

Tudor Grange Academies Trust

Safe Touch Policy

1. Preamble

- 1.1 The Trust is committed to ensuring that all staff will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 1.2 The Trust takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care.
- 1.3 The Trust recognises its duties and responsibilities in relation to the Equality Act 2010. All teaching and non-teaching staff at Tudor Grange Academies Trust are responsible for ensuring that all pupils, irrespective of gender, ability, sexuality, disability, ethnicity and social circumstances, have access to the whole curriculum and opportunities to make the greatest progress possible in all areas of the curriculum. We recognise the importance of respecting the diverse family circumstances that exist within our school community and seek out resources to reflect these.
- 1.4 This Safe Touch policy should be read in conjunction with Trust policies as below:
 - Safeguarding Policy;
 - Staff Code of Conduct;
 - 'Whistle-blowing' Policy and Procedure;
 - Abuse Allegations Procedures;
 - Health and safety Policy and Procedures;
 - Supporting Pupils with Medical Conditions Policy;
 - Special Educational Needs Policy.
- 1.5 There are many occasions when staff will have cause to have physical contact with children or young persons for a variety of reasons, for example:
 - Communication;
 - First Aid;
 - to comfort a child or young person in distress (so long as this is appropriate to their age);
 - to direct a child or young person (holding hands, hand on shoulder etc);
 - for educational skills (PE, Drama etc);
 - for life skills (changing for PE, toileting, using cutlery etc);
 - in an emergency to increase safety to the child or young person and staff.
- 1.6 At Tudor Grange Academies Trust, we have adopted an informed decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning. The policy underpinning this approach takes into account the extensive neurobiological research and studies relating to attachment theory and child development, that identify touch as a positive contribution to brain development, mental health and the development of social skills.

2. Aims

- 2.1 The Trust aims to help children feel wanted and valued at all times in our academies. We also believe 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. Equally, when a child is in deep distress, key staff have been trained to know when and how sufficient connection and psychological holding can be provided without touching or using positive handling through the Safer Handling approach.
- 2.2 In all situations where physical contact between staff and children or young persons takes place, staff must consider the following:
- the child or young person's age and level of understanding;
 - the child or young person's individual characteristics and history;
 - the location where the contact takes place (it should not take place in private without others present).
- 2.3 If a child or young person requires physical support on a regular basis this information will be documented on an individual plan such as a Positive Handling plan, Toileting plan or Behaviour Support plan.
- 2.4 It is also recognised that in an emergency incident staff may take into account the use of reasonable force and their responsibilities under duty of care.

3. Safe Touch Practice

3.1 Different Types of Touch

There are different types of touch and physical contact that may be used, these are:

- Casual / Informal / Incidental Touch

Staff use touch with pupils as part of a normal relationship, for example, when comforting a child, giving reassurance or congratulating them for their work, efforts or behaviour. This might include taking a child by the hand, patting them on the back or putting an arm around their shoulders. The benefit of this action is often proactive and can prevent a situation from escalating.

- Safer Handling

Staff have a 'duty of care' to all pupils. If a pupil is becoming a danger to him/herself or others, the first line of approach by staff will be verbal, using a variety of de-escalation techniques, interventions and instructions.

- 3.2 In an escalating or dangerous situation, reasonable, calm and considered responses could be used. These include:

- Blocking a pupil's path;

- Holding, pushing or pulling a pupil away from an incident;
- Leading a pupil by the arm;
- Guiding a pupil away with hand in centre of their back.

Examples of when these responses may be used could be:

- A child running towards a busy road;
- An angry child about to hurt someone;
- A serious fight;
- A child damaging school property.

- 3.3 Where de-escalation or other such strategies have not worked, there may be the need to intervene physically to stop someone putting themselves or others in danger. A child who is in a state of dysregulation and has no mechanism for self-calming or regulating their own strong emotional or physical reactions, may be physically contained by staff using safe techniques. Members of the school team have been Safer Handling trained and their support should be sought when possible. Safe techniques should be applied by a familiar and qualified member of staff, who has knowledge of and involvement with the pupil concerned and such techniques should be considered appropriate, necessary and proportionate.
- 3.4 A member of staff may need to hold a child when their reactions, emotions or behaviour are a:
- Risk to self;
 - Risk to others;
 - Risk to safe physical environment;
 - Risk to safe psychological environment;
 - Prevention of psychological distress;
 - Prevention of physical harm;
 - Prevention of criminal offence;
 - Temporary loss of competence or capacity.
- 3.5 Staff will employ the most appropriate technique for 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 is vital.
- 3.6 The brain does not develop self-soothing neuronal pathways unless safe emotional regulation has been experienced and the physical containment of a dysregulated child can, on occasions, be the only way to provide the reassurance necessary to restore calm.
- 3.7 Physical contact is never made as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. It will not become a habit between a member of staff and a particular child or young person.
- 3.8 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 2013) and in regard to The Education Act 1996 (Circular 10/98).

3.9 During an incident where a child has needed to be held, staff must attempt, as far as possible, to follow Safer Handling practices:

- Lower the child's level of anxiety by continually offering verbal reassurance, where appropriate, and to avoid 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, this 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);
- Not restrict the child's breathing;
- Use the technique for the least amount of time possible;
- Ensure at least one other member of staff is present;
- Ensure that all incidents requiring a child to be held are logged in the Bound and Numbered Physical Restraint Book.

4. Children's Response to Touch

4.1 Staff must always be aware that all children interpret and react to touch in different ways. Some children are over-demonstrative and try to demand a great deal of affection and physical contact, whilst others shy away from or have a dislike of physical contact. We must never assume that a child will accept a touch that is meant as a friendly gesture.

4.2 There may be children in our care who have backgrounds where there has been inappropriate physical contact, or even emotional, physical or sexual abuse. These children will be confused about adult-child contact and will need very sensitive support and care. Wherever there is physical contact, the following points must be seriously considered:

- Always ensure there are other adults or responsible children around;
- Contact is not within an enclosed, private or hidden location;
- Never show favour to individual children;
- Physical contact will not be made with the child or young person's neck, breasts, abdomen, genital area, other sensitive body parts, or to put pressure on joints;
- Never touch a child in a way that could be misinterpreted as being anything other than friendly or comforting appropriate adult-child support;
- Where a child tries to get closer than is felt appropriate, an explanation regarding suitable use of personal space should be given and the child should be encouraged to adopt a different physical stance;
- Some very active children sometimes calm down and focus on a lesson when having a gentle contingent touch e.g. on the back of the neck, on the top of their arm, back or shoulder. In this case such support must be written into the child's Care or Positive Handling Plan.

5. Help with Changing and Toileting

5.1 Where children require help with changing or toileting, the dignity of the child must be maintained at all times. Great care must be taken to ensure that all physical contact is specifically and only for the purpose of the operation being carried out. The necessary recording

of the appropriate intimate care paperwork must be completed. *Refer to Tudor Grange Academies Trust Intimate Care Policy.*

6. Safeguarding

- 6.1 Wherever a member of staff observes or feels uncomfortable about the way in which a child or an adult is using or abusing physical contact with them or others, this must be reported to the Principal/Head of School (or to the Chair of Governors if it pertains to the Principal/Head of School) as per the allegations against staff procedure.