QUINTON PRIMARY SCHOOL

Safe Touch Policy
and Guidelines

The Supportive Use of Physical Intervention with Children and Young People in Quinton Primary School - a Trauma and Mental Health Informed School - Rationale

Quinton school is committed to establishing a safe physical and emotional learning environment where basic needs are met; safety measures are in place; and staff responses are consistent, predictable, and respectful. Our approach to physical contact within the context of safe relationships is underpinned by research and evidence.

'Social touch is a powerful force in human development, shaping social reward, attachment, cognitive, communication, and emotional regulation from infancy and throughout life.' (Cascioa et al 2019)

Touch is the earliest sense to develop and is significant in the way we perceive our own bodies and our sense of self. In the first months of life, touch is key in the development of secure attachment and the formation of relational bonds. Touch communication is associated with immediate reductions in both behavioural (Stack and Muir, 1990) and physiological (Feldman et al., 2010b) response to stress.

In the classroom, positive, contingent touch from teachers has been demonstrated to increase on-task behaviour and decrease disruptive behaviour in young children. (Wheldall et al., 1986)

The DfE has stipulated that schools cannot have a no touch policy as physical intervention can have a profound impact on stressed out or dysregulated children, often preventing escalation and the need for exclusion or isolation. A "no touch policy" would be depriving to children who need to be soothed and calmed.

Legal Framework and Terminology

The current legal context and guidance is informed by the following documents **DFE-00023-2014 Behaviour and Discipline in Schools** (updated 2016) **DFE 00295-2013 Use of Reasonable Force** (reviewed 2015).

Where touch is used to support a child/young person through reassurance, regulation at an early opportunity it is legally deemed to be '**physical intervention.**'

Where the child's/young person's movement is controlled either through passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of a classroom, this is legally referred to as **'restrictive physical intervention'.**

School staff have the legal right and power to use reasonable force in specific circumstances to prevent pupils:

committing an offence;

injuring themselves or others;

damaging property;

disrupting good order and discipline in the classroom.

DFE 00295-2013 defines the term '**reasonable force'** to cover the broad range of actions used that involve a degree of physical contact with children and young people. Force is usually used either to control or restrain. This can range from guiding a pupil to safety by the arm through to more extreme circumstances such as breaking up a fight or where a child/young person needs to be restrained to prevent violence or injury. 'Reasonable in the circumstances' means using no more force than is needed.

Restraint means to hold back physically or to bring a pupil under control and is used in extreme circumstances where the physical safety of the child/young person or another is in question. This is also referred to as **'restrictive physical intervention'.**

Where touch is used to support a child/young person through reassurance, regulation at an early opportunity it is legally deemed to be '**physical intervention**'.

At Quinton school we refer to **physical intervention** as the use of **safe touch** to support and regulate a child and **restrictive physical intervention** as **supportive holding. <u>They are not different or additional to those terms defined in law.</u>**

<u>DFE and ruling on reasonable force</u>

DFE 00295-2013 permits **all** members of school staff have a legal power to use reasonable force when the situation satisfies the circumstances outlined above. This power applies to any member of staff at the school regardless of whether they have received training in restrictive physical intervention or not. It can also apply to people whom the head teacher has temporarily put in charge of pupils such as unpaid volunteers or parents accompanying students on a school organised visit or where a professional from another agency is working with the child/ young person e.g. therapist.

Further situations when physical intervention may be required include 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;

restrain a pupil at risk of harming themselves through physical outbursts.

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 informed by the risks of using physical intervention and the risks of not. Quinton school believes it is fundamental, in meeting the emotional needs of the child/young person, to provide containment and appropriate boundaries to a child/young person. This may include preventing the child/ young person escalating in the destructiveness of their behaviour. This can sometimes be a call for support by the child who may not be able to articulate this in any other way.

What is appropriate Safe Touch (physical intervention) DFE 00295-2013 guidance is clear. It is not illegal to touch a pupil. There are occasions when physical contact, other than reasonable force, with a child/young person is proper and necessary. Schools should **not** have a 'no contact' policy. There is a real risk that such a policy might place a member of staff in breach of their duty of care towards a child/young person, or prevent them taking action needed to prevent a pupil causing harm. Used in context and with empathy, touch supports the development of strong, nurturing relationships with the children and young people we care for. It can support the development of an effective stress management system, altering a child's biochemical profile and balancing key emotional systems in the brain (Panksepp and Biven 2012). It can also be key to developing fundamental social, behavioural and attention skills, whilst offering physical support to those children/young people who need it.

