

Safe Touch and Positive Handling Policy

St Margaret's CEVA Primary School



Approved by: FGB

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Safe Touch and Positive Handling Policy

- **Aims**

At St Margaret's Primary School we believe that children have the right to independence, choice and inclusion, 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) within their significant relationships. The quality of the child's relationships with significant adults is key to their healthy development and emotional health and wellbeing. Touch is recognised as being a physical way of soothing, calming and containing distress. Many research studies have indicated the necessity of human contact and touch in the healthy development of children. It is a factor in children who experience neglect and 'fail to thrive'.

Several children at St Margaret's Primary School need to access the pastoral team to support their emotional development. Children can experience interruptions in their emotional development for a variety of reasons including trauma or distress, parental mental health, domestic violence, post-natal depression 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.

Our policy takes into account the extensive neurobiological research and studies relating to attachment theory and child development that identify safe touch as a positive contribution to brain development, mental health and the development of social skills. At St Margaret's Primary School, we have adopted an informed, evidence based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning.

Our policy rests on the belief that every member of staff need 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 are trained to know when and how sufficient connection and psychological holding can be provided without touching.

Different Types of Touch

There are five different types of touch and physical contact that may be used, these are:

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 putting an arm out to bar an exit from a room, taking a child by the hand, 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, gently squeezing an arm, rocking gently or cuddling from the side.

3. **Contact Play (* Thrive Practitioners only)**

Contact play 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 an adult chasing and catching the child or an adult and child playing a game of building towers with their hands.

4. **Interactive Play (Rough and Tumble Play) (* Thrive Practitioners only)**

This structured play follows clear rules and is operated under close supervision by staff. It will only ever take place when all participants are in agreement and completely understand the rules. 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.

Interactive play may include: throwing cushions each other or using soft foam bats to 'fence' each other.

5. **Positive Handling (Calming a Dysregulating Child)**

Designated trained staff will restrain a child when behaviour is:

- Unacceptably threatening, dangerous, aggressive or out of control;
- In order to avoid harm to self or others or damage to property;
- To avoid an offence being committed and / or a breakdown of good order and discipline.

The restraining techniques used should be familiar to the staff involved, and they should be appropriately trained and be able to use them safely.

A child who is in a state of dysregulation and has no mechanism for self-calming or regulating their strong emotional reactions will be physically contained by staff*. This kind of containment will usually involve a member of staff sitting behind the child and enveloping the child in their arms whilst providing a safe, calm and soothing presence. It may also be necessary for another member of staff to control a child's kicking legs.

**The Pastoral Lead, Mrs Debbie Richards, under the direction of the Head Teacher, will be the responsible named person for ensuring which members of staff are trained and which children may need positive handling. Mrs Richards will oversee any incidents.*

Staff will employ the safest and gentlest means of holding a child, which is entirely designed to enable the child to feel safe and soothed and bring him or her down from an

uncontrollable state of hyper arousal. Maintaining boundaries in such cases can be a vital corrective emotional experience, without which the child can be left at risk of actual physical or psychological damage.

The brain does not develop self-soothing neuronal pathways unless this safe emotional regulation has been experienced. Physical containment of a dysregulating child can be the only way to provide the reassurance necessary to restore calm.

<https://www.thriveapproach.com/the-thrive-approach/>

Such necessary interventions are fully in line with guidelines set out in the Government Document 'New Guidance on the Use of Reasonable Force in School' (DfEE 1998) and in the Education Act Section 550A.

During any incident of restraint, staff must seek as far as possible to:

- Lower the child's level of anxiety during the restraint by continually offering verbal reassurance and avoiding generating fear if injury in the child;
- Cause minimum level of restriction of movement of limbs consistent with the danger of injury (so, for example, will not restrict the movement of the child's legs when they are on the ground unless in an enclosed space where flailing legs are likely to be injured);
- Ensure at least one other member of staff is present.

- **Steps to Take Before Positive Handling**

Prevention strategies and calming measures will be employed and the following action should be taken before a restraint is used.

- Conversation, distraction, coaxing skills, gentle persuasion or redirection to other activities (e.g. touching the child's arm and leading him / her away from danger, gently stroking the child's shoulder);
- Encourage the child to help him/herself feel more secure by wrapping a blanket tightly around him/herself or holding on tightly to a large cushion or stuffed toy;
- Put distance between the child and others - move others to a safer place;
- Calmly remove anything that could be used as a weapon, including hot drinks, objects, furniture;
- To prevent a child continuing to pose harm in a dangerous situation, advise others to leave, but remain with the child yourself;
- Use seclusion only if necessary for a short period while waiting for help, preferably where a member of staff can observe the child;
- Keep talking calmly to the child, explain what is happening and why, how it can stop, and what will happen next;
- Use first aid procedures in the event of injury or physical distress when safe to do so.

