

# Safe Touch and Physical Intervention Policy



HEARTS ACADEMY TRUST

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HEARTS Academy Trust is committed to providing a happy, caring and safe learning environment for all within a values led context, where everyone feels valued and grows in confidence and independence.

We promote **HAPPINESS** through a creative, exciting and practical curriculum, which generates a love of, and interest in, learning and a resilience and hope which supports us through challenging times.

Great value is placed on pupils' self **ESTEEM** which is developed through a positive and motivated attitude to learning, a healthy lifestyle, good social skills, self-discipline and a positive self-image.

We promote the highest standards of **ACHIEVEMENT** in all areas of the curriculum and help all pupils to fulfil their potential regardless of gender, race or ability.

We foster **RESPECT and RESPONSIBILITY** for all by establishing good relations between the school, home and community. Pupils are taught respect for themselves, others and the environment. They are also taught to take full responsibility for their own choices and responsibility for themselves and their community.

We encourage **TRUTH** and honesty in all aspects of school life – relationships, work and the curriculum and learn to trust and accept others' individuality and uniqueness.

We develop **SPIRITUALITY and SERVICE** so that calm, quiet, reflective times which support deep thought are part of school life and beauty is appreciated. We promote a service culture that reflects our duty to support and show compassion to all members of the community and not just ourselves.



*Children at the HEART*

## **Safe Touch and Physical Intervention**

Our policy on safe touch and physical intervention has been developed with due consideration of neurobiological research and studies based on and around the positive impact of touch.

HEARTS schools have embraced the Essex approach to understanding behaviour and supporting wellbeing known as Trauma Perceptive Practice (TPP).

At HEARTS we believe that all our 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 the rights of others. Children unable to control their actions or unable to appreciate danger have a right to be protected; as do other students using the school and all staff have a duty of care to exercise.

**We consider five different types of safe touch and physical intervention that may be used, these are:**

### **1. Informal Positive Touch**

Staff use touch with children as part of a normal relationship, for example, comforting a child, giving reassurance and congratulating. This might include a high five, taking a child by the hand, patting on the back or a gentle squeeze of the shoulders. This may also include putting an arm out to bar an exit from a room if the child is not moving safely or calmly. The benefit of this action is often proactive and can prevent a situation from escalating.

### **2. Contact Play**

Contact play is sometimes 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 student, face painting play, sensory play with hand contact.

### **3. Interactive Play (Rough and Tumble 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:

1. Opioids - to calm and soothe and give pleasure;
2. Dopamine - to focus, be alert and concentrate;
3. BDNF (Brain Derived Neurotropic Factor) - a brain 'fertiliser' that encourages growth.

Interactive play may include: throwing cushions across to and/or at each other, safe sparring with boxing bags.

### **4. 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 a 'supportive hug' - sitting closely alongside a child with 'open mitten' hands on shoulders. Other examples of this type of touch include a soothing pat or rub of the back, helping a child to wipe their nose or drying tears on the face, guiding a child to a safe/quieter space in a 'supportive hug' – standing closely alongside a child with 'open mitten' hands on shoulders and moving a few steps towards the desired destination.

## 5. Use of Restrictive Physical Intervention (RPI) by staff

At HEARTS “physical force” will never be used to force compliance and will only be used as a last resort and when all other de-escalation strategies have been tried or considered. Pupils who have been identified as potentially requiring Restrictive Physical Intervention (RPI) will have an Adult Response Plan in place (see the behaviour policy). They will also have a risk assessment provided by PRICE that has been personalised around individual needs outlining appropriate holds for that child. Your PRICE trainers will provide these: Nicola Rainford and Abi Cansdale

[Section 93 of the Education and Inspections’ act 2006](#) enables school staff to use such force as is reasonable and proportionate:

1. Committing any offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil)
2. Causing personal injury to, damage to the property of, any person (including the pupil himself)
3. Prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

Bullet points 1-3 provide a legal framework in which you can work. However, just because we **can** doesn’t always mean we **should**. We are mindful that the use of force can be a source of trauma in itself.

Use of reasonable and proportionate force are fully in line with guidelines set out in the government guidance ‘Behaviour and Discipline in Schools’ January 2016, ‘Use of Reasonable Force in Schools 2013’ and KCSiE September 2022.

### **It is always unlawful to use force as a punishment.**

HEARTS considers that:

- The use of force can only be regarded as reasonable if the circumstances of an incident warrant it; i.e. it is absolutely necessary.
- The degree of force must be in proportion to the circumstances of the incident, age and understanding of the child and the seriousness of the consequences or harm it is intended to prevent.

