



# CHURCHER'S COLLEGE

## **TOUCH POLICY**

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JUNIOR SCHOOL AND NURSERY (INCLUDING EYFS)

June 2024

## 1 Introduction

- 1.1 This policy relates to all children at Churcher's College Junior School and Nursery and has due regard for the specific requirements for the Early Years Foundation Stage (EYFS). Throughout this policy document, the term 'the School' refers to Churcher's College Junior School and Nursery, unless otherwise specified.
- 1.2 Churcher's College Junior School is committed to the best quality care and highest standards of safeguarding for children. Please also refer to the **Whole School – Code of Conduct for Staff** as well as the **Whole School First Aid Policy**.

## 2 Aims and Objectives

- To create, maintain and monitor a physically and emotionally secure environment for children and adults.
- To ensure safeguarding of children is paramount at all times.
- To ensure any physical touch complies with the latest agreed best practice.
- Ensure that all physical touch is **reasonable, proportionate** and **necessary**.
- Ensure that children in distress receive appropriate comfort including physical touch if appropriate.
- Touching should be carefully considered or avoided in conditions that are private and in areas where there is no open access. Whenever possible a second member of staff should be present.
- To ensure that staff are made aware of their own personal risk assessment when working with children.
- To ensure any allegation or complaint is dealt with in line with our complaints policy, child protection and safeguarding policy and procedures, with due regard for the law and its processes.
- Ensure children are aware of their right to refuse the offer of touch as a physical response to distress and ensure staff only use appropriate touch in line with the child's own wishes and feelings of security.

## 3 Definition

"Touch" is defined as a physical response to trauma, distress and human emotional need that would comfort, protect and enhance secure relationships.

## 4 Appropriate Touch

- 4.1 All staff are aware of the definition of appropriate touch; noted here as touch that is not invasive, humiliating, sexual or causing physical or emotional discomfort. Agreed places for appropriate touch in order to comfort or congratulate a child are: back, arms, shoulders and hands. The holding of a child's hand in accordance with a child's request, verbally or non-verbally, is a response to an emotional need. As shaking hands is a widely used friendly greeting and holding hands a common appropriate parental response to emotional need, this has been

deemed appropriate for use in our school. This particularly applies to younger children seeking comfort and reassurance during separation from their primary carer. On occasions we may need to hold pupils in order to keep them safe. Low level physical interventions such as an elbow guide, arm around the shoulder or a held hand may be used to encourage pupils to stay still or move. Staff should aim to use the elbow, shoulders and arms whenever possible if needed to guide or hold pupils. Any body contact should be against the hip. Where possible staff who work closely with younger children should try not to let them sit on their laps. One alternative is to use the long bone of the adult's leg, with the child sitting sideways and the legs facing outwards. This reduces the risk of misunderstandings and allegations. Music and PE teachers may need to touch a child to demonstrate appropriate posture or ensure safety during lessons but must ensure this is appropriate for the situation. When demonstrating a skill or posture a teacher should tell the pupil in advance of 'touching' them. If the pupil is unhappy about the "touch" they should be given the opportunity to decline the physical contact.

- 4.2 We acknowledge the growing culture that believes it is safer to refrain from any touch due to anxieties that allegations of abuse may be made and that indeed instances of abuse do occur in the world. Staff are also aware of, and highly skilled in, the use of other methods of comfort, de-escalation, and the control of undesirable behaviour. However, the School believes that providing a good quality emotional environment may sometimes require the use of touch. Children need to be educated in what constitutes appropriate touch, so that they can recognise the difference between appropriate and inappropriate touch. This helps each child to respond appropriately to others and to seek help in threatening situations.

## **5 Positive Handling of Pupils - Physical Intervention**

In the rare occasion that this is needed for an individual pupil the use of restrictive physical intervention should be consistent with the Department for Education (DfE) *Use of Reasonable Force* guidance (2013) and the joint guidance from the Department for Education and the Department for Health and Social Care entitled *Reducing the Need for Restraint and Restrictive Intervention* (2019), which details the context in which restraint should be used.

Safety is always a paramount concern and as such staff are not required /advised to use restrictive physical intervention if it is likely to put them at risk themselves.

### **5.1 We define restrictive physical intervention as follows:**

Restrictive physical intervention is when a member of staff uses force intentionally to restrict a child's movement against his or her will.

All staff within this setting aim to help children take responsibility for their own behaviour. We do this through a combination of approaches, which include:

- positive role modelling
- teaching an interesting and challenging curriculum
- setting and enforcing appropriate boundaries and expectations
- and providing supportive feedback.

There are times when children's behaviour presents particular challenges that may require restrictive physical intervention.

This policy is consistent with our Child Protection and Equal Opportunities policies, and with national and local guidance for schools on safeguarding children.