Who Can Use Positive Handling?

Staff using positive handling techniques will have been fully trained in appropriate techniques from an approved trainer. In either instance, specific guidance from child psychotherapists has been sought in regards to when to use positive handling as an appropriate course of action.

There are some situations where those without training might find it reasonable to use a degree of force.

- Everyone has the right to defend themselves against an attack provided they do not use a disproportionate degree of force to do so.
- In an emergency, for example, if a child was in immediate risk of injury or on the point of inflicting injury on someone else, any member of staff would be entitled to intervene.

- **Sharing Information**

A detailed written statement recording a physical intervention will be made as soon as possible after the incident on CPOMS and must include:

- What took place, to and by whom, its severity and how long it lasted;
- What effects there were and to whom;
- Circumstances leading up to the incident (who was involved, time of day and where it occurred, what activities were taking place etc);
- Actions that were taken by staff to avoid restraining;
- Details of other children or staff who were present at the time.

A written statement will be passed on to the child's parents / carers as soon as is practicable after the incident.

Staff will identify what actions would be appropriate for future use and prevention, including environmental / policy / procedural change.

Parent Involvement

Any child that has been identified by school as likely to be needing positive handling on a regular basis, then there will be a risk assessment and an individual behaviour plan which parents will be consulted over.

Parents and carers of all children attending the THRIVE programme (and considered to be at risk) will be sent a copy of this policy and will be asked to sign a declaration that they have received and read it. Opportunities for parents to ask any questions will be given.

Guidelines for the use of Safe Touch

To ensure touch is only used appropriately the following guidelines are to be followed:

- Parents/carers should be informed of the school policy on Touch
- Parents/carers should provide signed consent if their child is receiving 1.1 intervention as part of the Thrive Programme
- Parents/carers wherever possible should be involved in the Thrive Assessments and Action Plans and be regularly updated as to their child's progress through the program
- Teachers/support staff should be trained in the Thrive approach
- Teachers/support staff should be trained in all aspects of safe touch
- Staff members should agree the use of safe touch in discussion with the Inclusion Manager, Debbie Richards
- Children should be consulted, appropriate to their understanding, and involved in the development of a plan, based on a comprehensive risk assessment.
- Strategies should be rehearsed and practised (as is possible) with the child in preparation.
- An Individual Behaviour Plan or Safety Plan should be completed and its use recorded and monitored. This will supplement the Thrive Action Plan which will also include the use of safe touch as a strategy.

- TWO Adult rule: No adult should use safe holding when alone with a child. Both adults should have the closest / best relationship with the child. Where touch is used, contact should be brief and gentle, on clothed or publicly visible parts of the body: hands, arms, shoulders, head, hair, shoes.

Unsafe touch

- At no point and under no circumstances should staff members use touch to satisfy their own need for physical contact or reassurance
- No unsafe touch: All staff are trained to be fully cognisant of touch that is invasive or which could be confusing, traumatising or experienced as eroticising in any way whatsoever
- Serious Breach: Should any such touch be used it would be deemed as the most serious breach of the Code of Ethics warranting the highest level of disciplinary action.

Appendix 1

USE OF REASONABLE FORCE ADVICE FOR HEAD TEACHERS, STAFF AND GOVERNING BODIES

When can reasonable force be used?

- Reasonable force can be used to prevent pupils from hurting themselves or others, from damaging property, or from causing disorder.
- In a school, force is used for two main purposes – to control pupils or to restrain them.
- The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.
- The following list is not exhaustive but provides some examples of situations where reasonable force can and cannot be used.

Schools can use reasonable force to:

- Remove disruptive children from the classroom where they have refused to follow an instruction to do so;
- Prevent a pupil behaving in a way that disrupts a school event or a school trip or visit;
- Prevent a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others;
- Prevent a pupil from attacking a member of staff or another pupil, or to stop a fight in the playground; and
- Restrain a pupil at risk of harming themselves through physical outbursts.

Schools cannot:

- Use force as a punishment – it is always unlawful to use force as a punishment.

Source: Extract from Department of Education, Use of reasonable force Advice for head teachers, staff and governing bodies - July 2013 Section 93, Education and Inspections Act 2006