




Policy and Guidance on Safe Touch: The Supportive Use of Physical Intervention with Children and Young People in a Trauma and Mental Health Informed School

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Rationale

Trauma and mental health informed organisations are committed to establishing a safe physical and emotional learning environment where basic needs are met; safety measures are in place: and staff responses are consistent, predictable and respectful.

Our approach to physical contact within the context of safe relationships is underpinned by research and evidence ‘Social touch is a powerful force in human development, shaping social reward, attachment, cognitive, communication and emotional regulation from infancy and throughout life.’ (Cascio et al, 2019)

Touch is the earliest sense to develop and is significant in the way we perceive our own bodies and our sense of self in the first few months of life, touch is key in the development of secure attachment and the formation of relational bonds. Touch communication is associated with immediate reductions in both behavioural (Stack and Muir, 1990) and psychological (Feldman et al, 2010b) responses to stress.

In the classroom, positive, contingent touch from teachers has been demonstrated to increase on-task behaviour and decrease disruptive behaviour in young children (Wheldall et al., 1986)

It is right that DfE has now stipulated that schools cannot have a no touch policy as physical intervention can have a profound impact on stressed out or dysregulated children, often preventing escalation and the need for exclusion or isolation. A ‘no touch policy’ would be depriving to children who need to be soothed and calmed.

Legal Framework and terminology

The current legal context and guidance is informed by the following documents: -

DFE-00023-2014 Behaviour and Discipline in Schools (updated 2016)

DFE 00295-2013 Use of Reasonable Force (reviewed 2015)

Where touch is used to support a child/young person through reassurance, regulation at an early opportunity it is legally deemed to be ‘**physical intervention**’

Where the child/young persons movement is controlled either through passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of a classroom, this is legally referred to as '**restrictive physical intervention**'

Bernard Allen 2014 Improving Guidance on Managing Risk and Restraint in Children's Services

DFE-00023-2014 gives school staff the legal right and power to use reasonable force in specific circumstances to prevent pupils:

- Committing an offence
- Injuring themselves or others
- Damaging property
- Disrupting good order and discipline in the classroom

DFE 00295-2013 defines the term '**reasonable force**' to cover the broad range of actions used that involve a degree of physical contact with other children and young people. Force is usually used either to control or restrain. This can range from guiding a pupil to safety by the arm through to more extreme circumstances such as breaking up a fight or where a child/young person needs to be restrained to prevent violence or injury. 'Reasonable in the circumstances' means using no more force than is needed.

Restraint means to hold back physically or to bring a pupil under control and is used in extreme circumstances where the physical safety of the child/young person or another is in question. This is also referred to as '**restrictive physical intervention.**'

Where touch is used to support a child/young person through reassurance, regulation at an early opportunity it is legally deemed to be '**physical intervention**'

In TISUK, CCMH and IATE we refer to physical intervention as the use of **safe touch** to support and regulate a child and **restrictive physical intervention** as **supportive holding**. **They are not different or additional to those terms defined in law.**

DFE and ruling on reasonable force

DFE 00295-2013 permits **all** members of school staff have a legal power to use reasonable force when the situation satisfies the circumstances outlined above. The power applies to any member of staff at the school regardless of whether they have received training in restrictive physical intervention or not. It can also apply to people whom the Headteacher has temporarily put in charge of pupils such as unpaid volunteers or parents accompanying students on a school organised visit or where a professional from another agency is working with the child/young person e.g. therapist.

Further situations when physical intervention may be required to:-

- Remove disruptive children from the classroom where they have refused to follow to do so;
- Prevent a pupil behaving in a way that disrupts a school event or a school trip or visit
- Prevent a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others
- Prevent a pupil from attacking a member of staff or another pupil or to stop a fight in the playground

- Restrain a pupil at risk of harming themselves through physical outbursts

The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances informed by the risks of using physical intervention and the risks of not.

TISUK, CCMH and IATE believe it is fundamental in meeting the emotional needs of the child/young person to provide containment and appropriate boundaries to a child/young person. This may include preventing the child/young person escalating in the destructiveness of their behaviour. This can sometime be a call for support by the child who may not be able to articulate this in any other way.

What is appropriate Safe Touch (physical intervention)

DFE 00295-2013 guidance is clear. It is not illegal to touch a pupil. There are occasions where physical contact, other than reasonable force, with a child/young person is proper and necessary. Schools should not have a 'no contact' policy. There is a real risk that a policy might place a member of staff in breach of their duty of care towards a child/young person or prevent them taking action needed to prevent a pupil causing harm.