RPI will normally only be carried out by trained members of staff, however all staff have a right to defend themselves from attack, using an appropriate level of reasonable force.

HEARTS currently have 2 PRICE trainers within the organisation. They will advise and train staff who are working with pupils that have an Adult Response Plan and who also present with behaviour outlined above.

### **Minimising the need to use Safe Holding and Restrictive Physical Intervention**

In line with the school mission statement, we aim to:

- Create a happy, calm, spiritual and mutually respectful environment that minimises the risk of incidents that might require Safe Holding and Restrictive Physical Intervention arising and in turn build pupils’ self-esteem.

- Use the PSHE curriculum and all available opportunities to teach pupils how to manage conflict and strong feelings appropriately as well as teaching them to take responsibility for their choices.
- De-escalate incidents if they do arise.
- Only use physical intervention when the risks involved in doing so are outweighed by the risks involved in not using physical intervention
- Ensure that there are risk assessments and behaviour support plans (e.g. Adult Response Plan) for individual pupils who need them.
- Ensure that all staff are trained to promote positive relationships

### **Deciding whether to use physical intervention**

Staff should only use physical intervention when dialogue and diversion have failed to stop the dangerous behaviour and any intervention should always be the minimum needed to achieve the desired result, taking into account the age and size of the child.

The decision to use any physical and/or restrictive intervention must take into account:

- the immediate circumstances of the situation and prior knowledge of the student based upon an assessment of the risks associated with the intervention.
- The risks associated with the intervention are outweighed by the potential harm caused by not intervening.

### **Using force**

- A clear verbal warning should be given to the pupil/pupils before physical intervention is used, unless this warning could cause a risk to safety of the pupil or other pupils or property by delaying dealing with an unsafe situation.
- It is vital that only the minimum force necessary is used to achieve the desired result.
- The minimum force could involve separating pupils who are fighting by stepping between them, moving them swiftly apart using an 'open mitten' hand to turn them from the shoulder.
- Where possible, only use physical intervention in view of other responsible adults and call for assistance.
- No physical intervention which restricts breathing should be used and no force likely to injure a pupil should be used unless in extreme circumstances where there is no viable alternative.

### **Staff training**

Where children have specific risk assessments and staff are working regularly with them individual training will be provided and written into Adult Response Plans.

- All staff are trained to promote positive relationships and the use of general positive safe touch.
- Key staff members of staff have received training from 'Team Teach' or PRICE on how and when to use restrictive physical interventions. Where children have specific risk assessments and behaviour support plans (Adult Response Plan) and staff are working regularly with them, individual training will be provided.
- Safe holding should only be practised by specifically trained staff, and always by two staff members, where possible these should be the staff with which the child has the best relationships.

### **Recording incidents**

- All incidents which use restrictive physical intervention must be recorded on the ScholarPack. An entry also needs to be noted in a bound and numbered book. At the Atrium, an incident form will be completed as per the Essex guidance.
- Incidents must be reported to parents of pupils who are involved immediately by the Head of School or one of the Senior Leaders.
- In extreme cases the Head of School or Designated Safeguarding Lead may decide to report the incident to an outside agency such as [Essex Safeguarding Children's Board](#)

### **Post incident support**

- It is important that after a traumatic incident everyone is supported to rebuild relationships through restorative discussions and that all pupils who have witnessed or heard the incident are spoken to by the class teacher and given time to talk about their concerns.
- Following the first incident with an individual, an individual risk assessment will be completed and a Behaviour Support Plan (5 Step Adult Response Plan). STAR analysis is an essential part of this.
- Formal support can be accessed from the School Counsellor.

### **Complaints and allegations**

- Parental complaints will follow the normal complaints procedure.
- Staff complaints follow the normal grievance/complaints procedure.

### **Monitoring and review**

- The policy will be reviewed three-yearly and all staff will be encouraged to feedback on the effectiveness and use of the policy.

## **Appendix 1: Neurotransmitters that effect mood and behaviour**

Our emotional states are partly generated by chemicals produced in our brains and bodies for various purposes. These chemicals include the hormones produced by the endocrine system and the neurotransmitters used by our nervous system. At HEARTS, we endeavour to keep up to date with research and further develop our own knowledge and understanding to effectively support our children and families about the basics in neuroscience. Indeed, the field of neuroscience (study of the nervous system) is now so fast moving that new insights emerge almost daily. We know that our brain connects to the rest of our body. After all, social and emotional intelligence is as much about the body as it is the brain. We experience our emotions and our feelings as visceral sensations in the body; we ‘tremble’ with fear: our guts ‘churn’ with anxiety; our fists ‘clench’ with rage; we experience ‘butterflies’ in the stomach when we are nervous, and so on. The fact that we experience our feelings in the body reflects the reality that the brain and body are not two separate entities joined at the neck, rather they are both elements of one integrated living organism. Our responses to the world and how we develop those responses therefore depend not only on the brain, but also the wider body systems in which the brain plays a role. At HEARTS we are aware of this as it supports our understanding as to how the body responds to and regulates stress. This is crucial as we support our children and adults to develop appropriate ways to manage stress and self-regulate.