## 5.2 Principles for the use of restrictive physical intervention

### 5.2.1 In the context of positive approaches

We only use restrictive physical intervention where the risks involved in using force are outweighed by the risks involved in not using force. It is not our preferred way of managing children's behaviour. Restrictive physical intervention may be used only in the context of a well-established and well implemented positive behaviour management framework with the exception of emergency situations. We describe our approach to promoting positive behaviour in our Culture and Ethos Policy. We aim to do all we can in order to avoid using restrictive physical intervention.

We would only use restrictive physical intervention where we judge that there is no reasonably practicable less intrusive alternative. However, there may be rare situations of such concern where we judge that we would need to use restrictive physical intervention immediately. We would use restrictive physical intervention at the same time as using other approaches, such as saying, "Stop!" and giving a warning of what might happen next. Safety is always a paramount concern and staff are not advised to use restrictive physical intervention if it is likely to put themselves at risk.

### 5.2.2 Duty of care

We all have a duty of care towards the children in our setting. This duty of care applies as much to what we *don't* do as what we *do* do. When children are in danger of hurting themselves or others, or of causing significant damage to property, we have a responsibility to intervene. In most cases, this involves an attempt to divert the child to another activity or a simple instruction to "Stop!" along with a warning of what might happen next. However, if we judge that it is necessary, we may use restrictive physical intervention.

### 5.2.3 Reasonable force

When we need to use restrictive physical intervention, we use it within the principle of reasonable force. This means using an amount of force in proportion to the circumstances. We use as little force as is necessary in order to maintain safety, and we use this for as short a period as possible.

## 5.3 When restrictive physical intervention might be used

Restrictive physical intervention would only be used in exceptional circumstances, with staff that know the pupil well and who are able to make informed judgements about the relative risks of using, or not using, restrictive physical intervention; for example, stopping a child leaving the school site.

The main aim of restrictive physical intervention is usually to maintain or restore safety.

However, we would be particularly careful to consider all other options available before using restrictive physical intervention to achieve either of these goals. In all cases, we remember that,

even if the aim is to re-establish good order, restrictive physical intervention may actually escalate the difficulty.

Our duty of care means that we might use a restrictive physical intervention if a child is trying to leave our site and we judged that they would be at unacceptable risk. This duty of care also extends beyond our site boundaries: there may also be situations where we need to use restrictive physical intervention when we have control or charge of children off site (e.g. on trips).

We never use restrictive physical intervention out of anger or as a punishment.

#### 5.4 **Who can use restrictive physical intervention**

If the use of restrictive physical intervention is appropriate, and is part of a positive behaviour management framework, a member of staff who knows the child well should be involved. However, in an emergency, any of the following may be able to use reasonable force in the circumstances set out in Section 93 of the Education and Inspections Act (2006):

1. any teacher who works at the school, and
2. any other person whom the headteacher has authorised to have control or charge of pupils, including:
  - (a) support staff whose job normally includes supervising pupils such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors; and
  - (b) people to whom the headteacher has given temporary authorisation to have control or charge of pupils such as paid members of staff whose job does not normally involve supervising pupils (for example catering or premises-related staff) and unpaid volunteers (for example parents accompanying pupils on school-organised visits)

#### 5.5 **What type of restraint can be used?**

Any use of restrictive physical intervention should be consistent with the principle of reasonable force. This means it needs to be in proportion to the risks of the situation, and that as little force is used as possible, for as short a period of time, in order to restore safety. Staff should:

##### **Before physical contact:**

Use all reasonable efforts to avoid the use of physical intervention to manage children's behaviour. This includes issuing verbal instructions and a warning of an intention to intervene physically.

Try to summon additional support before intervening. Such support may simply be present as an observer or may be ready to give additional physical support as necessary.

Be aware of personal space and the way that physical risks increase when a member of staff enters the personal space of a distressed or angry child. (Staff should also note that any

uninvited interference with a student's property may be interpreted by them as an invasion of their personal space.) Staff should either stay well away or close the gap between themselves and the child very rapidly, without leaving a "buffer zone" in which they can get punched or kicked.

Avoid using a "frontal", "squaring up" approach, which exposes the sensitive parts of the body, and which may be perceived as threatening. Instead, staff should adopt a sideways stance, with their feet in a wide, stable base. This keeps the head in a safer position, as well as turning the sensitive parts of the body away from punches or kicks. Hands should be kept visible, using open palms to communicate lack of threat.

**Where physical contact is necessary:**

Aim for side-by-side contact with the child. Staff should avoid positioning themselves in front of the child (to reduce the risk of being kicked) and should also avoid adopting a position from behind that might lead to allegations of sexual misconduct. In the side-by-side position, staff should aim to have no gap between the adult's and child's body. This minimises the risk of impact and damage.

Aim to keep the adult's back as straight and aligned (untwisted) as possible. We acknowledge that this is difficult, given that the children we work with are frequently smaller than us.

