staff have received appropriate training and development through 'Team Teach'. School keeps an up to date record of staff who are trained in positive handling

Team-Teach techniques seek to avoid injury to the student/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 student/pupil remains safe.

The core principles of 'Team Teach' include:

- Minimum of two staff involved.
- Last resort minimum force and time.
- Techniques that do not rely on pain or locks and allow for verbal communication.
- Staff safety and protection addressed.
- Planned responses and techniques are written out and included in positive handling plans for individual students.

Where there is a high and immediate risk of death or serious injury, any member of staff is justified in taking any necessary action (consistent with the principle of seeking to use the minimum intervention required to achieve the desired result.)

Alternatives to physical intervention

A member of staff who chooses not to make a physical intervention can still take effective action to reduce risk by implementing the school behaviour policy and plan. They can:

- Show care and concern by acknowledging unacceptable behaviour and requesting alternatives using negotiation and reason.
 - Give clear directions to the students to stop.
 - Remind them about rules and likely outcomes.
 - Remove an audience or take vulnerable students to a safer place.
 - Make the environment safer by moving furniture and removing objects which could be used as weapons.
 - Use 'positive touch'¹ to guide or escort students to somewhere less pressurised.
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- Ensure that colleagues know what is happening and get help.

Reducing the likelihood of situations arising where physical intervention may be required

All physical interventions at the School are conducted within a framework of positive behaviour management. The School Behaviour Policy rewards effort and application, and encourages students to take responsibility for their own behaviour. The Behaviour Policy also outlines the steps the School undertakes to ensure a calm, orderly and supportive School climate which minimises the risk and threat of violence of any kind, thereby reducing the need for physical intervention.

A structured approach to staff development is adopted through the 'Team Teach' programme, which allows staff to develop the skills of positive behaviour management and de-escalating incidents.

Staff should recognise the need to effectively manage individual incidents. It is important to communicate calmly with the student, using non-threatening verbal and body language and ensuring that the student can see a way out of the situation.

Authorisation of staff to use physical intervention and staff development

All members of school staff have a legal power to use reasonable force. However it will only be used when the criteria outlined in this policy has been satisfied and it was in the student's best interest. Furthermore staff are clear why it is necessary and it is reasonable and proportionate.

Staff have been trained in specific physical interventions and de-escalation strategies through the 'Team Teach' approach.

Positive Handling Plans

Individual students assessed at being at greatest risk of requiring restrictive physical intervention will be placed on Positive Handling Plans developed in consultation with the School, Parents/ Carers, and the student. They should include

- risks assessments where necessary and alert people to risks
- warn against strategies which have been ineffective in the past
- preferred strategies and suggest ideas for the future
- bring together contributions from key partners working in partnership and signed by all concerned
- reviewed regularly

Positive Handling Plans set out the situations that may provoke difficult behaviour, preventative strategies and the de-escalation strategies that are most effective. Specific strategies and techniques that have been agreed by staff when physical intervention is required are also included.

Recording and reporting incidents

Any individual pupil records are kept by the school for a period of 25 years after the date of birth of the child or are passed to the next school and a receipt obtained. This

retention period is the minimum period that any pupil file is kept.

The School keeps a record of all physical interventions in the Bound and numbered book. The incident book is located in the Head teacher's office.

In addition to the above, school keeps records / copies of incidents of restraint, for a minimum period of 25 years from the date of the incident and at least until the member of staff involved has reached normal retirement age if that is longer.

The purpose of recording is to ensure that policy guidelines are followed, to inform parents/ carers, to inform future planning as part of the school improvement process, to prevent misunderstanding or misinterpretation of the incident and to provide a record for any future enquiry.

Accounts of the incident should be taken from the member of staff who undertook the physical intervention, the student/s involved and any third party witnesses.

Parents/carers will be informed as soon as practicable when a significant incident requiring restrictive physical intervention has occurred. Parents/carers will be telephoned before details are confirmed in writing. Parents/carers will be informed of when and where the incident took place, which members of staff were directly involved (anonymised where necessary), why they decided physical intervention had to be used, what physical intervention was used, whether there were any injuries and what follow up action was being taken in relation to their child. Parents/carers will also be given a copy of the Policy.

The welfare of students is paramount and if for any reason school believe a student could come to harm as a consequence of a parent being notified a judgement will be made by the Head teacher to notify the Local Authority.

Records will be

- completed after everyone has recovered
- the supportive strategies and intervention used for de-escalation
- state briefly exactly what happened
- signed and dated
- monitored and evaluated
- inform positive handling plans

Governors will be informed of the number of physical interventions on an annual basis.

Search for Weapons & Prohibited Items

Reasonable force may also be used in exercising the statutory power, introduced under section 45 of the Violent Crime Reduction Act 2006 (and re-enacted by Section 242 of the ASCL Act 2009), to search pupils without their consent for weapons.

Head teachers and authorised staff can use force as is reasonable given the circumstances to conduct a search for the following prohibited items

knives and weapons, alcohol, illegal drugs, stolen items, tobacco and cigarette

papers, fireworks, pornographic images, any article that has been or is likely to be used to commit an offence, cause personal injury or damage to property.

