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| logo | **St Mary’s Church of England Primary School**  **Guildford Diocese Education Trust**  Academies in partnership with the Guildford Diocese  Education Trust The Education Centre, The Cathedral, Guildford, Surrey GU2 7UP Tel:  01483 450423  **Safe Touch and Positive Handling Policy** January 2022 |  |

Date adopted: January 2022 Last reviewed: n/a

Review cycle: Every 3 years or earlier Is this policy statutory? No

Approval: Headteacher Author: Sheila Buckley

Local approval\*: n/a Local author\*: n/a

\* only for policy/procedures that are templates and require local adaptation. Local approval will either be the local committee, the head teacher, or the CEO (refer to policy schedule)

# Revision record

Minor revisions should be recorded here when the policy is amended in light of changes to legislation or to correct errors. Significant changes or at the point of review should be recorded below and approved at the level indicated above.

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| Revision No. | Date | Revised by | Approved date | Comments |
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This policy has been prepared for the support of all teaching and support staff who come into contact with pupils who may need to be positively handled. This policy should be read in conjunction with other school policies relating to interaction between adults and pupils, specifically the school’s Behaviour Policy. The policy will be reviewed bi- annually by the Headteacher and Local Committee.

## Aims

At St. Mary’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 development and wellbeing. However, rights also involve responsibilities, for example it is everyone’s responsibility to not take away other people’s rights including the right to learn, be safe and be treated with respect. Children who are dysregulated or unable to appreciate danger have a right to be protected; as do other children in the school, and staff have a duty of care to all children in school.

## Rationale

Children learn who they are and how the world is by forming relationships with people and the world around them. The quality of a child’s relationship with significant adults is vital to their healthy development and emotional health and wellbeing. Some children at St. Mary’s School need access to ELSA or the mental health nurse support due to being subject to trauma or distress. 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. Mary’s CofE 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.

**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, to safely guide a pupil, 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, squeezing an arm, rocking gently or cuddling.

## 3. Contact Play

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

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 will be in line with the Code of Conduct. 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 Neurotropic 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) including safe touch and restraint.**

Trained staff will restrain/ use physical intervention for 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/ physical intervention 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. 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. Such necessary interventions are fully in line with guidelines set out in the Government Document ‘Guidance on the Use of Reasonable Force in School’ (DfE 2017) and the Education Act.

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

* Lower the child’s level of anxiety during the restraint by continually offering verbal reassurance;• 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 at all times during the time that this is used.

## 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 e.g. 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. 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 restraint will be made as soon as possible after the incident and must include:

* What took place, to and by whom, it’s 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 senior leader will sign and check the written information/ statement provided. After the review of any incident, a copy of the recording form will be placed on CPOMS under the pupil’s name.

* Parents will be informed of the use of positive touch/handling

If further action is required in relation to a member of staff or a pupil, this will be pursued through the appropriate procedure:

* Child Protection Procedure
* Allegations of Abuse Against Adults Policy
* Staff Grievance Procedure
* School Behaviour Policy
* Exclusions Procedure

Members of staff will be kept informed of any action taken in line with school policy. In case of any action concerning a member of staff, he/she will be advised to seek advice from his/her professional association/union.

## Complaints

The availability of a clear policy regarding Positive Handling and early involvement of parents should reduce the likelihood of complaints but may not eliminate them. Any complaints about staff will be dealt with under the Trust’s Complaints about Staff Grievance Policy.

Review: January 2024