#### **Love, care and bonding:**

Certain chemicals such as **opioids**, **oxytocin** and **prolactin** produce positive states of love, trust, connectedness and well-being in the brain and body and diminish negative feelings of loneliness, fear and anger. As such, these chemicals are essential for social bonding: we tend to prefer to spend more time with those in whose presence we have experienced high levels of **oxytocin** and **opioids**. Responding caringly to children supports their brains and bodies to produce more **opioids**, **oxytocin** and **prolactin**, giving them greater access to positive mental states and increasing their resilience in later life. Caring physical contact, in particular, promotes the release of **oxytocin**. If children feel a sense of authentic belonging to their classroom/school and enjoy friendships with peers and caring acceptance from adults, this will all support well-being.

#### **Joy:**

Feeling joyful is a state of high arousal that involves feeling intensely alive and alert with masses of energy to do what is desired. Such feelings of joy result from optimal levels of **dopamine** and **opioids** in the brain, and optimal levels of **adrenaline** in the body. The capacity to bear intense states of joy and excitement requires an effective stress-regulation system, as without it, both brain and body can become uncomfortably over aroused. For this reason, we are aware that children will often need help to calm their systems down after they have experienced intense excitement and joy. For this reason, we use Mindfulness and calming activities in class at key times (such as after play/lunchtime). Not only does this calm and soothe children, it further supports the body to release **oxytocin**, **GABA** and **dopamine** - chemicals that support children to be calm, alert and ready for learning.

#### **Calm:**

**GABA** (gamma-aminobutyric acid) is one of the main neurotransmitters operating in the brain. Its role is to reduce the excitability of neurons (calming the amygdala’s threat detection system among other things) and it inhibits the production of the stress hormone cortisol. Lack of **GABA** can result in high levels of fear, panic, anxiety. If children are not adequately calmed and soothed by the adults around them, their brain’s ability to produce sufficient quantities of **GABA** can be impaired, leaving them vulnerable to anxiety disorders later in life. At HEARTS, staff will identify children who need

additional support in the self-regulation process and may provide soothing safe touch, for example a shoulder squeeze or pat on the back.

**Focus:**

**Dopamine** is a chemical that plays different roles in different parts of the brain and body. In the brain, **dopamine** acts as a neurotransmitter. It plays a key role in neuronal pathways linked to attention, motivation, reward and fear, with levels increasing when there is something in our environment that we need to pay attention to. Supporting our children to explore and experiment activates optimum levels of dopamine production within their brains, whereas boredom and lack of stimulation have the reverse effect. It is crucial that our lessons are 'worth behaving for', are stimulating and encourage curiosity to maintain full engagement from the children.

**Stress:**

There are a number of chemicals that are produced in the body's response to stress. These include the hormones **adrenaline**, **noradrenaline** and **cortisol**. All three are produced by the adrenal glands in response to stressful situations. Part of the body's fight/flight response, these hormones are vital to prepare us for action. However, if levels of these hormones remain elevated for too long as a result of prolonged exposure to stress, they can have damaging effects on the brain and body, such as impairing the development of neuronal pathways. For this reason, we understand that it is vital to protect children from excessive levels of stress.

*(Cortisol has a corrosive effect on the brain and other body tissues. It can literally kill our cells by stimulating them to death. This means that adults and children who are living in conditions of ongoing stress and therefore have chronically elevated levels of cortisol in the blood are at increased risk of health problems. For example, chronically high levels of cortisol have been associated with the destruction of healthy muscle and bone, impairments in cognitive, digestive and immune functioning, and poor wound healing and cell generation.)*

**Brain Fertiliser**

**BDNF** (brain-derived neurotrophic factor) is a protein that acts like a 'fertiliser' on certain neurons of the nervous system, helping to support existing neurons and encouraging growth of new neurons and new synaptic connections. It is found primarily within the brain, although it also occurs in other regions of the body. Within the brain it is particularly connected to the hippocampus and cortex, playing a vital role in learning, memory and the development of higher thinking capacities. The production of **BDNF** is increased by physical interactive play.



