



TOUCH POLICY AND SANDFIELD RESTRICTIVE INTERVENTION POLICY

Approved On:	19 th March 2024
Staff:	Headteacher
Notes:	Non-statutory Trust Mandated Every 3 Years
Next Review Date:	Spring 2027

Headteacher: Mrs Kate Collins

a member of



Learning Partners
academy trust

ACCEPTABLE FORMS OF TOUCH AT SANDFIELD

There are many occasions when staff will have cause to have physical contact with children or young persons for a variety of reasons, for example:

- For communication - from handshakes and high fives to responding to another person's use of physical contact as communication
- For education – gentle guiding to a schedule or helping them to complete an educational or life skill activity either using fine motor at the table (e.g. using scissors) or gross motor in P.E.
- In play – play naturally includes touch especially when people are in the early levels of social development.
- For emotional reasons – communicating affection, warmth, reassurance, comfort
- First Aid or care – where children and young people need help with personal care or medical care
- In an emergency to protect the child themselves or others around them. Where staff may be using and applying Positive Touch techniques.

In an emergency incident staff may take into account the use of reasonable force and their responsibilities under duty of care.

In all situations where physical contact between staff and children or young person's takes place, staff must consider the following:

- the child or young person's age, and level of understanding
- the child or young person's individual characteristics and history
- the location where the contact takes place (it should not take place in private without others present)

If a child or young person requires physical support on a regular basis this information will be documented on an individual plan such as a handling plan, toileting plan or behaviour risk assessment.

When touch is used with pupils it should be in response to their needs at that time, and appropriate to their age, stage of development, gender, ethnicity and background. Staff should listen, observe and take note of the child's reaction or feelings and, so far as is possible, use a level of contact which is acceptable to the child for the minimum time necessary.

Staff should be clear and open about why they use touch and explain their practice, and touch should be discussed openly and regularly between staff.

In case of pupils who initiate inappropriate physical contact, it is the staff's responsibility to correct that approach and model an appropriate response. Staff should use their professional judgement and inform the Designated Safeguarding Lead or Deputy of a pupil initiating inappropriate physical contact.

Staff should never touch a child in a way which may be considered indecent, except where this is necessary as part of intimate or medical care. Any child with intimate care needs will have these detailed in their personal care plan. Always be prepared to explain actions and accept that all physical contact be open to scrutiny.

Extra caution should be exercised where a child is known to have suffered previous abuse or neglect.

Physical contact must never be secretive, for the gratification of the adult or represent a misuse of authority.

If a member of staff believes that an action could be misinterpreted, the incident and circumstances should be reported to your line manager, recorded and, if appropriate, recorded under the child's name on CPOMS. Similarly, if any staff are in any doubt about issues concerning appropriate touch or observe any practice which causes them concern, they should speak to the Designated Safeguarding Lead.

Physical contact is never made as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact will not be made with the child or young person's neck, breasts, abdomen, genital area, other sensitive body parts, or to put pressure on joints. Physical contact will not become a habit between a member of staff and a particular child or young person.

SANDFIELD PRIMARY SCHOOL RESTRICTIVE INTERVENTION POLICY

Sandfield Primary School focuses on the emotional wellbeing of its Community. It is important this is read alongside our positive behaviour policy which lists the three school rules: 'Ready, Respectful and Safe'.

There are legal and statutory regulations related to the use of Restrictive Physical Intervention (RPI) alongside some useful recent guidance. These are identified in the 'Legal Duties and Relevant Guidance' section.

Restrictive Interventions:

At Sandfield the way in which restrictive intervention can be deployed are as planned or reactive acts that restrict an individual's movement, liberty and/or freedom to act independently. They will be used in accordance with the schools values and rules, specifically regarding respect and safety and staff will always reflect calm and consistent adult behaviour.

Physical Restraints:

At Sandfield Primary School promotes good working practices to reduce the need for restrictive physical interventions.

Sandfield teaching staff members have knowledge and training in positive behaviour strategies. Key staff members have been trained in Positive Touch by Surrey Specialist Teaching Team. Physical restraint should be a last resort.

If a pupil's behaviour escalates, then incidents should be recorded on CPOMS. The incidents will be discussed by Senior Leaders. If necessary, a Behaviour Plan (Appendix 2) / Risk Assessment will be created and shared with key staff members.

Restrictive Physical Intervention (RPI) will be used:

- Only when there is imminent or immediate harm to self or others
- To maximise safety and minimise harm

Staff would not be able to use any form of RPI for:

- any form of punishment or in any punitive way
- to force compliance with an educational activity

All negative behaviour incidents, including those that require the use of restrictive intervention, need to be recorded. Any RPI incidents will be recorded using an incident form (Appendix 1).

Parents should be informed of all incidents of Behaviour and Physical Intervention. The school aims to build strong relationships with parents and will adapt communication about behaviour depending on parental preference.

COMPLAINTS

Complaints regarding the management of behaviour and the use of restrictive intervention should follow the complaints procedure for the school on website.

ASSOCIATED SCHOOL POLICIES

- Behaviour Policy
- Child Protection and Safeguarding Policy
- Equality Information and Objectives
- SEND Policy
- Staff Behaviour Policy

LEGAL DUTIES AND RELEVANT GUIDANCE

- Human Rights Act 1998
- Equality Act 2010
- Use of Reasonable force: Advice for headteachers, staff and governing bodies (DoE 2013)
- Promoting and Supporting mental health and wellbeing in schools and colleges (DoE 2021, updated in 2024)



Appendix 1 – RECORD OF RESTRAINT

Follow Up to an incident:

A written account of the incident should be presented to the Headteacher on the day of the incident, using an Incident Report Form. The account will also be recorded on our safeguarding database CPOMS.

This should include:

- Names of children and staff involved
- Details of techniques used and for how long
- Details of the incident and when and where it occurred – written or drawn
- Circumstances and factors which led to the incident
- Responses and views of the child
- Description of any injuries to staff or pupils or damage to property
- A description of any action taken after the incident

The Headteacher will inform parents /carers about the incident.

Date of incident:	Time of incident:
Pupil Name:	D.o.B
Member(s) of staff involved:	Adult witnesses to restraint:
Pupil witnesses to restraint:	
Outline of event leading to restraint:	
Outline of incident of restraint (including restraint method used):	

Outcome of

Description of any injury sustained and any subsequent treatment:

Date /time parent/carer informed of incident: By whom informed: Outline of parent/carer response:

Signatures of staff completing report:

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Date:

Brief description of any subsequent inquiry/complaint or action:

Appendix 2 – Behaviour plan example

Behaviour Levels	Staff Attitudes/ Approaches
What does calm look like?	
1. Anxiety (a change in behavior)	1. Supportive/ chatty (an empathetic, non-judgmental approach)
2. Defensive (beginning to lose rationality)	2. Directive (decelerating an escalating behavior)
3. Risk (behavior that presents an imminent or immediate risk to self or others)	3. Physical Intervention (disengagement and or holding skills to manage risk behavior)
4. Tension Reduction (decrease in physical and emotional energy)	4. Therapeutic Rapport (re-establish communication)