



Positive Handling Policy

Portishead Primary School

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Positive Handling and Safer 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. There have been instances where schools have had a no touch policy and totally forbade staff from touching children. This is actually against all statutory guidance and is not tenable.

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.

Who is this useful for?

- All students of school age from Primary through to Secondary who need guidance on appropriate touch which will improve their emotional wellbeing, enhance their emotional and social skills and help to develop their emotional literacy. Note: Age and developmental age appropriate touching will need to be considered.
- The vulnerable students whose early life experiences have not equipped them to manage their own emotions effectively. These students might be under – achieving or causing concern because of their behavior. They may not be able to assess personal risk or function well in social situations.
- Students with situational needs may go through an event or trauma which suddenly means they need more support than before.

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. It is with 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

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, placing a hand on the back or putting an arm around the child's shoulders. The benefit of this action is often proactive and can prevent a negative 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 or sitting on an adult's lap, or a hand or foot massage.

3. 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:

- Opioids - to calm and soothe and give pleasure;
- Dopamine - to focus, be alert and concentrate;
- BDNF (Brain Derived Neurotrophic 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.

4. Positive handling when calming a dysregulating child

The restraining techniques used should be familiar to the staff involved, and this may require them to be appropriately trained in order to use approved restraining techniques. 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.

(This must be recorded on CPOMS using the Team Teach Bound and Numbered sheet and shared immediately with the DSLs.)

We would recommend that Staff 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 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 if 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 school's 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.

The Role of physical Contact

It is not illegal to touch a student. There are occasions when physical contact will be proper and necessary. Examples of proper and necessary appropriate touch:

- Reinforce verbal comfort to a hurt child
- Help reinforce calming of a child (co-regulating emotions)
- Reinforce verbal messages of celebration or success (self-esteem)
- Reinforce verbal messages of belonging and connection.
- Demonstrating the use of a musical instrument
- Administering first aid

While advocating healthy, appropriate physical contact, there must be explicit boundaries to avoid acting in ways that:

- Harm a child
- Open a member of staff to accusations of harming a child
- Lead a child to misunderstand what is a healthy level of physical contact with staff
- Damage our schools reputation
- Cause parental concern.
- Leave staff and or child feeling uncomfortable with interactions

Staff will not, under any circumstance, use touch to satisfy their own need for physical contact or reassurance. They will always be aware of the perception of other staff members, pupils and parents. Staff will be conscious of their own behavior ensuring that at all times it is appropriate, professional and a true reflection of the schools ethos to protect all children.

Any physical contact will be in response to a child's needs at the time and the following considerations will be made:

- Physical contact will be of limited duration
- Appropriate to the age or developmental stage of a child
- Adults will use their professional judgement to observe a child's reaction or feelings and use a level of contact, which is acceptable to the child
- The child and their family will assist staff in making that risk assessment with regards to the level of physical contact used.
- Individual and cultural views on what is appropriate physical contact will be taken into account
- The voice of the child is something we will not ignore. The child's feelings, emotions and reactions will always be considered and taken into account when considering or/and during the use of appropriate touch.

This policy should be read in conjunction with:

The 'Guidance for Safer Working Practice for Adults who work with Children and Young People in Education
Use of reasonable force 2013 Gov.uk
Keeping children safe in education 2023