



# Safe Touch Policy v4

April 2026

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## 1. Vision and Values

Plymouth CAST is a multi-academy trust of Catholic schools which is part of the mission of the Catholic Church dedicated to human flourishing and the building of a kingdom of peace, truth and justice. The Trust is to be conducted in all aspects in accordance with canon law and the teachings of the Roman Catholic Church and at all times to serve as a witness to the Catholic faith in Our Lord Jesus Christ.

Our vision and values are derived from our identity as a Catholic Trust. Central to our vision is the dignity of the human person, especially the most vulnerable. Our academies are dedicated to providing an education and formation where all our pupils and young people flourish in a safe, nurturing, enriching environment.

## 2. Introduction

In our schools we want to make sure our children are happy and have maximum opportunity to learn effectively. We want to see them live out the Gospel values, Catholic Virtues and British Values. We work alongside parents to encourage our children to develop as fully as possible. We want our children to:

- Grow socially
- Grow personally
- Grow spiritually
- Grow academically

The most important aspect in children feeling valued, safe and secure is the sense of connection and trust with a member (or more than one member) of staff. These are known as **Emotionally Available Adults (EAA)**. Children should be safe in the knowledge you have them in your mind, care about them as a person, about how they are feeling and what they are doing.

Strong relationships between staff and children are vital. Staff must be fair and **consistent** with children (taking into account individual needs). Children are supported to understand the boundaries, routines and structures are there to keep them safe, happy and able to learn.

Adults will hold these boundaries firmly while being **approachable, kind and compassionate**.

Our Safe Touch Policy supports our Behaviour Policy/Strategy in enabling staff to build positive, safe learning communities in which children and adults thrive.

Our Behaviour Strategy, of which this is part, is rooted in compassion, kindness and forgiveness. **We aim to follow the example of Jesus Christ** who led the disciples not through fear, but through love.

### **3. Aims**

This policy has been created to support the School Behaviour Policy and to safeguard our children and staff. It aims to:

- Ensure that all children and adults feel safe, have a sense of belonging, feel secure and valued.
- Foster, nurture and value strong and healthy relationships.
- Provide a clear, fair and consistent approach to behaviour management.
- Ensure that our children are intrinsically motivated to do the right thing because it is the right thing to do.
- Ensure that our values are underpinned by the Gospel Values, Catholic Virtues and British Values and that our children have a secure understanding of these.
- Maintain a calm and safe school environment.
- Ensure that all children are supported to achieve their full potential (equity).
- Define and describe what Safe Touch means, when and where it can be used and what this may entail.
- Outline acceptable use of touch within school
- Outline unacceptable forms of touch within school
- Protect children
- Protect staff and volunteers
- Outline the Legal Framework around Positive Handling, it's use within school and the professional responsibilities of staff working within school
- Outline the use of risk assessments and how these are used within school to support vulnerable child with challenging behaviour and others around them
- Outline responsibilities for the carrying out of Positive Handling procedures and Safe Touch.
- Provide information for staff with regard to their rights and responsibilities regarding Safe Touch, and what to do should an incident occur
- Provide template paperwork to be used in the event of Positive Handling being used with children

### **4. Links to Other Policies**

This policy should be read with reference to:

- School Behaviour Policy
- School Safeguarding Policy
- Physical Intervention Policy (April 2026)
- Intimate Care Policy
- Supporting Pupils at School with Medical Conditions and Administration of Medication Policy
- Staff Code of Conduct
- Section 4.19 of the Trust's H&S policy details the Trust's policy statement on 'Moving & Handling' which discusses manual handling.
- Whistleblowing Policy
- The Pupil Wellbeing Policy
- Exclusion and Suspension Policy

## 5. Legislation and Statutory Requirements

This policy is based on the following legislation and guidance:

- Restrictive Interventions, including use of reasonable force in Schools DfE April 26 [Restrictive interventions, including use of reasonable force, in schools - GOV.UK](#)
- [Reasonable force, restraint & restrictive practices in alternative provision and special schools - GOV.UK](#)
- [Keeping children safe in education 2025 - GOV.UK](#)
- [Behaviour in Schools - Advice for headteachers and school staff - GOV.UK](#)
- [Further guidance and resources for supporting behaviour in schools - GOV.UK](#)
- [Equality Act 2010](#)
- [Education and Inspections Act 2006, Section 93](#)