When attempting to make safe if a child has hold of another person (adult or child), ensure they are able to release their grip, but stabilise their position for balance, and make safe by ensuring they cannot pull away.

Beware in particular of head positioning, to avoid clashes of heads with the child.

Hold children by "long" bones, i.e. avoid grasping at joints where pain and damage are most likely. For example, staff should aim to hold on the forearm or upper arm rather than the hand, elbow or shoulder.

Ensure that there is no restriction to the child's ability to breathe. In particular, this means avoiding holding a child around the chest cavity or stomach.

Do all that they can to avoid lifting children.

Keep talking to the child (for example, "When you stop kicking me, I will release my hold") unless it is judged that continuing communication is likely to make the situation worse.

Don't expect the child to apologise or show remorse in the heat of the moment.

Use as little restrictive force as is necessary in order to maintain safety and for as short a period of time as possible.

**5.6 Planning around an individual and risk assessment**

In most situations, our use of restrictive physical intervention is in the context of a prior risk assessment which considers:

- a) What the risks are
- b) Who is at risk and how

- c) What we can do to manage the risk (this may include the possible use of restrictive physical intervention)

We draw from as many different viewpoints as possible when we anticipate that an individual child's behaviour may require some form of restrictive physical intervention. In particular, we include the child's perspective, the child's parents, staff who work with the child, and any visiting support staff.

We consider staff and children's physical and emotional health when we make these plans and consult with the child and their parents/guardians. See the Risk Assessment form at Appendix 1.

#### **5.7 What type of restrictive physical intervention can be used**

Any use of restrictive physical intervention by our staff should be consistent with the principle of reasonable force. In all cases, staff should be guided in their choices of action by the principles in section 5 above.

Staff should not act in ways that might reasonably be expected to cause injury, for example by:

- holding a child around the neck or collar or in any other way that might restrict the child's ability to breathe
- twisting or forcing limbs against a joint
- holding a child by the hair or ear.

#### **5.8 Recording and reporting**

We record any use of restrictive physical intervention by emailing the Deputy Head who maintains a log of events shared with the Head of the Junior School. We aim to do this as soon as possible after an event, ideally within 24 hours.

After using restrictive physical intervention, we ensure that the headteacher is informed as soon as possible. We also inform parents by phone or email.

#### **5.9 Supporting and reviewing**

We recognise that it is distressing to be involved in a restrictive physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened.

After a restrictive physical intervention, we give support to the child so that they can understand why it was necessary. Where we can, we record how the child felt about this. Where it is appropriate, we have the same sort of conversations with other children who observed what happened. In all cases, we will wait until the child has calmed down enough to be able to talk productively and learn from this conversation.

We also support adults who were involved, either actively or as observers, by giving them the chance to talk through what has happened with the most appropriate person from the staff team.

A key aim of our after-incident support is to repair any potential strain to the relationship between the child and the people that were involved in the restrictive physical intervention.

After a restrictive physical intervention, we consider whether the risk assessment needs to be reviewed so that we can reduce the risk of needing to use restrictive physical intervention again or if a pupil who previously did not have a risk assessment needs one.

<b>Authorised by</b>	Head of the Junior School
<b>Date</b>	June 2024
<b>Date of next review</b>	June 2025



## Appendix 1: Risk Assessment document

<b>Challenging Behaviour In School Risk Assessment</b>
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<b>PART 1</b>	<b>GENERAL INFORMATION</b>
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<b>Name of pupil</b>	Insert name of pupil whose behaviour is being assessed		
<b>Year group</b>	Insert year group of pupil under assessment		
<b>Assessment date</b>	Insert date when risk assessment is being carried out		
<b>Name of assessor</b>	<b>Date</b>		
<b>Review date</b>	<b>Reviewed by</b>	<b>Remarks</b>	

<b>PART 2</b>	<b>The Assessment</b>
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### Behaviours causing concern

Use Table One to record the first two aspects of the risk assessment.

#### Target

The target column should be used to indicate the person to whom the challenging behaviour is usually directed, using the following key:

<b>Self</b>	The pupil – him or herself
<b>Staff</b>	Members of staff
<b>Visitor</b>	Visitors to the school; members of the public when outside of school
<b>Pupils</b>	Other pupils
<b>Property</b>	The physical environment

#### Probability

Record an informed estimate of the likelihood that the behaviour will occur again, ranging from:

<b>HL</b>	Highly likely. Existing evidence leads staff to conclude that the behaviour is more likely than not to occur again.
<b>L</b>	Likely. There is a possibility that the behaviour will occur again.
<b>U</b>	Unlikely. Although the behaviour has occurred before, the context has changed or can be changed to make it unlikely to happen again

#### Seriousness

Make a judgement about the seriousness of each predicted behaviour.

