


Shirley Warren Primary and Nursery School	Effective Date:	January 2024
Policy and Procedure Statement		
<b>SAFE TOUCH AND POSITIVE HANDLING POLICY</b>	Revision Date:	January 2025
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	Seen by the Governing body on 23 <sup>rd</sup> January 2024	
	Signed  (Chair of Governors)	
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This policy should be read in conjunction with the Behaviour Policy

### 1. Aims

At Shirley Warren 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 who are unable to control their actions or unable to appreciate danger have a right to be protected just as do other children attending school. Staff have a duty of care to exercise in ensuring this is the case.

### 2. Rationale

Children learn who they are and how the world is, by 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 their emotional health and wellbeing. Shirley Warren Primary and Nursery School has put in place specific provision (Thrive) for children who need additional support for their emotional health or well-being. The THRIVE programme is designed to support emotional development. A key strand of this programme is the understanding that staff may need to respond to a child's developmental needs by using appropriate safe touch. Our policy rests on the knowledge that every member of staff has been trained to know the difference between appropriate and inappropriate touch in accordance with Keeping Children Safe in Education 2021 and the schools Safeguarding Policy.

## 1. Different Types of Touch

### A) 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, giving high fives. The benefit of this action is often proactive and can prevent a situation from escalating.

### B) 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 a hand or foot massage.

### C) 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. Thrive activities that incorporate a close contact might include feather tickling, hand and foot painting, story-telling and massage.

### D) Positive Handling (Calming a Dysregulated Child)

Securicare trained staff will hold 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.

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. The restraining techniques used will be familiar to the staff involved, will have been appropriately trained for, will be safely and as a last resort where other de-escalation attempts have been made.

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 dysregulated 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 'Use of Reasonable Force in Schools' (2013)

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 of injury in the child;
- Cause minimum restriction of the 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 when possible.

## **2. Steps to Take Before Positive Handling**

Prevention strategies and calming measures will be employed in the form of Vital Relational Functions (VRF's) of Attune, Validate, Contain and Soothe/Regulate before the decision to use restraint is taken (unless the child is displaying behaviour as outlined in paragraph 3D of this document). Staff at Shirley Warren are trained in the use of VRF's and all have copies of these.

Examples of prevention strategies and calming measures include:-

- 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/her feel more secure by wrapping a blanket tightly around him/her 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 surplus adults 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.

## **3. Who Can Use Positive Handling?**

Staff using positive handling techniques will have been fully trained in either the Thrive VRF approach (all staff) and/or Securicare positive handling techniques (individual staff members). In either instance, the specific guidance from these approaches will

be followed in regards to when / how 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

#### **4. Sharing Information**

With all Securicare incidents a detailed written statement recording a physical intervention will be done as soon as possible after the incident and will 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 physical intervention;

Details of other children or staff who were present at the time.

This will be followed up with a phone call/letter home to inform parents of the incident and the Local Authority Informed. Following an incident staff will have a debrief session and consider future plans to support the child involved with a particular focus on identifying strategies to prevent the need for using holds.

Parents / 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.