## 6. Principles

Plymouth CAST recognises that appropriate physical contact between adults and children can play an important role in:

- Building safe, trusting relationships
- Providing comfort and reassurance
- Supporting communication
- Maintaining safety

The Trust does not operate a “no contact” approach. However, **all physical contact must be carefully considered, professionally justified, and applied within clear safeguarding boundaries.**

All use of touch must be:

- **Necessary** – there must be a clear, legitimate purpose
- **Proportionate** – the least intrusive option must be used
- **Time-limited** – used only for as long as required
- **In the best interests of the child**

Safe touch may be in the form of: (not an exhaustive list)

- Greeting and departure gestures: handshakes, greeting or departing embraces. These gestures vary from culture to culture.
- Conversational markers such as a light touch on the arm, hand, back or shoulder to enhance other forms of communication.
- Consolation touch: providing a comforting hug, holding hands or shoulders in response to grief, sorrow, distress, anguish, agony, sadness or upset.
- Reassuring touch: a pat on the back or shoulders encourages and reassures
- Grounding or reorienting touch: touching the hand or arm to help reduce anxiety or dissociation by helping a young person be aware of his or her physical body.
- Task-oriented touch: offering a hand to help someone stand up or stopping the

young person from falling; holding the hand of the child at the front/back of the line when going to assembly or when walking together around the school

- Instructional or modelling touch such as demonstrating and supporting in physical education, science, music, design and technology etc
- Celebratory or congratulatory touch: "high-fives," a pat on the back or a congratulatory hug for the young person who has succeeded with a goal or good effort toward a goal.
- Medical: administering first aid or assisting with medical needs
- Personal care: assisting to get dressed or undressed for PE lesson; putting a coat on.
- Intimate care: administering intimate care in line with the school's intimate care policy and the child's individual plan
- Inadvertent touch - touch that is unintentional or involuntary.

### **Professional Judgement**

Staff must exercise professional judgement at all times and apply the expectations set out in Section 6.1 when considering the use of touch.

Touch must:

- Be **appropriate to the child's age, development and individual needs**
- Take account of **consent cues, power imbalance and cultural context**
- Be **open, observable and capable of being explained**

### **Safeguarding Expectations**

Physical contact must never:

- Be used as punishment
- Be used to frighten, intimidate or coerce
- Be secretive or hidden
- Be for the self-gratification of the

adult All physical contact must be:

- **Defensible**
- **Transparent**
- **Consistent with safeguarding expectations**

### **Link to Restrictive Interventions**

Where physical contact forms part of a restrictive intervention, this must be:

- In line with the Trust's Restrictive Interventions Policy
- Used only as a **last resort**
- Recorded and reported in accordance with statutory requirements

**If a member of staff is unsure whether physical contact is appropriate, they must not proceed and should seek guidance from the DSL or a senior leader.**

### **6.1 Professional Boundaries and Decision-Making in Safe Touch**

The Trust recognises that appropriate physical contact is an important part of supporting children. However, all physical contact must be **carefully considered, justified, and applied within clear professional boundaries.**

Staff must ensure that any physical contact is:

- **Necessary**
- **Proportionate**
- **In the best interests of the child**
- **Appropriate to the context and individual child**

#### **Key Factors Staff MUST Consider Before Using Touch**

Before initiating any form of physical contact, staff **must actively consider:**

##### **A: Age and Developmental Stage**

- Is the form of touch appropriate for the child's:
  - Age
  - Maturity
  - Understanding

Younger children may require more supportive touch; older pupils may require greater personal space.

##### **B: Understanding and Communication**

- Does the child:
  - Understand the intent of the touch?
  - Have communication needs that affect interpretation?

Staff must be particularly mindful of pupils with SEND, trauma, or communication differences.

##### **C: Consent Cues (Verbal and Non-Verbal)**

Staff must:

- Seek **implicit or explicit consent where possible**
- Be alert to **non-verbal cues**, including:

- ★ Pulling away
- ★ Freezing or stiffening

- ★ Distress or discomfort
- ★ Avoidance

If a child shows any sign of discomfort, **touch must stop immediately**

### **D: Power Imbalance**

Staff must recognise that:

- There is an inherent **power imbalance** between adult and child
- Children may:
  - Comply even if uncomfortable
  - Feel unable to refuse

Staff must never rely on compliance as an indicator of consent

### **E: Cultural and Individual Context**

Staff must consider:

- Cultural expectations regarding touch
- Family context
- Religious beliefs
- Previous experiences (including trauma)

What is appropriate for one child may not be appropriate for another

### **F: Context and Purpose**

Staff must be clear:

- Why is touch being used?
- Is it:
  - To comfort?
  - To guide?
  - To protect?

