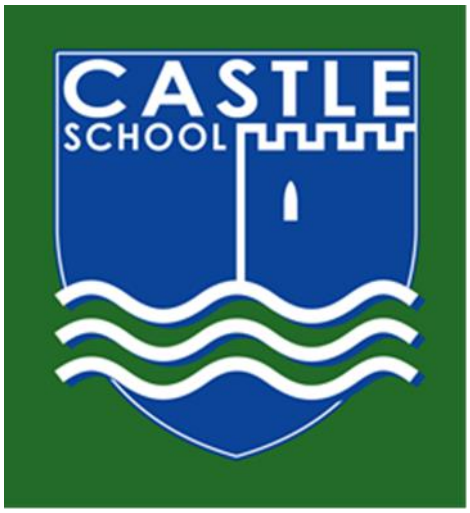
Castle School



Safe Touch Policy

Status	Drafted by:	Approved:	Approved by:
School's own	P Nelmes/A Haberfield	Dec 22	Headteacher
Review date: Autumn 25	To be reviewed by:	Shared with staff: Dec 22	Publish on school website: Yes

Castle School Safe Touch Policy

Introduction

The term Physical contact is used to describe the use of touch for many purposes in numerous different contexts. This is a controversial and complex area. At Castle we recognise that supportive strategies that include or use touching children are vital for their wellbeing.
The Children Act 1989 makes it clear that the paramount consideration in any decision should be in the best interest of the child concerned. Paramount in this context means that it should be the first thing people think about and it takes precedence over other considerations.
Physical contact should always be about meeting the needs of the child. Actions that can be ambiguous are open to misinterpretation. Staff should always think before making any physical contact. They should be clear about why their actions are in the best interest of the child concerned. They should remember that some children like physical contact and some do not. This policy should be read in conjunction with our positive physical interventions and restraint policy.

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 emotional health and wellbeing.
Many of the pupils who require emotional support from school may have been subject to trauma or distress or may not have had a positive start in life. They may have sensory or physical issues. It is with all 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. We have adopted an informed, evidence based decision to allow safe touch 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.

Different types of touch

There are four 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 or an arm,

rocking gently, cuddling, tickling or sitting on an adult's lap (for very young pupils), hand or foot massage.

3. Deep pressure input

Many children are better able to regulate when they have deep pressure support. This can include pressure on the hands, head, shoulders arms, feet and lower legs. It can also include a whole body squeeze. This pressure can be given through planned interventions, such as part of a sensory circuit routine, preventatively (for example to help a child maintain a level of self-regulation through the day) or reactively (in response to signs of distress, upset or other dysregulation).

4. Contact/interactive 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.

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

5. Positive handling (calming a dysregulated child) - The School's Positive Handling Policy will apply

The restraining 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 may be physically contained by staff.

All staff are trained in the STEPS model, and where there is a need, this includes training in techniques to use restrictive physical interventions, i.e. to use 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 'New Guidance on the Use of Reasonable Force in School' (DfEE 1998) and in the Education Act Section 550A.

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 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 wherever possible.

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.

- Applying the schools behaviour policy
- 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);
- 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;
- 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;

Although these techniques to calm a dysregulated child are seen as best practice, individual children may require techniques to calm down. Reference to a child's Individual Behaviour Care Plan is required for more information.

Other policies to be taken into account:

- Guidance for Safer Working Practice
- Keeping Children Safe in Education