

## Ladysmith Federation Safe Touch and Positive Handling

### Aims

At Ladysmith Federation 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 in the school, and staff have a duty of care.

All of the staff at Ladysmith Federation are fully aware that the use of positive handling is only one of the strategies available to secure pupil safety, wellbeing and also to maintain good order and discipline. This policy is part of our overall pastoral care procedures and should be read in relation to our policies on behaviour and child protection.

The overriding aims of this policy are:

- To protect every person in the school community from harm.
- To protect all pupils against any form of physical intervention that is unnecessary, inappropriate, excessive or harmful.
- To provide adequate information and training for staff so that they are clear as to what constitutes appropriate behaviour and to deal effectively with violent or potentially dangerous situations.
- To use the minimum degree of force necessary to accomplish positive handling.
- To give full support to staff who have been assaulted or have suffered verbal abuse from pupils or others.
- To maintain accurate records of incidents where Positive Handling has been employed.

### 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. Some pupils, however, may have not had such a positive start in life and, as a consequence, may not have a secure understanding of the boundaries within which they need to stay in order to keep safe and help promote a secure learning environment. They may also lack in emotional development which research shows can be fostered by safe touch and reassurance.

This policy rests on the belief that every member of staff needs to know the difference between appropriate and inappropriate touch. Equally, when a child is in deep distress, staff need to know how to respond.

## **THRIVE**

THRIVE is a programme where a trained member of staff may use safe touch. This has been agreed with parents and carers as part of the programme of activities which are designed to support a child with emotional, social, attachment or behavioural development.

### **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 a 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, but judgement must always be made in terms of the child's previous reactions to such experiences.

#### **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. Research shows that 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, gently squeezing an arm, rocking or holding gently, sitting on an adult's lap and hand massage.

#### **3. Contact Play**

Contact play is used by staff adopting a role similar to a parent in a healthy child-parenting relationship. This will only take place when the child has developed a trusting relationship with the adult and when they feel entirely 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.

## 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 participants 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.

Interactive play may include such games as using soft foam bats to ‘fence’ each other.

## 5. Positive handling (calming a disregulating 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 and discipline.

The restraining techniques involved should follow those taught in the **Passive Intervention and Prevention Training**. The aim is to 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 a vital corrective emotional experience, without which the child can be left at risk of actual physical or psychological damage. Research shows that 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 by the government.

**Legislation and Guidance:** (as quoted by the LDP Primary Behaviour Network)

As a general rule nobody has the right to touch, move, hold or contain another person. However, people with a duty of care operate in exceptional circumstances where it is sometimes necessary to act outside the norm. Whenever they do so they should be clear about **why it is necessary**. It is important to be clear that any

actions taken were in the person's best interests and that they were **reasonable and proportionate**. Minimum force must be used and for the shortest time possible. Steps must be taken to prevent injury, pain and distress and the dignity of the person must be maintained at all times.

**(See attached DfE guide Use of Reasonable Force)**

## **Risk Assessment**

If positive handling in the form of restraint/calming a disregulating child is needed it is necessary to carry out a dynamic risk assessment at the time. Those involved will need to attempt to reduce risk by managing:

- The environment
- Body language
- The way we talk
- The way we act

## **Individual Risk Assessments**

For those already identified as possible being at risk of disregulation, appropriate steps should be taken beforehand to compile a list of possible triggers and preventative measures in an individual behaviour plan with the SENCO, Deputy Head / Head teacher. Parents and all staff involved must also be made aware of this and the possible actions that will be taken in the event of the need to restrain/calm a disregulating child.

## **Action Steps**

If suggested preventative measure (such as discussion, reasoning, warning, reassurance, choice, instruction, ask to stop, diversion, humour, distraction, soothing) are not working and restraint is seen to be necessary, the following steps should be followed:

- Summon the help of the nearest available adult [red emergency cards are kept in each classroom (Infant School) or a message can be sent with a sensible child].
- Send a message to the office to inform the Senior Leadership Team.
- Continue to communicate in a calm and soothing way with the child.
- If restraint is needed try to manoeuvre the child into a sitting position using one of the holds set out by the **Passive Intervention and Prevention Training** and, if possible, in a place away from others. (Remove the rest of the class if this is easier)

- Continue to hold, rock and soothe the child continually talking in a positive manner. Empathise with the child's situation but gently remind them of the need to keep to the rules in order to keep them and others safe.
- Make it clear to the child that restraint will be removed as soon as it ceases to be necessary.
- Always take a calm and measured approach and staff should never give the impression that they have lost their temper or are acting out of anger or frustration when handling a problem.
- When the child has calmed down, explain to them the reasons for restraint and how it was done to preserve their safety and that of others.

## **Recording**

Staff should record all incidents of restraint in accordance with School Policy and report these to the Head teacher. Parents should also be made aware of the incident and the reasons for it.

## **Recommended Holding Techniques**

Any form of restraint should ideally follow the examples given by the **Passive Intervention and Prevention Training** and should also be ideally carried out in a sitting position that is comfortable for all those involved. However, occasions may also occur when kneeling and standing may also be necessary.

**Policy Agreed by Governors on:**

**Signed:**

**Review Date:**

## Appendix A:

### Recommended Holding Techniques

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Holds:



Lap Over



Safe Wrist Hold



Double Wrist Hold



Care of Legs



Safe Wrist and hand hold