<b>A</b>	This would include physical injury requiring medical attention beyond basic first aid; extensive damage to property; significant distress caused to self or others; or lengthy disruption to the normal school routines.
<b>B</b>	This includes physical injury requiring basic first aid within the school; minor damage to property; some distress caused to self or others; or brief disruption to normal school routines.
<b>C</b>	No physical injury or damage to property; minor distress or disruption.

**Influencing factors**

<b>Table One                      BEHAVIOURS CAUSING CONCERN</b>				
<b>Behaviour (risk)</b>	<b>Target</b>	<b>Probability</b>	<b>Seriousness</b>	<b>Influencing factors</b>

**Influencing factors**

Risk assessment also involves an analysis of the “hazards” – the environmental factors which influence the probability of the behaviour causing concern. In a school situation, these “hazards” are likely to include features of the daily timetable, and interaction with other pupils, and even the skills that adults demonstrate when working with the pupil.

Use Table Two to show the factors that are associated with the behaviours causing concern.

<b>Table Two                      POSSIBLE INFLUENCING FACTORS</b>	
1. Periods of unstructured activity	
2. Transition times	
3. Availability of dangerous equipment	
4. Periods of increased pressure e.g. a Home factors (change of home circumstances) b School factors (assessment periods, routine changes) c Other (please specify)	
5. Spaces which involve close physical proximity	
6. Particular pupils/adults (please specify)	
7. Other (please specify)	

Some influencing factors will be particularly closely related to particular behaviours. You may choose to show this by recording the number relating to each influencing factor in the final column of Table One. This will enable you to plan your preventive measures more specifically.

### **Preventive measures**

A range of common preventive measures can be taken to reduce the risk associated with challenging behaviour. Use the table below to show whether these are:

- Currently in place (**P**)
- Currently being actioned (**A**)
- Felt to be inappropriate to the particular risks presented (**I**)

<b>Table 3 - PREVENTIVE MEASURES</b>	<b>P</b>	<b>A</b>	<b>I</b>
<b>Proactive measures</b>			
Eliciting pupil view in planning and review			
Providing regular feedback and pastoral support to pupil			
Involving parent/carer in decision-making and planning			
Involving outside agencies			
Establishing an individual plan			
Providing regular supervision to staff working with the pupil			
Adapting curriculum arrangements to reflect challenge, choice and structure levels appropriate to the pupil's assessed needs			
Adapting group arrangements to promote positive peer models and minimise inappropriate contact			
Arranging furniture and other equipment to minimise movement and frustration			
Providing frequent rest or change of activity opportunities			
Establishing a positive teaching programme to increase the pupil's range of appropriate skills			
Providing a range of rewards which the pupil can earn by demonstrating the skills defined in the teaching programme, and through other appropriate behaviour			
Identifying the message communicated by the pupil's behaviour			
Agreeing key reactive strategies for handling incidents of challenging behaviour with all staff likely to be in contact with the pupil, and ensuring that these plans are shared with parents			
Providing staff support at difficult times, such as start of day, changeover between lessons, break times, specific lessons			
Systematically reviewing difficult incidents in order to improve upon practice and learn from experience			
Other proactive measures (Please specify)			
<b>Reactive strategies to respond to early warning signs or an escalating situation</b>			

	<b>P</b>	<b>A</b>	<b>I</b>
Active listening			
Environmental adaptation (removing triggers, changing peer/staffing arrangements)			
Diversion/distraction to a preferred activity (Please specify)			
Assistance in the use of an agreed strategy such as a particular communication symbol, or an exit card (Please specify)			
Physical intervention (See Note 1) (Please specify the planned technique)			
Other (Please specify)			

<b>FURTHER MEASURES TO BE TAKEN</b>	<b>RESPONSIBLE PERSON</b>

## Appendix 2 : Physical Intervention Record Form

Year Group..... Name of child.....

When did the incident occur?

Date	Day of week	Time	Where?

Staff involved

Name	Involved: physically? (P) as observer? (O)

Please describe the incident and include:

1. What was happening before?
2. What do you think triggered this behaviour?
3. What de-escalating techniques were used prior to physical intervention?
4. Why was a PI deemed necessary?
5. Any other information relevant to include.

Has the child been held before?	Yes/No
<i>A child/young person should have an individual plan clearly detailing reactive strategies and physical intervention approaches if they have been involved in physical interventions on more than one occasion.</i>	
Does the individual support plan need to be reviewed as a result of this incident?	Yes/No
Does the risk assessment need to be reviewed as a result of this incident?	Yes/No

Was the pupil debriefed?	Yes/No
Were staff offered a debrief?	Yes/No
Was it taken up?	Yes/No

Parents/carers were informed

Date	Time	By whom?	By direct contact, telephone, letter?



Form completed by:	Name	Designation	Date and time