Green Lane School

Positive handling policy

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Introduction

Positive Handling refers to the range of positive behaviour support strategies employed by staff at Green Lane School which emphasise de-escalation, risk and restraint reduction.

We acknowledge that at times some of our pupils display behaviours that could put themselves or others at risk and that we need to intervene to reduce this risk.

This policy has been created in line with following Dfe guidance:

- Behaviour and discipline in schools
- Searching, screening and confiscation at school
- The Equality Act 2010
- Keeping Children Safe in Education
- Use of reasonable force in schools

Training

At Green Lane, we are committed to providing a safe, supportive, and inclusive environment for all pupils and staff. To ensure the highest standard of behaviour support, we have invested in the training of four in-house Team Teach tutors—two Advanced-level and two Intermediate-level. This in-house expertise enables us to deliver proactive and reactive support of the highest quality across the school.

Having our own accredited Team Teach tutors allows us to deliver initial training, refresher sessions, and targeted workshops regularly throughout the academic year. All permanent staff receive Team Teach training as part of their induction, with annual updates in line with Team Teach reaccreditation protocols.

To further support staff practice, we offer workshops throughout the year for those who are already accredited, focusing on both physical and non-physical techniques. As physical interventions are rarely used at Green Lane, these workshops ensure staff remain confident, competent, and current in their knowledge and application of appropriate strategies.

In addition, we offer wider professional development through Teaching and Learning Clinics, which are scheduled across the year and promote reflective practice and continuous improvement in behaviour support strategies.

The core aim of Team Teach training is to enhance staff understanding of behaviour and equip them with a range of de-escalation and risk-reduction strategies, underpinned by a holistic, person-centred approach. The training promotes 95% focus on de-escalation and only 5% on physical intervention/risk reduction, ensuring that the emphasis remains on prevention and positive relationships. This ethos is embedded throughout the culture of Green Lane.

Use of Physical Intervention

All staff have a legal duty of care to act appropriately to keep all pupils safe. Where physical intervention is deemed necessary, a permanent, Team Teach-trained member of staff should take the lead in supporting the pupil. However, we recognise that at times pupils may be supported by agency or temporary staff. In situations where there is an immediate risk of harm and a permanent Team Teach-trained staff member is not available, any staff member must act within their duty of care, which may include the use of physical intervention.

In such instances, a request for a permanent, Team Teach-trained staff member should be made immediately, and that staff member will take over the intervention as soon as it is safe and practical to do so.

Advanced Team Teach Techniques (Ground Recovery Holds)

We currently have three staff members trained as Advanced Team Teach tutors, qualified to deliver training in the use of ground recovery techniques. While the use of ground holds is considered an extreme emergency-only response, a small, designated group of staff have been trained in these techniques for specific pupils whose behaviour plans require such strategies.

The decision to implement an advanced ground hold or recovery technique must be authorised by a senior leader who is also an Advanced Team Teach tutor. This includes the Headteacher, Deputy Headteacher, Assistant Head (Advanced Tutor), or the Head of Behaviour (SLT – Advanced Tutor). These techniques may only be delivered or directed by Advanced Tutors.

In an emergency, where an Advanced Tutor is not immediately available, other Team Teach-trained staff (Intermediate Tutors or Level 2 accredited staff) may assist under the direction of an Advanced Tutor. If this is also not feasible, staff must still act within their duty of care to ensure the safety of all involved.

Further training will be delivered as needed, based on evolving pupil needs and risk assessments.

Principles

At Green Lane we believe that the use of positive touch is a vital aspect of our nurturing role and that adult physical contact is not only inevitable but desirable. Some pupils will require positive touch as part of their everyday routines, such as holding hands, linking arms or being guided in the correct direction.

We understand that at times, Physical Intervention is required as the last resort. This will usually be when other de-escalation attempts have been unsuccessful and physical intervention is required to keep people or property safe. All restrictive physical intervention is used as an absolute last resort.

Physical Intervention and restraint is an emotive topic and the experience of physical intervention can be stressful for all concerned. For this reason, key principles of any use of physical intervention should be that it is:

Reasonable, Proportionate, Necessary and in the best interests of the person (s).

Staff need to be clear why physical intervention and the type of intervention used were reasonable (ie: best interests of the child), proportionate (ie: was used as a last resort and not as a first point of call), and necessary (ie: to prevent people or property from coming to harm.)

Planning

Any child requiring positive handling should have a Positive Behaviour Plan (PBP) in the agreed school format. This should include information on:

- Background of the child – what information do we have about the child that could colour their feelings and emotions upon arriving in school and affect their ability to be a successful learner
- Warning Signals/Trigger behaviours – what behaviour or characteristics does the child display when they are unsettled or anxious – the early stages of a crisis
- Our responses – how do we respond to the child when they are displaying these initial behaviours? What de-escalation techniques do we try to attempt to calm the situation?

- Appropriate holds – what holds have proved effective in the past? Are there any holds inappropriate to use with this particular child for medical or other reasons?