Used in context with empathy, touch supports the development of strong, nurturing relationships with the children and young people we care for. It can support the development of an effective stress management system, altering a child's biochemical profile and balancing key emotional systems in the brain (Panksepp and Biven 2012) It can also be key to developing fundamental social behaviour and attention skills, whilst offering physical support to those children/young people who need it.

DFE 00295-2013 offers examples of appropriate use; -

- Holding the hand of the child at the front/back of the line when going to assembly or when walking together around the school
- When comforting a distressed pupil
- When a pupil is being congratulated or praised
- To demonstrate how to use a musical instrument
- To demonstrate exercises or techniques during PE lessons or sports coaching
- To give first aid or medical support (administering an EPI pen or insulin injection)

In addition, TISUK/CCMH/IATE supports the use of touch for the following reasons and circumstances; -

Communication – touch is an important aspect of communication and plays a significant role in establishing good connection with children and young people at early communication levels. (Nind and Hewett, 2006) Where a child displays difficulty in focusing on the human voice touch may be necessary to gain attention or reinforce other communication (e.g. hand on shoulder when speaking) or to function as the main form of communication in itself. Touch enables staff and pupils to respond non-verbally or to respond to another person's own use of physical contact for communication and to make social connections. Touch may steady a child/young person who desperately seeks connection with an adult, confirming they have been seen and heard.

Educational, Health and Care Tasks – touch can also be used to direct children in educational tasks and developing skills. Physical prompting and support, gestural and physical prompts during

learning activities such as hand-over-hand support and hand-under-hand support (particularly for children who have profound or complex additional needs) Play activities naturally include touch. TISUK support the use of attachment play activities as targeted interventions to build and develop supportive, nurturing relationships with children and young people. These activities involve appropriate physical contact.

Physical support may also be necessary to include and teach, in activities such as: PE or swimming or to carry out therapy programmes such as massage, sensory integration, occupational therapy, physical therapy either by the therapist or by another member of staff carrying out a programme or following therapy advice.

Emotional and Physical Regulation – touch is an effective way to communicate acceptance and emotional warmth. It can provide containment and reassurance, communicating safety and comfort. Touch affecting both tactile and pressure receptors stimulates the central nervous system into a state of relaxation and calm. It affects both behavioural and neurochemical indicators of stress – decreased heart rate, blood pressure, cortisol and oxytocin levels (Field 2016) resulting in a more relaxed, attentive state. Cautionary touch should be used with pupils who are sensitive to touch, touch defensive or may have a history of receiving negative touch.

Intimate Care – occasionally children and young people may need support with personal care skills as a result of medical or additional needs. Touch is necessary in order to carry out and support pupils personal care and intimate care routines. A separate Intimate Care Policy should detail procedures and responsibilities. Intimate care should only be carried out by staff that the child/young person is comfortable and familiar with.

Physical Intervention: Safe Touch – Key Considerations for Staff

Staff should always consider the purpose and intended outcome of the use of safe touch (**physical intervention**) It should always be with the best interest of the child/young person at heart and meet an emotional or physical need in the child.

Staff should be aware of how safe touch may be interpreted by the child themselves and other people. So, use of touch should always be preceded by a reflective process on the part of the child professional. Communication of effective working practice with children/young people will ensure that physical intervention practices are not misinterpreted.

To protect themselves staff should operate an open-door policy when delivering a programme of intervention involving safe touch or when supporting a pupil's sensory needs such as with massage or Tac-Pac. Staff must not lone work when providing intimate care or personal care programmes where the child/young person will be undressing and /or requiring physical support behind a closed door.

What Constitutes Inappropriate Touch?

- Physical intervention should never be used as a form of punishment
- Touch that is instigated to meet a need in the adult **not** deemed appropriate or safe e.g. to reassure the adult or make the adult feel better
- Touch that replicates an element of a traumatic experience for a child/young person

- Any physical intervention that the child experiences as unwanted, uncomfortable or invasive (except in the use of restrictive physical intervention where safety is paramount)
- Touch with children/young people who are identified as sensitive to touch or touch to defensive e.g. children with sensory integration/processing difficulties, ASC or traumatic associations with touch.
- It is not acceptable to kiss pupils. Occasionally younger children or children with complex needs may initiate a kiss between themselves and a member of staff as a genuine, instinctual demonstration of affection. It is the role of the school staff to support children to understand safe touch and develop appropriate boundaries to keep themselves safe. Staff should withdraw from the situation, gently reminding the child of their role and appropriate people to demonstrate their affection to in this way.
- It is never appropriate to touch children/young people in the following areas: genitals, chest/breast or bottom unless providing intimate care (please see school policy)

What is appropriate Supportive Holding (Restrictive Physical Intervention – RPI?)