DFE 00295-2013 offers examples of appropriate use:

Holding the hand of the child at the front/back of the line when going to assembly or when walking together around the school;

When comforting a distressed pupil;

When a pupil is being congratulated or praised;

To demonstrate how to use a musical instrument;

To demonstrate exercises or techniques during PE lessons or sports coaching;

To give first aid or medical support (administering an EPI pen or insulin injection)

In addition, Quinton school supports the use of touch for the following reasons and circumstances:

Communication - touch is an important aspect of communication and plays a significant role in establishing good connection with children and young people at early communication levels. (Nind and Hewett, 2006). Where a child displays difficulty in focusing on the human voice, touch may be necessary to gain attention or reinforce other communication (e.g. hand on shoulder when speaking) or to function as the main form of communication in itself. Touch enables staff and pupils to respond non-verbally or to respond to another person's own use of physical contact for communication and to make social connections. Touch may steady a child/young person who desperately seeks connection with an adult, confirming they have been seen and heard.

Educational, Health and Care Tasks - Touch can also be used to direct children in educational tasks and developing skills. Physical prompting and support, gestural and physical prompts during learning activities such as hand-over-hand support and hand-under-hand support (particularly for children who have profound or complex additional needs) Play activities naturally include touch. Quinton supports the use of attachment play activities as targeted interventions to build and develop supportive, nurturing relationships with children and young people. These activities involve appropriate physical contact.

Physical support may also be necessary to include and teach, in activities such as; PE or swimming or to carry out therapy programmes such as; massage, sensory integration, occupational therapy, physical therapy either by the therapist or by another member of staff carrying out a programme or following therapy advice.

Emotional and Physical Regulation – touch is an effective way to communicate acceptance and emotional warmth. It can provide containment and reassurance, communicating safety and comfort. Touch affecting both tactile and pressure receptors stimulates the central nervous system into a state of relaxation and calm. It affects both behavioural and neurochemical indicators of stress – decreased heart rate, blood pressure, cortisol and oxy-tocin levels (Field 2016) resulting in a more relaxed, attentive state. Cautionary touch should be used with pupils who are sensitive to touch, touch defensive or may have a history of receiving negative touch.

Intimate Care- occasionally children and young people may need support with personal care skills as a result of medical or additional needs. Touch is necessary in order to carry out and support pupils' personal care and intimate care routines. This is more relevant in Early Years where parents consent is obtained. Intimate care should only be carried out by staff that the child/young person is comfortable and familiar with.

Physical Intervention: Safe Touch : Key Considerations for Staff - Staff should always consider the purpose and intended outcome of the use of safe touch (**physical intervention**). It should always be with the best interest of the child/young person at heart and meet an emotional or physical need in the child. Staff should be aware of how safe touch may be interpreted by the child themselves and other people. So use of touch should always be preceded by a reflective process on the part of the child professional. Communication of effective working practice with children/young people will ensure that physical intervention practices are not misinterpreted. To protect themselves, staff should operate an open door policy when delivering a programne of intervention involving safe touch or when supporting a pupil's sensory needs such as with massage. Staff must not lone work when providing intimate care or personal care programmes where the child/young person will be undressing and/or requiring physical support behind a closed door.

What Constitutes Inappropriate/Unsafe Touch?

Physical intervention should never be used as a form of punishment;

Touch that is instigated to meet a need in the adult is **not** deemed appropriate or safe e.g. to reassure the adult or make the adult feel better;

Touch that replicates an element of a traumatic experience for a child/young person;

Any physical intervention that the child experiences as unwanted, uncomfortable or invasive (except in the use of restrictive physical intervention where safety is paramount);

Touch with children/young people who are identified as sensitive to touch or touch defensive e.g. children with sensory integration/processing difficulties, ASC or traumatic associations with touch;

It is not acceptable to kiss pupils. Occasionally younger children or children with complex needs may initiate a kiss between themselves and a member of staff as a genuine, instinctual demonstration of affection. It is the role of school staff to support children to understand safe touch and develop appropriate boundaries to keep themselves safe. Staff should withdraw from the situation, gently reminding the child of their role and appropriate people to demonstrate their affection to in this way;

It is never appropriate to touch children/young people in the following areas; genitals, chest/breast or bottom unless providing intimate care for which parents have given consent.

What is appropriate Supportive Holding (Restrictive Physical Intervention-RPI)?