All behaviour plans are regularly reviewed by class teams and is a 'working document'. In addition to this:

- Class teams and other relevant staff will have read this document.
- These plans are reviewed by M. Gaskell (Head of Behaviour), as well as other relevant members of SLT.
- After any 'crisis' incident or use of any physical intervention, plans are reviewed immediately, including any updates.
- These plans highlight how positive behaviour support is implemented and how a 'crisis'/physical intervention should be supported and avoided.
- If appropriate to the individual, these plans state how any physical or restrictive intervention is an absolute last resort and how supports should be followed to prevent this from being needed.
- Staff are trained to follow Team Teach principles and protocols, with a focus on de-escalation.
- The 'Regulate, Relate, Reason' approach is followed by all staff.
- Incidents are recorded on Behaviour Smart and monitored and analysed by M. Gaskell (Head of Behaviour), as well as other relevant members of SLT.
- Incidents are discussed with parents/carers, including any physical or restrictive intervention.

We also need to consider what happens after physical intervention. We need to:

- Outline strategies to help the child recover
- Record what we should do if the child is depressed or worried following an incident – how can we support them through this stage?
- Rebuild the relationship – relationships can be improved, damaged or stay the same after physical intervention. We want to improve the relationship so it is vital that we take the time to explain why physical intervention was necessary and help the child to find more appropriate ways of expressing their feelings in future.

Use of the Quiet Room

The use of the Quiet Room is to be treated as seriously as the use of other restrictive physical interventions. Its use should be assessed against each individual pupil, as pupils may respond differently to these types of supportive spaces. A pupil's past experiences should also be explored/discussed prior to its planned use to avoid any previous or new traumas. With that in mind, any pupil making use of the Quiet Room should have that information recorded on their Behaviour Smart Plan and or Behaviour Support Profile (BSP). It should also include clear information on how this room is to be used with the pupil in question, including timings, how to monitor, de-escalation strategies, and how to avoid getting to the point where the rooms use is needed.

When considering the use of the Quiet Room, important legal definitions include:

- Seclusion – forcing individuals to spend time alone against their will;
- Time out – restricting positive reinforcement as part of a planned behavioural programme;
- Withdrawal – removed from the situation but observed and supported until they are ready to resume.

The Quiet Room at Green Lane is part of a holistic approach to behaviour management. Its use should always be planned for and the aim is to support pupils in learning to regulate their own behaviour. Its use in this way, should be explicitly taught proactively through co-regulation strategies and in a positive way. It is a space where pupils can withdraw themselves to, or be directed to in order to self-regulate. Pupils using the Quiet Room must be closely monitored at all times. A member of staff should be present at all times. Although there is no door on the school's quiet room, this guidance also applies to other classrooms and spaces in and around the school site. A member of staff should always be present in the immediate space/room, unless it is unsafe or jeopardises the regulation of the pupil in question. No pupil should ever have a door or gate closed on them, so that they are then forced to be secluded in a room or space, unless it is an absolute emergency. In any

such emergency, the PH co-ordinator and or another member of SLT should be notified immediately. Pupils may choose to close a door or gate to support their own regulation, which should be monitored at all times, however this should be avoided. No pupil should be forced to stay in such a room or space, unless in an emergency and or if they are risk of harm to themselves, others, property, and or 'good order' of the school.

Due to its location on the corridor, the Quiet Room is sometimes a suitable place to withdraw a pupil who is posing a significant risk of harm to themselves or others, where they can be safely supported using PH techniques. The Quiet Room should not be the “go to” location for this, but it may be the nearest available space other than supporting the pupil on the corridor. In such situations staff should remain with the pupil in the Quiet Room throughout the course of the intervention and beyond. Any repeated or prolonged use of this room should be reported immediately. The Headteacher or PH co-ordinator should be informed if the Quiet Room is being used in this way so that they can monitor its use.

When using the quiet room, behaviour/observation will be logged every 5 - 10 minutes on a quiet room log document. The doorway should not be blocked unless it is reasonable, proportionate and necessary and or in the best interests of the pupil. Pupils should ALWAYS be supervised and there should be a clear exit plan to the room. If used as part of a significant incident, an incident should be logged on Behaviour Smart. If used as part of a planned or sporadic low level regulation space, a Behaviour Smart log is not deemed necessary unless the staff member feels it is appropriate.

Recording

All incidents where restrictive Physical Intervention and the quiet room use (significant incident) is used, must be recorded on the schools Positive Handling/Behaviour Incident Form on Behaviour Smart. This should detail exactly why and how positive handling techniques were applied with specific reference to the holds used. Staff involved should be tagged and sent a copy (via automated email) of the form on Behaviour Smart and the form is to be kept indefinitely in school records.