Supporting students who have become unsafe

On occasions it may be necessary for the reasons outlined in **DFE-00023-2014** to use restrictive intervention to keep the child or young person safe. Some children/young people lack the capacity to self-regulate and may continue to escalate their behaviour if uncontained. Supportive holding (RPI) with a trusted, calm adult can provide the opportunity to calm and regulate their high arousal state and know that they can rely upon the adults around them to be positively in control and keep them safe.

It is a necessary developmental response to a child who is behaving in ways that are unsafe and who is in deep emotional distress. It is sometimes necessary to restrict the liberty of a child in order to keep them safe (e.g. a child running out of the classroom then the school on to a busy road) Allen (2014) provides further guidance and clarification over the restriction and depravity of liberty, versus reducing risk and safeguarding the child. Deprivation of liberty is sometimes reasonable, proportionate and necessary depending on the age, capacity and understanding of the individual at the time. All parents at the same time deprive their child of the freedom to act of their own volition based on their skills or understanding – holding their hand by a busy road, putting up a stair gate, preventing them going to a party where alcohol is served. Similarly, adults in school act in loco parentis. The actions of adults considering using supportive holding should be informed by dynamic risk assessments that weigh up the risks of intervening versus the risks of not. At the heart of good risk assessment should be the question ‘what would I want somebody to do in similar circumstances if that were my child?’ Intervention at the earliest opportunity minimises the risk the child/young person and the adults involved. Close observation and the recording of triggers is necessary to identify the lower-level behaviours that indicate a child distress. Intervention at this point is proactive rather than reactive. The use of safe touch, regulation or discharge techniques or giving the child a sensory break may de-escalate and prevent the need for more restrictive or controlling intervention.

Best Practice

- Where there are concerns about the safety of a child/young persons behaviour, a full risk assessment should be undertaken, identifying potential triggers and weighing the risks of supportive holding AND the risks of not intervening. From this an individual supportive holding (RPI) plan should be prepared
- A full trauma and attachment history should be the first point of planning appropriate support. Restriction on movement however gentle or caring may be re-traumatising to a child who has experienced physical or sexual abuse, or a traumatic event characterised by feeling trapped or pinned down. Similarly, a child with sensory integration difficulties might find supportive holding painful and unbearable. Where this is the case offering weighted blankets and sensory integration interventions for appropriate proprioception – hanging (from monkey bars), climbing, crawling, lying over yoga balls, may offer a more beneficial approach.

Best Practice for Supportive Holding

- Supportive holding (RPI) should only be undertaken by adults with the best relationship with the child and should be underpinned by the principles of compassion, dignity and kindness (RCN positive and Proactive Care 2016). Where this is not possible due to training or medical issues, these adults should be clearly visible to the child.
- Cultural and gender differences should be considered when planning and a child's preferences to be incorporated wherever possible
- Settings using supportive holding (RPI) should have a policy in place ratified and approved by the Trustees and shared with parents. Key staff should receive training in a recognised form of Restrictive Physical Intervention to minimise risk to the child and to themselves.
- Any supportive holding (RPI) should be conducted by a minimum of 2 trained members of staff to support observation and provide a critical friend.
- Clear help protocols should be established within the setting. Adults must have ways to identify and indicate that they need to remove themselves from the situation or for staff to indicate a change of face may be necessary where it is observed an adult has become dysregulated or triggered.
- As the child becomes calm, the hold can be relaxed to a more comforting physical intervention.
- It is critical that relational repair is facilitated between adult and child. This may not be immediate but is crucial that the same adults are involved.
- The child should be involved in the creation of a supportive holding plan with the opportunity to practical rehearse what will happen and when, so they are fully prepared.
- Communication of the plan with the child, parents and all school staff is imperative so there is clear understanding of the process.
- All instances of supportive holding (RPI) should be recorded at the earliest opportunity in line with local authority guidance. It is strongly recommended as good practice that incidents are shared and discussed with parents.
- All staff involved in an incident of supportive holding (RPI) should be given recovery time and attend a debrief with an emotional available and supportive member of staff. Incidents can be emotionally and physically exhausting and distressing and it is important staff are supported in this process.

When to Avoid Supportive Holding

- The child is bigger and/or stronger than you are
- Only one adult is present
- The adult has been triggered by the child's behaviour and is dysregulated. It is impossible to contain and calm a dysregulated child when the adult is not calm and steady. Their dysregulation is likely to communicate itself to the child and further exacerbate their sense of threat and danger.
- Where the purpose of the hold is to obtain submission/dominance over the child rather than to keep them safe

Policy and Guidance on Safe Touch

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