



Safe Touch Guidelines

Date: December 2020

Review date: December 2021

Approved by Advisory Board: December 2020

Signed:

A handwritten signature in blue ink, which appears to be "S. Day".

Safe Touch Guidelines

Aims At All Saints School

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. 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. 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. At All Saints School, we have adopted an informed, evidence based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning as a part of a nurturing school ethos. Safe touch will only be used when appropriate and will take into account the individual needs and preferences of each student.

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 students 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 gently squeezing an arm.

3. Contact Play

This 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.

4. Interactive Play

This structured play follows clear rules and is operated under close supervision by staff. It will only ever take place when all participants are in agreement and completely understand the rules. 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.

5. Positive Handling (Calming a Dysregulated Child)

Trained staff will move or 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 a breakdown of good order and discipline.

This will always be a last resort and using techniques taught as part of the Norfolk Steps Training.

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.

- 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);
- Encourage the child to help him/herself feel more secure by wrapping a blanket tightly around him/herself or holding on tightly to a large cushion or stuffed toy;
- 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
- To prevent a child continuing to pose harm in a dangerous situation, advise others to leave, but remain with the child yourself;
- Keep talking calmly to the child, explain what is happening and why, how it can stop, and what will happen next;

Use first aid procedures in the event of injury or physical distress when safe to do so.

Who Can Use Positive Handling?

Staff using positive handling techniques will have been fully trained in the Norfolk Step On and Step Up techniques.

There are some situations where those without training might find it reasonable to use a degree of force. Everyone has the right to defend themselves against an attack provided they do not use a disproportionate degree of force to do so. In an emergency, for example, if a child was in immediate risk of injury or on the point of inflicting injury on someone else, any member of staff would be entitled to intervene.