## CONTAINMENT AND SAFE HOLDING AS A RESPONSE TO HIGH SCALE BEHAVIOUR

### STEP BY STEP GUIDE

1. A Safe Touch Policy that is shared with parents/carers needs to be in place. A consent form needs to be signed by the parents/carers of the children who have an individual Thrive Action Plan. (N.B. DFE Guidance 2013 states that if a child is at risk of hurting self, others or the environment restraint is acceptable even without parental consent).
2. Full risk assessment identifying the likely risks of both intervening and not intervening with behaviours.
3. Individual Behaviour Management Plans that detail strategies and holds, need to be in place. These need to be shared with parents/carers and completed where possible with the involvement of the child, including their particular dislikes / history. Best practice (i.e. with thought and consideration given to develop the child's thinking) is when the adults have prepared the child for the hold and it has actually been rehearsed with them. E.g. The following script could be built up over a few conversations:

*"When you get really upset it is awful for you.  
I see you get more and more jumpy and you start to get hot.  
When this happens I am going to keep you safe. This is how I am going to do it .....  
I am going to hold you until I feel that you are calm.  
I will know this because your breathing will be slower, you won't be shouting and struggling, you  
will have calm arms and legs. Your body will be relaxed."*

The child may not be able to manage some or all of this. This whole sequence may happen over an extended period of time.

4. All adults coming into contact with the child must be aware of the plan and know that when an incident occurs, at least 2 adults need to be involved. Both adults should be those with the closest / best relationship with the child.
5. Every instance that the child shows signs that they are beginning to disregulate or that they are unsafe, the adults' response needs to be quick and consistent and in line with the agreed plan.
6. During the hold, the adults (at least 2) calm and soothe the child. Nothing else is appropriate if the child has had a 'Being' interruption for some considerable time. If the child is beginning to calm

and/or has interruptions other than at Being, attuning and validating the child's inner experience is the adults' role in order to build the thinking brain.

7. When the child has calmed, continue to hold. Repair the relationship, shine the light on the behavior and name sensations and emotions THEN teach/offer alternative ways of behaving. This may take some considerable time and may happen over time when the hold is over.
8. Consider an insertion: The child needs to experience being contained safely in order to experience being understood and cared for when in extremis (in order to build trust)/or (alternative wording) in strong emotions that s/he cannot manage alone (in order to build trust) and then given verbal support to develop cognitive reasoning and choice. The Thrive Practitioner uses the strategies and activities related to Being, Doing and Thinking to achieve this.

See examples below.

"Oh – that was really hard for you ....  
You really could not manage that...  
That was too hard...too much for you...  
You have had such a difficult time .....  
You were so frightened that you really wanted to run ....  
Oh dear ....  
When you didn't want to go to assembly, you had an ... em ... inner explosion.  
You could not manage those strong and very painful feelings ....  
How dreadful ....  
I saw you just wanted to get away from anything and everyone and you kicked Mrs. X when she got in your way..... you must have felt awful to do that .....

In a minute I'm going to wrap you up in the blanket so you can recover and rest ... you look exhausted. ....  
Later we can talk about this some more ....  
I'm going to help you to be able to do something different when these strong feelings come up...like a volcano in your tummy  
I'm wondering if you think I may not like you because you kicked Mrs. X and bit me.....  
I want you to know that I do like you and I will always like you ....  
What you did was not ok and I'm wondering if you feel bad that you bit me ..... Biting does hurt.  
Kicking does hurt. They hurt everyone.. Sometimes that happens when we are not OK. And we can change that together.  
we all do things we are sorry for when we do not know what else to do. – even me!  
After your rest,, we will do some thinking together about these horrible feelings you experience...  
We will find some ways to sort them out differently..."

9. The next conversation may start "I wonder what we could do next time" (wondering aloud rather than asking a question). Or "I've been thinking about what happens..." "Let's see if we can work out

some other ways to be when those strong feelings come up.' 'I've noticed that those strong feelings up when XYZ.. Let's work out what we could do differently.

The building of reliable access to higher executive functioning takes:

- time,
- repeated episodes of support, with the adult 'lending their thinking brain' to help the child to recognize the early physical signs of discomfort, distress or anger and
- teaching, through role modeling and experience, some alternative ways to discharge that strong (previously uncontrollable) emotional charge

The whole sequence may happen over a considerable period of time. It is aimed at making the connections from Being through to Thinking in order to develop a healthy stress management system and be able to manage strong feelings