



Soft Touch and Positive Handling Procedure

Policy Reviewed by:	Suzy Hollett (HR Manager)
Date:	01.08.2026

Policy Verified by:	Sara Llewellyn (School Leader-CEO)
Date:	08.08.2026

Date for Next Review:	01.09.2027
-----------------------	------------

Legislation

This procedure should be read alongside:

- Keeping Children Safe in Education (KCSIE) 2026
- Working Together to Safeguard Children 2026
- Child Protection and Safeguarding Policy
- Positive Behaviour Policy
- Health and Safety Policy
- SEND Policy
- Use of Reasonable Force Advice for Headteachers, Staff and Governing Bodies

Maple Haven School does not restrain learners.

Safe touch and positive handling policy:

Policy statement

At Maple Haven School we believe that learners have the right to independence, choice, and inclusion, and we seek to provide opportunities for personal growth and emotional health and wellbeing. Rights also involve responsibilities, such as not harming other people.

Learners unable to control their actions or unable to appreciate danger have a right to be protected; as do other learners using the school, and staff have a duty of care to exercise.

Learners 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. Our policy considers neurobiological research and studies relating to attachment theory and child development that identify that safe touch makes a positive contribution to brain development, mental health, and the development of social skills.

Context

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

Casual / Informal / Incidental Touch

Staff use touch with pupils 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 them on the back, or putting an arm around the shoulders. The benefit of this action is usually proactive and can prevent a situation from escalating.

General Reparative Touch

This is used by staff working with learners 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, gently squeezing an arm, rocking gently, cuddling, tickling, sitting on an adult's lap, or hand or foot massage.

Contact Play

Contact play is used by staff adopting a role like 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.

Interactive Play (Rough and Tumble Play)

This structured play follows clear rules and is operated under close supervision of staff. It will only ever take place when all participants agree and completely understand the rules. 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) - encourages growth.

Interactive play may include throwing cushions at each other or using soft foam bats to 'fence' each other.

Positive Handling (Calming a Dysregulating Child)

Maple Haven School does not restrain learners. Staff are encouraged and trained to use the approaches and strategies outlined in a child's positive behaviour plan (if relevant) to support a learner's behaviours to de-escalate, in a calm and healthy manner.

During any incident, staff must seek as far as possible to:

- Lower the child's level of anxiety during the incident by continually offering verbal reassurance and avoiding generating fear in the child.
- Cause minimum level of restriction but may support them by escorting them to a quiet area.
- Ensure at least one other member of staff is present.

Who Can Use Positive Handling?

All staff have the right to use a reasonable degree of force, namely,

- Everyone has the right to defend themselves against an attack provided they do not use a disproportionate degree of force to do so.
- In an emergency, for example, if a child was at immediate risk of injury or on the point of inflicting injury on someone else, any member of staff would be entitled to intervene.

Procedures

Staff will always employ de-escalation strategies and calming measures before positive handling intervention is used. De-escalation strategies and calming measures may include the following:

- 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 themselves feel more secure by wrapping a blanket tightly around them or holding on tightly to a large cushion or stuffed toy.
- Put distance between the child and others - move others to a safer place.
- 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 yourself.
- Use seclusion only if necessary for a short period while waiting for help, preferably where a member of staff can observe the child.
- 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.

If it is decided that positive handling intervention is necessary, then staff will:

- Issue a verbal warning of an intention to physically support.
- Try to summon additional support. Such support may simply be present as an observer or may be ready to give additional physical support as necessary.
- Aim for side-by-side contact with the child. Avoid positioning themselves in front (to reduce the risk of being kicked) or behind (to reduce the risk of allegations of sexual misconduct)
- Aim for no gap between the adult's and child's body, where they are side by side. This minimises the risk of impact and damage.
- Aim to keep the adults back as straight as possible.

- Beware of head positioning, to avoid head butts from the child.
- Support learners by gently holding "long" bones, i.e. avoid grasping at joints where pain and damage are most likely.
- Avoid lifting learners.
- Keep talking to the child unless it is judged that continuing communication is likely to make the situation worse.
- Don't expect the child to apologise or show remorse as many learners may not understand the difference between accidental and deliberate hurt.
- Use as little restrictive force as is necessary to maintain safety and for as short a period as possible.
- In very extreme circumstances two members of staff might be necessary to ensure the safety of all involved.

Recording and Reporting

A detailed written statement recording an occurrence of positive handling intervention will be made as soon as possible after the incident on CPOMS and must include:

- What took place, to and by whom, its severity and how long it lasted.
- What effects there were and to whom.
- Circumstances leading up to the incident (who was involved, time of day and where it occurred, what activities were taking place etc.).
- Actions that were taken by staff to avoid restraining.
- Details of other learners or staff who were present at the time. This should be done as soon as possible and within 24 hours of the incident. According to the nature of the incident, it may be noted in other records, such as the accident book or child's individual record. A copy of the written statement will be passed on to the child's parents / carers and a copy kept in the child's file.

Planning and Risk Assessment

After an emergency positive handling intervention, the situation is reviewed and plans for an appropriate future response are made. This will be based on a risk assessment which considers:

- the risks presented by the child's behaviour.
- the potential targets of such risks.
- preventative and responsive strategies to manage these.

It may be deemed necessary because of the risk assessment to write or update an individual positive behaviour plan that is developed to support a child. If a behaviour plan includes positive handling intervention it will be just one part of a whole approach to supporting a child's behaviour.

The behaviour plan should outline:

- An understanding of what the child is trying to achieve or communicate through their behaviour.
- How the environment can be adapted to better meet the child's needs.
- How the child can be encouraged to use new, more appropriate behaviours.
- How the child can be rewarded when he or she makes progress.
- How staff respond when the child's behaviour is challenging (responsive strategies).

There are a range of approaches such as humour, distraction, relocation, and offering choices which are direct alternatives to using physical intervention. Staff who work with the child, and any involved visiting support staff, will draw up a plan with the child's parents/carers. The plan will be reviewed regularly.

Supporting and Reviewing

It can be distressing to be involved in a positive handling intervention, whether as the person carrying out the intervention, the child being held or someone observing or hearing about what has happened. After a positive handling intervention, support is given to the child so that they can understand why they were managed in this way.

A record is kept about how the child felt about this where this is possible. Where appropriate, staff may have the same sort of conversations with other learners who observed what happened.

In all cases, staff should wait until the child has calmed down enough to be able to talk productively and understand this conversation. If necessary, an independent member of staff will check for injury and provide appropriate first aid. Support will also be given to the adults who were involved, either actively or as observers.

The adults will be given the chance to talk through what has happened with the most appropriate person from the staff team.

Monitoring

All reports on positive handling intervention will be reviewed by the Safeguarding Team and reviewed in the termly safeguarding meeting. Monitoring the use of positive handling intervention helps identify trends and therefore helps develop our school's ability to better meet the needs of all our learners.

Complaints

The use of physical intervention can lead to allegations of inappropriate or excessive use. Where anyone (child, carer, staff member or visitor) has a concern, this should be dealt with through the usual complaint's procedure.