

Care and Control Policy

Urmston Primary School is a kind and caring place with our children’s safety and happiness being our number one priority. We believe that positive touch has many benefits such as, for example providing reassurance and guidance. This policy explains the school’s position on positive touch and provides some guidance on its use in order to protect both staff and children.

Positive touch is a basic human need. We interact daily with young children including Nursery age children who are naturally tactile and affectionate. We want to make sure that their needs are met and that they develop caring, positive relationships with others. If a child initiates contact or needs reassurance, we want our staff to feel confident that they can respond naturally without fear of unfounded accusations. We want parents to feel confident that we will respond appropriately to their children’s needs, and to understand that positive touch may be a part of that response.

We believe that avoiding using positive touch when appropriate would have a negative effect on the children in our school and our school community. The following guidance gives examples of situations where positive touch is appropriate. This list is not exhaustive and there will be many more instances where it may be used appropriately.

Examples of Acceptable Touch

* First Aid – eg cleaning wounds, applying plasters
* Personal hygiene and personal care - eg changing soiled clothing, cleaning themselves
* Getting changed for PE - eg dressing, undressing, tying hair back, putting swimming hats on.
* Giving physical support - to people who have physical difficulties (eg transfer in and out of a wheelchair) and in lessons - eg supporting in PE, showing how to hold a pencil/scissors, using a mouse, applying makeup for drama shows
* Praise - eg reaffirming ‘well done’ with a gentle pat on the shoulder.
* Safety – eg crossing the road, preventing children from hurting themselves.
* Therapy – massage, sensory stimulation, physiotherapy, rebound therapy, etc. delivered by the therapist or by another member of staff following a therapy programme or following therapy advice.
* Emotional reasons – to communicate affection and warmth, to give reassurance and to communicate security and warmth. To enable the person to develop understanding of these positive emotions and the ability to communicate them - eg when they are upset or worried or in need of guidance, a child may be allowed to sit on an adult’s lap in the classroom (EYFS age children) or offered a hug as appropriate.
* Physical intervention – to protect children and young people from danger by physically intervening and managing unwanted behaviours including the use of restraint, while following recognised guidelines and policies of the school.

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 a breakdown of good order and discipline.

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 will be physically contained by staff. This kind of containment will usually involve a member of staff sitting behind the child and enveloping the child in their arms whilst providing a safe, calm and soothing presence. It may also be necessary for another member of staff to control a child’s kicking legs.

Staff will 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’ (DfE 2013) 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 on other member of staff is present.

Steps to Take Before Positive Handling for intervention.

Prevention strategies and calming measures will be employed and the following actions may 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;

• 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;

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

Who Can Use Positive Handling for intervention?

Staff using positive handling techniques will have been fully trained in the TeamTeach or equivalent positive handling 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.

Sharing Information

A detailed written statement recording a physical restraint will be made as soon as possible after the incident in the restraint incident book and must include:

• What took place, to and by whom, its severity and how long it lasted;

• What effects there were and to whom;

• Circumstances leading up to the incident (who was involved, time of day and where it occurred, what activities were taking place etc);

• Actions that were taken by staff to avoid restraining;

• Details of other children or staff who were present at the time.

A copy of the written statement will be passed on to the child’s parents / carers and the Head as soon as is practicable after the incident.

Guidelines:

* Staff need to be clear and open about why they are using touch and be able to explain their practice.
* There must be clarity and transparency in issues of touch.
* The use of touch should be discussed openly and regularly between staff
* When ‘guiding’ children from one place to another, staff should be gentle, offer a hand to take, or place a calm hand on the shoulder or back. This should always be done in a gentle and supportive manner.
* Touch should never be used when disciplining, unless with consent from the child – for example, when offering a hand that they subsequently take.
* People of any age can want and need physical support or touch. Staff are often concerned about the issue of age-appropriateness; however, the developmental age and emotional and communication needs of the individual are just as important than actual age.
* While gender and cultural factors have relevance in issues of touch, the emotional and communication needs of the individual are due equal consideration.
* As far as possible, the young person involved should consent to any touch given and staff should be sensitive to any verbal and non-verbal communication they give that might indicate that they do not want to be touched. It should always be considered by staff that for touch to provide positive experiences it should be consensual.
* Staff should be sensitive to any changes in the young person’s behaviour or negative reactions that might indicate the need to reduce or withdraw touch. Significant changes in behaviour should be clearly recorded.
* The people we support should be given opportunities to touch each other while interacting and playing as would happen naturally for any child or young person. Attention should always be given to ensure that both parties are happy with this.
* Staff must be sensitive to the danger of touch being misunderstood and triggering sexual arousal and must be alert to all feedback signals from the person they are working with
* A pupil may occasionally inadvertently touch intimate parts of a member of staff’s body when there is no sexual intent or understanding. The member of staff should withdraw without giving significant negative feedback in this situation and the incident should be recorded.
* It is never appropriate for staff to touch a young person’s intimate body areas except as part of intimate or medical care.
* If staff are in any doubt about issues concerning appropriate touch or observe any practice that causes concern they should discuss this with the Designated Lead for Safeguarding.
* Staff should be aware that there have been many instances of abuse perpetrated in education and care establishments. The best method of prevention is transparency, openness and teamwork, and staff should try to monitor and assist each other in carrying out their work.

Summary:

Touch is necessary and desirable as part of the development, emotional well-being, care, for education and quality of life of the people we support. This policy outlines when this may be needed and gives staff the direction and security for this to occur positively and productively, while still protecting the pupils at Urmston Primary School.

If there are concerns about inappropriate touch by a member of staff, by a child, or by a parent, these should be reported immediately to Mr Parker (Designated Safeguarding Lead) or Mrs Marsland (Deputy Designated Safeguarding Lead) and they will be dealt with following the school’s safeguarding procedures. Allegations of inappropriate touch made against members of staff will be dealt with in line with the school’s safeguarding procedure in contacting the LADO (Local Authority Designated Officer) and MARAT (multi-agency referral team).

Related Policies and guidance:

* Guidance on the Use of Reasonable Force in School’ (DfE 2013)
* Safeguarding
* Child Protection
* Staff Code of Conduct
* Whistleblowing
* Behaviour
* Health and Safety

Date: April 2023

Review Date: Spring 2026

Signed: Headteacher: ***S Parker***

Chair of SCW&W: ***Rev. Stephen Smith***