



# Safe Touch and Positive Handling Policy

## **Aims**

At St Margaret's Academy 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. However, rights also involve responsibilities, such as not harming other people's rights. Children unable to control their actions or unable to appreciate danger, have a right to be protected as do other children at the school, and staff have a duty of care to exercise.

## **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 children 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.

At St Margaret's Academy 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. The school has 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. Equally, when a child is in deep distress, staff need to know when and how sufficient connection and psychological holding can be provided without touching.

All staff need to be clearly aware of procedures within this policy. The policy should be seen in the wider context of the 'Behaviour Policy' which aims to promote positive values and good behaviour choices.

## **Different types of touch**

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

### **1. Casual / informal / incidental touch**

Staff use touch with children 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, squeezing an arm, rocking gently, cuddling, tickling or hand 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.

#### **4. Positive handling (calming a dysregulating child)**

Staff may use force as is reasonable in all the circumstances in order to prevent a child from doing, or continuing to do, any of the following:

- Committing a criminal offence
- Injuring themselves or others
- Causing damage to property
- Engaging in behaviour prejudicial to maintaining good order and discipline. (This could be to prevent a child behaving in a way that seriously disrupts a lesson or to ensure a child leaves a classroom where the child persistently refuses to follow an instruction to do so. (As defined in the DfCSF, ‘ The use of force to control or restrain children. Guidance for Schools’ 2010).

Using any form of force or restraint is a last resort (it is only 5% of the Team Teach techniques which staff have been trained in). When considering restraining a child the relevant considerations must be taken into account:

- Where possible the child will be directed to another area rather than be restrained
- The degree of force must be proportionate to the circumstances and incident, and seriousness of the event (or the consequences it is intended to prevent).
- It should always be the minimum needed to achieve the desired result, (it might also depend on the age, understanding and sex of the child).
- Use of force is only reasonable if particular circumstances warrant it, otherwise it is unlawful; it therefore follows that it should not be used for situations that can be resolved without it, or for trivial misdemeanours.
- Restraint must not be used to make a child comply with instructions

A child who is in a state of dysregulation and has no mechanism for self-calming or regulating their strong emotional reactions may be physically contained by staff. This kind of containment will usually involve a member of staff sitting behind or beside the child and enveloping the child in their arms whilst providing a safe, calm and soothing presence

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, bringing 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 of injury in the child;

- Cause the 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. This member of staff will also record timings of events for accuracy when recording events.

### **Steps to take before positive handling**

If the school is aware that a child is likely to behave in a way that might require physical restraint, it should plan how to respond. Consideration should be given to:

- Manage the child. Use strategies to de – escalate the event
- Involve parents so that they are fully aware of how the school may have to react
- Brief staff – ensure that everyone knows what action should be taken
- Ensure that additional support can be summoned if appropriate
- The need to take specific advice about the safest way to hold children with specific health needs (particularly those children with SEND)

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 or move the child to a safer space through guidance with 'safe c' hands;
- 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;
- Use seclusion only if necessary for a short period while waiting for help, preferably where a staff member can observe the child and record timings of events for accuracy when recording events;
- 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

Staff in charge should take a calm, measured approach to a situation, and never give the impression that they have lost their temper, or are acting out of anger, frustration, or to punish a child.

Physical intervention can take many forms:

- Physically interposing between children or blocking a child's path
- Touching, holding or leading a child by the arm
- Guiding a child away by using a 'safe c' hold behind the upper arm.
- (In extreme circumstances) using a more restrictive hold – as per Team Teach restraint training. This would only be used to direct the child to a safer environment where they would be safe and also for a minimum amount of time.

Staff should always avoid touching or holding a child in a way that might be considered indecent.

In exceptional circumstances, when there is an immediate risk of injury, (eg to prevent a child running on to a busy road, hitting someone or throwing something) staff may need to take any necessary action that is consistent with the concept of 'reasonable force'.

In other circumstances, staff should not act in a way that might reasonably be expected to cause injury, for example by:

- Holding a child around the neck or in a way that might restrict breathing
- Slapping, punching, kicking, tripping or forcing limbs against a joint
- Holding or pulling a child by the hair
- Holding a child face down on the ground

Where the risk is not so urgent, the staff member should:

- Consider carefully whether – and if so when – physical intervention is right
- Always attempt to deal with the situation through strategies other than force and restraint
- A number of staff are Team Teach trained. Physical intervention is a last resort - used only when absolutely necessary to prevent harm (e.g., to prevent injury, serious property damage, a criminal offence or serious disorder) and for the least time and minimum force required. All such interventions are recorded, reviewed, and parents/carers are informed as soon as is practicable and no later than the same day in line with [DfE expectations](#).
- **Guidance link:** The DfE's [Restrictive interventions, including the use of reasonable force, in schools](#) (effective **from 1 April 2026**) replaces the 2013 guidance; until then, the 2013 *Use of reasonable force in schools* remains in force. Procedures will reflect this transition. Restrictive interventions are never used as punishment or routine discipline. We de-escalate first and always consider SEND and individual needs.

The key issue is to establish a calm environment and so any action which could exacerbate the situation should be avoided. The age and level of understanding of the child is very relevant in these circumstances. Physical intervention to enforce compliance with staff instruction is likely to be increasingly inappropriate with older children. It should never be used as a substitute for good behaviour management.

### **Who Can Use Reasonable Force [\(DfE\)](#)**

All members of school staff have a legal power to use reasonable force in certain circumstances to prevent or stop a pupil from:

1. causing injury to themselves or others
2. committing a criminal offence
3. damaging property
4. causing disorder among pupils at the school, whether during a teaching session or otherwise

Staff who are likely to need to use reasonable force and/or other restrictive interventions should be adequately trained in its safe and lawful use and in preventative strategies. We trust school leaders to make decisions on training based on their school's individual contexts and needs. When deciding what formal staff training is required, school leaders should ensure that the chosen training reflects the principles of this guidance. Employers have a duty to ensure, so far as is reasonably practicable, the health, safety and welfare of their

employees. Therefore, schools should carry out risk assessments to ensure that staff who regularly work alongside pupils where the use of reasonable force and/or other restrictive interventions may be required can do so as safely as possible.

### **Staff training**

There are 5 members of staff who have been trained by accredited providers in physical intervention and restraint techniques. (Mrs N O'Dwyer, Mrs N Turner, Mrs S Essam, Mrs L Kerswell and Mrs S Tandy). All members of staff have been trained in how to de-escalate situations so that we can avoid the need for using restraining techniques as a last resort in maintaining safety.

Reviewed

April 2026