Safe Touch and Positive Handling Policy 2017-2018

Aims

At Hayes 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; as do other children and staff. Staff have a duty of care to all children and colleagues within Hayes.

Rationale

Children learn who they are and how the world is, 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 of the pupils who require support through Thrive at Hayes 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 development 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. Hayes has adopted an informed evidenced based decision to allow safe touch during our Thrive sessions, as a developmentally appropriate intervention that will aid healthy growth and learning.

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 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, squeezing an arm, rocking gently, cuddling, tickling or sitting on an adults lap, hand or foot massage.

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 playing a game of building towers with their hands.

4. **Interactive play (rough and tumble play)**
   This structured play follows clear rules and is operated under close supervision by staff. It will only ever take place when all practitioners are in agreement and completely understand the rules. This sort of play releases the following chemicals in the brain:
   - Opiodes-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.

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

5. **Positive handling (calming a dysregulating child)**
   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 breakdown of good order or discipline.

The restraining techniques 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, bring him or her down from an uncontrollable state of hyper arousal. Maintaining boundaries in such cases can be 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 disregulating 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 "New Guidance on the Use of Reasonable Force in school" (DfEE, 1998) and in Education Act Section 550A.

During an 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 of injury in the child.
- Cause the 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 (eg: 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;
- Use seclusion only if necessary for a short period while waiting for help,

preferably where a staff member 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 have been fully trained in the Thrive approach and have received specific guidance from child psychotherapists. Staff have also received
Team Teach training and are trained to know when positive handling is an appropriate cause 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 were 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, 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 copy of the written statement will be passed on to the child's parents/carers and the Headteacher as soon as is practicable after the incident.

Be all you can be
Hayes School

Name of Child _____ **Date of Incident** _____

Staff Involved _____ Reported by _____

Time of incident (tick 1)		Location (tick all that apply)		Intervention/ de-escalation strategy used (tick all that apply)	
Before start of school		Car park		Calm talking	
During registration		Reception / Offices		Offering choices	
First session		Dining Hall		Distraction	
Morning Break		MaD hall		Humour	
Second session		Corridor		Negotiation	
Lunchtime		Classroom		Direction to safe space	
Afternoon first session		Intervention room		Thrive strategies	
Afternoon break		Playground /Field		Individual Behaviour plan strategies	
Afternoon second session		Off site		Support from specific staff member	
End of school day		Other (please state)		Other (please state)	

What happened before/ What was the trigger?	Main point of incident include: Duration of incident Duration of physical intervention	Outcome of incident (including any injuries or damage) How was the incident followed up with pupil?	Pupil reflection on incident. (What reflection took place?)

Parent response.	Was any further action required?	Was staff debrief/ follow up required?