Supporting Students who have become unsafe - On occasions it may be necessary for the reasons outlined in **DFE-00023-2014** to use restrictive physical intervention to keep the child or young person safe. Some children/young people lack the capacity to self-regulate and may continue to escalate their behaviour if uncontained. Supportive holding (RPI) with a trusted, calm adult can provide the opportunity to calm and regulate their high arousal state and know that they can rely upon the adults around them to be positively in control and keep them safe. It is a necessary developmental response to a child who is behaving in ways that are unsafe and who is in deep emotional distress. It is sometimes necessary to restrict the liberty of a child in order to keep them safe (e.g. a child running out of the classroom then the school on to a busy road) Allan (2014) provides further guidance and clarification over the restriction and deprivation of liberty, versus reducing risk and safeguarding the child. Deprivation of liberty is sometimes reasonable, proportionate and necessary depending on the age, capacity and understanding of the individual at the time. All parents at some time deprive their child of the freedom to act of their own volition based on their skills or understanding – holding their hand by a busy road, putting up a stair gate, preventing them going to a party where alcohol is served. Similarly, adults in school act in loco parentis. The actions of adults considering using supportive holding should be informed by dynamic risk assessments that way up the risks of intervening versus the risks of not. At the heart of good risk assessment should be the question,

“what would I want somebody to do in similar circumstances if that was my child?”

Intervention at the earliest opportunity minimises the risk the child/young person and the adults involved. Close observation and the recording of triggers is necessary to identify the lower level behaviours that indicate a child’s distress. Intervention at this point is proactive rather than reactive. The use of safe touch, regulation or discharge techniques or giving the child a sensory break may de-escalate and prevent the need for more restrictive or controlling intervention.

Best Practice

Where there are concerns about the safety of a child/young person’s behaviour, a full risk assessment should be undertaken, identifying potential triggers and weighing the risks of supportive holding AND the risks of not intervening. From this an individual supportive holding (RPI) plan should be prepared.

A full trauma and attachment history should be the first point of planning appropriate support. Restriction of movement however gentle or caring may be re-traumatising to a child who has experienced physical or sexual abuse or a traumatic event characterised by feeling trapped or pinned down. Similarly, a child with sensory integration difficulties my find supportive holding painful and unbearable. Where this is the case, offering weighted blankets and sensory integration interventions for active proprioception – hanging (from monkey bars), climbing, crawling lying over yoga balls, may offer a more beneficial approach.

Best Practice for Supportive Holding

Supportive holding (RPI) should only be undertaken by adults with the best relationship with the child and should be underpinned by the principles of compassion, dignity and kindness (RCN Positive and Proactive Care 2016). Where this is not possible due to training or medical issues, these adults should be clearly visible to the child.

Cultural and gender differences should be considered when planning and a child's preferences be incorporated wherever possible.

Settings using supportive holding (RPI) should have a policy in place, ratified and approved by the Governing Body and shared with parents. Key staff should receive training in a recognised form of Restrictive Physical Intervention to minimise risk to the child and to themselves.

Any supportive holding (RPI) should be conducted by a minimum of two trained members of staff to support observation and provide a critical friend.

Clear help protocols should be established within the setting. Adults must have ways to identify and indicate that they need to remove themselves from the situation or for staff to indicate a change of face may be necessary where it is observed an adult has become dysregulated or triggered.

As the child becomes calm, the hold can be relaxed to a more comforting physical intervention.

It is critical that relational repair is facilitated between adult and child. This may not be immediate but it is crucial that the same adults are involved.

The child should be involved in the creation of a supportive holding plan, with the opportunity to practice/ rehearse what will happen and when so they are fully prepared.

Communication of the plan with the child, parents and all school staff is imperative so there is clear understanding of the process

All instances of supportive holding (RPI) should be recorded on CPOMS at the earliest opportunity, in line with local authority guidance. It is strongly recommended as good practice that incidents are shared and discussed with parents

All staff involved in an incident of supportive holding (RPI) should be given recovery time and attend a debrief with an emotional available and supportive member of staff. Incidents can be emotionally and physically exhausting and distressing and it is important staff are supported in this process.

When to Avoid Supportive Holding

The child is bigger and/or stronger than you are

Only one adult is present

The adult has been triggered by the child's behaviour and is dysregulated. It is impossible to contain and calm a dysregulated child when the adult is not clam and steady. Their dysregulation is likely to communicate itself to the child and further exacerbate their sense of thereat and danger

Where the purpose of the hold is to obtain submission/dominance over the child rather than to keep them safe

Quinton's Safe Touch Policy is based on the DfE guidelines and evidence from the following sources:

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