Recording and protocols for the use of ground recovery / hold techniques (Advanced Team Teach)

All incidents that have required the use of ground recovery / hold techniques will follow the process below:

- A ground recovery technique can only be authorised by the Headteacher, Deputy, Assistant Head (Advanced TT tutor) or the Behaviour Lead (SLT/Advanced TT tutor). Should the above staff be unavailable, and in extreme circumstances, staff have a legal duty of care to keep themselves and other safe and should act in the best interests the pupil and others. All responses should be reasonable, proportionate and necessary to the situation.
- A staff member with at least a basic first aid qualification will monitor the pupil during an active ground recovery, including the positioning, breathing and colouring of the pupil.
- A staff member, where possible, will keep time of the length the technique is in place.
- Where possible, a ground recovery technique should not go beyond 12 minutes. Where a ground recovery technique is in place for 12 minutes, staff should seek to release initially, before engaging again, should they need to. Other techniques options should also be assessed for use at this point.
- There should be a clear dynamic plan to reduce the length of a ground recovery technique.
- Where possible, at least one staff member actively involved in the ground recovery (ideally the observer) should be trained to a minimum of basic first aid (1 day).

- Should there be any concerns linked to health during the restraint, such as; *Struggling to breathe; Complaining of being unable to breathe; Evidence of vomiting or report of feeling sick; Swelling, redness or blood spots to face or neck (petechiae); Blue tinge to lips, nose or skin (cyanosis); Marked expansion of the veins in the neck; Subject becoming limp or unresponsive; Loss of or reduced levels of consciousness; Respiratory or cardiac arrest, the restraint should be stopped immediately and further medical attention should be sought.*

- Following the incident, the pupil should be closely monitored, including checks by a first aider.
- Checks will also be completed 5, 30 and 60 minutes after the incident by a staff member who holds a minimum of a basic first aid qualification. This should be recorded on a 'Ground Recovery Medical Team Teach Checks' document, as per protocols set out by Team Teach. These will be uploaded to CPOMS for records.
- The incident will be recorded on Behaviour Smart.
- All incidents will be discussed with parents/carers.
- All risk assessments and positive behaviour plans will be reviewed automatically and dated for reference. These will be shared with staff and uploaded to CPOMS.
- All incidents and supporting documents will be monitored and reviewed by the schools Behaviour Lead (Advanced TT tutor/SLT) as well as the Headteacher, Deputy and Assistant Head.
- As per Team Teach protocols, the number of ground recovery holds will be reported to Team Teach every 8 weeks, using the Team Teach connect platform.

Communication with parents

We are committed to maintaining clear, transparent, and timely communication with parents and carers, and we pride ourselves on the strength of these partnerships. Following any incident involving positive handling or restrictive physical intervention (RPI), parents/carers will be informed by a member of the class team. This communication may take place in person, via telephone, or through the pupil's home–school communication book/diary.

In instances where the RPI is deemed to be more serious, the communication will be led or supported by the Head of Behaviour (Advanced Team Teach Tutor) or another member of the Senior Leadership Team (SLT). All incidents and subsequent communication will be fully documented using the school's online positive handling reporting system.

Where stationary RPI (i.e., where a pupil has been held in a fixed position) has been necessary, a formal letter will be sent home to parents/carers. This letter will be reviewed and signed by a member of SLT. Parents/carers will be encouraged to return the signed letter and indicate whether they are satisfied with the support their child is receiving, or if they wish to discuss the incident further.

Reporting of Injuries following extreme dysregulation / physically challenging behaviour

It is good practice for a member of staff to check the pupil in question for any injuries, marks or scratches after extreme dysregulation, physically challenging behaviour incident or PH incident. Any marks, scratches or injuries sustained during the course of a Positive Handling incident or physically challenging behaviour/dysregulation incident, should be recorded and the injured party should be seen by a first aider once calm. At Green Lane the care and safety of pupils is our paramount concern however we recognise the working realities when individuals are involved in incidents involving the use of force. "Team-Teach techniques seek to avoid injury to the service user, 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 service user remains safe.” (George Matthews, Team Teach Chairman).

Monitoring

Once a positive handling incident form has been completed it automatically alerts the pupil’s key stage leader and the senior leadership team. Senior Leaders and Team Teach co-ordinators will then monitor incident forms and instigate further action as required. All positive handling forms will be electronically signed off by the Head of Behaviour, Headteacher, Deputy Head or Assistant Head.

Responding to Unforeseen Emergencies

The school recognises that there are unforeseen or emergency situations which may cause the need for a physical intervention. The key principles are that any physical intervention should follow a dynamic risk assessment and be:

- in the best interest of the child;
- reasonable and proportionate;
- intended to reduce risk;
- the least intrusive and restrictive of those options available which are likely to be effective.

Following any emergency responses, a positive handling incident form must be completed in the usual way. Following this, the positive behaviour plan should be created or adapted to respond to the new intervention, and a review meeting may be called to review health and safety.

Post incident learning and recovery

At Green Lane, post-incident learning and recovery are essential components of our positive handling approach. We recognise that every pupil is unique, and therefore all post-incident learning is tailored to the individual needs of each child. This may be differentiated through the use of visual supports, personalised language scripts, and other appropriate communication tools to ensure accessibility and understanding.

Post-incident learning plays a vital role in helping pupils reflect on and understand their behaviour, supporting the development of emotional literacy and contributing to improved self-regulation. It also informs staff planning for future support, ensuring a proactive and personalised approach to behaviour management.

All post-incident learning is recorded on the Behaviour Smart online system and reflected in the pupil’s individual Smart Plan, ensuring a consistent and informed response across the school team.

Reviewed and updated by: M. Gaskell

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