



Rationale

Our policy on Touch has been developed in the context of the school's Safeguarding Protection Procedures and Policies. It takes into account the extensive neurobiological research and other studies relating to attachment theory and child development that identify safe touch as a positive contribution to brain development, emotional regulation, mental health and the development of pro-social skills. Our school has adopted an informed, evidence-based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning.

Due to COVID 19 risk assessments currently in place, physical contact with a child should be limited and only take place when necessary. Additional measures should be taken after contact with a child, e.g. wash hands, use of hand sanitiser.

The staff team receive training and have the opportunity for case supervision where appropriate and their day-to-day practice is monitored by the Head teacher and senior leadership. All staff must pay due regard to their own health and safety.

Clarity should be our aim, a child should never be left in any doubt about the member of staff's intention behind any physical contact.

There are different types of touch/physical contact used, these are:

1. Casual / informal/ incidental touch
2. General reparative touch
3. Positive Handling
4. Contact play
5. Interactive Play as part of social and emotional education in nurture sessions.

1. Casual / informal / incidental touch

All teaching and support staff use touch with pupils as part of a normal relationship: comforting a child, giving reassurance, and congratulation. This might also include putting an arm out to bar exit from a room, taking a child by the hand; the benefit of this action is that it is often proactive and prevents the child from getting into a situation that could escalate.

2. General reparative touch

Used by staff working with children who are having difficulties with their emotions for a number of reasons. Healthy development requires access to safe touch as one of the means of calming, soothing and containing distress for a frightened, sad or angry child. Touch used to regulate a child's emotions is both a needed developmental experience and triggers the releasing of the calming chemical, oxytocin, in the body. If this is required on a regular basis, this may form part of a child's individual Positive Handling Plan.

3. Positive Handling (calming a "disregulating" child)

Trained staff may need to positively handle a child if their behaviour is unacceptably threatening, dangerous, aggressive or out of control. This is to avoid causing harm to themselves or others, causing damage to property, to prevent an offence being committed and/or to avoid a breakdown of good behaviour. Any incident will be recorded and reported to the Head Teacher (Appendix 2). Staff are trained in Positive Handling and follow the Devon County Council PIP's (Passive Intervention and Prevention Strategies) for positive handling and physical intervention.

Pupils who may have to be calmed in this manner may already have been identified and had a Positive Handling Plan written for them (Appendix 1). After a Positive Handling incident there will be a de-brief with the pupil and with the staff concerned (Appendix 2). It is a legal requirement for a written report to be given to the pupil's parents as soon as practicable after the incident.

There maybe some occasions where, for reasons of safety a child maybe touched e.g. near a busy road.

Teachers and authorised school staff have a statutory power to use force in certain circumstances. Section 93 of the Education and Inspections Act 2006 states that school staff can use "reasonable force" to prevent or to stop a pupil from committing an offence, injuring him/herself or others, damaging property or behaving in a way detrimental to good order and discipline in the school. The use of force is "reasonable" if the circumstances of the particular incident warrant it, and the degree of force is in proportion to the seriousness of the situation and the consequences the intervention is intended to prevent. Force should, wherever possible, be avoided and when necessary it must be used in ways that maintain the safety and dignity of all concerned.

4. Contact play

Used by staff taking the role similar to a parent in a healthy child/parent relationship. This could include playing 'tag' with a child.

5. Interactive Play as part of social and emotional provision (e.g. nurture groups, play therapy)

This structured play is under close supervision by staff with selected children to support their social and emotional development.

Appendix 1

Positive Handling Plan

Name

Class:

Date:

Behaviours/situations likely to result in Positive Handling: What is the behaviour? When does it occur? Where does it occur?

Strategies to use where possible before physical intervention:

| | | | | |
|-------------|-------------------|-----------------------------------|---------------------------|-----------------|
| Give time | Clear instruction | Give a count | Instruct other pupils | Remove stimulus |
| Give space | Distraction | State alternatives / consequences | Praise partial compliance | Time out |
| Talk calmly | Reassure/remind | Other staff intervene | Repeat request | Other |

Possible Positive handling strategies

| | | | |
|----------|-----------------|----------------------|------------------------|
| Lap over | Safe wrist hold | Safe wrist hand hold | Safe double wrist hold |
| Sitting | Kneeling | Standing | Shield |

Medical condition that should be taken into account:

Notes:

Signatures:

Child: _____ Teacher: _____

Parent/carer: _____ SEND Co-ordinator: _____

Headteacher: _____

Review Date:

Appendix 2

Positive Handling Plan Incident Report

IT IS A LEGAL REQUIREMENT THAT THE PARENT RECEIVES A COPY OF THIS REPORT AS SOON AS IS PRACTICABLE AFTER THE INCIDENT

Pupil: _____ Class _____ Date _____

Reported by: _____

Location: _____

What led up to incident?

What steps did you take to de-escalate situation (tick all which apply)?

| | | | | | | |
|-------------|-------------------|--|-----------------------------------|---------------------------|-----------------|--|
| Give time | Clear instruction | | Give a count | Instruct other Pupils | Remove stimulus | |
| Give space | Distraction | | State alternatives / consequences | Praise partial compliance | Time out | |
| Talk calmly | Reassure/remind | | Other staff intervene | Repeat request | Other (state) | |

Brief factual summary of what exactly happened?

Start time _____ End time _____

Reasons for intervention:

| | | | | | |
|--|--|---|--|--------------------------|--|
| Actual injury to themselves. Give details: | | Potential injury to themselves | | Attempting to leave site | |
| Actual injury to staff/staff/another pupil. Give details: | | Potential injury to staff/staff/another pupil | | Other (state) | |
| Actual damage to property. Give details: | | Potential damage to property | | Other (state) | |

Why was it in the child's best interest to intervene?

Positive handling strategies used:

| | | | | | | | |
|----------|--|-----------------|--|----------------------|--|------------------------|--|
| Lap over | | Safe wrist hold | | Safe wrist hand hold | | Safe double wrist hold | |
| Sitting | | Kneeling | | Standing | | Shield | |

Length of contact _____

Adults involved _____

Other people present _____

Pupil debrief: Y/N Staff debrief: Y/N

Parent informed: Copy of this report (legal requirement)

Plus: Phone Verbal Letter

Any other relevant action taken afterwards?

Signed: Pupil (if appropriate) _____

Other adults involved _____

Parent/ carer _____

Headteacher _____

Date: _____