Reasonable force may be used by the searcher. Where resistance is expected school staff may judge it more appropriate to call the police or if they have one, their Safer School Partnership (SSP) Officer.

Post-incident support

The School recognises the need to ensure that staff and students have appropriate emotional support.

The student and the member of staff will be checked for any sign of injury after an incident. Immediate action will be taken to provide first aid for any injuries requiring attention.

The student will be given time to become calm whilst staff continue to supervise. When it is deemed that the student is composed, a senior member of staff will discuss the incident with the student and ascertain the reason for its occurrence. All necessary steps will be taken to re-establish a positive relationship between the student and the member of staff involved in the incident.

All members of staff involved will be allowed a period to debrief and recover from the incident. This may involve access to external support. A senior member of staff (or his/her nominee) will provide support to the member of staff involved.

Parents/carers will be engaged in discussing the incident and for setting out subsequent actions and support.

Complaint procedure

If a parent/carer or student is concerned about any aspect of the management of an incident requiring physical intervention, the Head should be informed of their concern. The Head will respond to the complaint in accordance with School policy and procedure.



St. James Infant and Pre -School

CONTINENCE AND CHANGING SOILED OR WET CHILDREN POLICY

Aims:

Education providers have an obligation to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from normal preschool activities solely because of incontinence.

(Including Me. Managing Complex Health Needs in schools and early years settings DfES)

This policy sets out St. James school procedures for handling these situations with dignity and kindness to ensure the needs of individual children are met and health and safety standards are maintained.

What happens if a child is admitted to school who is incontinent?

St. James Infant and Pre- School acknowledges that this is a developmental or medical problem and will work with parents to establish a mutually acceptable care and changing plan which is likely to cover the following points:

Parents

- Agreement with parents to ensure that the child is changed at the latest possible time before being brought to the setting/school.
- Provision by parents of spare nappies and /or underwear and a change of clothing.
- Agreeing the procedures that will be followed when the child is changed at school including the use of any cleanser or the application of any cream.
- Agreement that parents inform the setting/school should the child have any marks/rash.
- Agreeing to a 'minimum change' policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home.
- Agreement to review arrangements should this be necessary.

School

- Agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet.
- Agreeing how often the child would be changed should the child be staying for the full day.
- Agreeing to report should the child be distressed, or if marks/rashes are seen.
- Agreeing to review arrangements should this be necessary.

Hygiene Procedures to follow for changing a soiled nappy or soiled

- **underwear/ clothing**
- Staff to wear disposable gloves and aprons while dealing with the incident.
- Soiled nappies to be double wrapped, and placed in a hygienic disposal unit.
- Changing area to be cleaned after use.
- Hot water and liquid soap available to wash hands as soon as the task is completed.
- Hot air dryer or paper towels available for drying hands.

Staff Guidelines for dealing with a soiled child

For children in the Foundation stage the teaching assistant will be responsible for:-

- Changing the soiled child (the teacher may also but this would be on a voluntary basis).
- Older children will be supported in cleaning and changing as determined by their level of independence to do so.

Note: these guidelines are for children who are too young to clean themselves effectively or who have some developmental difficulties. These guidelines are not for occasions where the incident is a 'one off accident' and the child is sufficiently independent to clean themselves. However, the same levels of dignity, privacy and kindness should be extended. In these incidents soiled underwear should be double wrapped and placed in the child's school bag for washing at home and parents informed.

For children requiring support:

The teaching assistant will inform the teacher discretely that they are going to change a child. The Teaching assistant will explain to the child what they are going to do to help clean them up. The adult will take the child to the toilet area in the foundation stage or Pre-School or if the child is in an older year to the relevant toilet area, ensuring dignity and privacy are respected. The child will normally be asked to stay standing.

Adult should wear disposable rubber gloves.

Only essential garments should be lowered or removed.

Remove soiled pad/ nappy/ underwear.

When washing or wiping, always do this front to back to prevent infection.

Ensure skin is dry using paper towels (child should be encouraged to help if able to do so).

Replace pad/ nappy/ underwear (child should be encouraged to help if able to do so).

Encourage child to wash and dry hands.

Tidy and clean changing area disposing of soiled items as per above hygiene guidelines.

Wash own hands.

What to do if a child become distressed during the changing process

- Talk the child through each step and reassure them that they will feel much better when they are clean.
- If the distress is such that it is difficult to continue then stop the changing process.
- If this results in a hygiene issue then parents should be contacted to explain the situation and an agreed course of action established.
- In any event a record must be made of distress, whether or not the changing was completed and parents informed as soon as possible.

- If there is any concern re child protection issues these should be dealt with in accordance with school policy.

What to do if any marks or redness are seen

If marks or redness are seen then this should be recorded and reported to the child's parents as soon as possible. If there are any child protection concerns these should be dealt with in accordance with school policy.

Access to Relevant Training

This policy and guidance does not replace the need for appropriate staff training where this is felt necessary and the school will work with parents and relevant agencies to ensure staff are adequately trained for dealing with incontinence issues.