Touch must **never be routine where not needed**

### **Expectation: Necessary and Proportionate Touch**

All physical contact must be:

- **The least intrusive option available**
- **Used for the shortest time necessary**
- **Clearly linked to a legitimate purpose**

Comfort touch must only be used where it is **necessary to support the child's emotional wellbeing** and cannot be achieved through less intrusive means.

## **Professional Boundaries**

Staff must not:

- Initiate unnecessary physical contact
- Engage in prolonged or repeated contact without clear purpose
- Use touch that could be:
  - Misinterpreted
  - Secretive
  - Isolating

All physical contact must be:

- **Open**
- **Observable**
- **Justifiable**

## **Staff Training and Awareness**

The Trust will ensure that all staff receive training that enables them to:

- Understand:
  - Appropriate vs inappropriate touch
  - Professional boundaries
- Recognise:
  - Consent cues
  - Distress signals
  - Trauma responses
- Apply:
  - Proportionate and necessary touch
  - Safe responses to pupil need
- Respond to:
  - Disclosures or concerns arising from

touch Training will include:

- Safeguarding
- Behaviour and relational practice
- Trauma-informed approaches
- Safe touch and restrictive intervention principles

**If there is any uncertainty about whether touch is appropriate, staff must not use it and should seek guidance from the DSL or a senior leader.**

## **Link to Safeguarding Thresholds**

Any concern about physical contact must be:

- Reported immediately
- Assessed in line with:
  - Allegations against staff
  - Low-level concerns

procedures (as set out in Section 12 of this policy)

## 7. Supporting Children Demonstrating Challenging Behaviour

This policy recognises that in exceptional circumstances, safe touch may require **reasonable force** to control or restrain a child in order to protect her/him or others.

The DfE is clear that:

All members of school staff have a legal power to use reasonable force. This power applies to staff employed by the school and to others authorised by the headteacher to have lawful control or charge of pupils.

The use of reasonable force must always be necessary, proportionate, and used for the shortest time required, in order to prevent harm, serious disruption, damage to property or the commission of a criminal offence

(Restrictive interventions, including use of reasonable force, in schools Guidance for schools in England DfE April 2026)

The Trust is committed to a **relational, trauma-informed approach** to behaviour, rooted in compassion, regulation and connection.

In the vast majority of cases, effective relational practice will **prevent the need for physical intervention**.

### Prevention and De-escalation

Staff must:

- Prioritise:
  - Advance planning and risk management
  - De-escalation
  - Co-regulation
  - Emotional safety
- Use approaches such as:
  - PACE (Playful, Accepting, Curious, Empathetic)
  - Calm, regulated adult responses
  - Non-threatening body language and

tone Children must:

- Wherever possible, supported by a relational plan or similar
- Be supported to regulate **in the presence of a trusted adult**
- Not be isolated or required to “calm down” alone

### **Escalating Behaviour**

Where behaviour escalates:

- The environment must be made safe
- Other pupils should be removed where appropriate
- Support must be sought from trained staff

### **Use of Safe Touch with Reasonable Force (REFER TO PHYSICAL INTERVENTION POLICY)**

Where a child is at risk of causing harm to themselves or others, **safe touch with reasonable force may be used as a last resort.**

Any such use must:

- Be **necessary to prevent harm**
- Be **proportionate to the level of risk**
- Use the **minimum force required**
- Be used for the **shortest possible time**
- **Stop immediately** once the risk has reduced

### **Safety Requirements (Non-Negotiable)**

Physical intervention must:

- Maintain the dignity and safety of the child
- Avoid contact with intimate areas
- Never:
  - Restrict breathing
  - Involve the neck
  - Obstruct airway
  - Compress the chest
  - Involve prone restraint
  - Be used as punishment

### **Communication During Intervention**

Staff must:

- Continue to:
  - Reassure the child
  - Explain what is happening
  - Support de-escalation

## **After the Incident**

Following any use of safe touch with reasonable force:

- The child must be:
  - Checked for injury or distress
  - Supported to regulate
  - Given opportunity for a restorative conversation
  
- Staff must:
  - Record the incident on CPOMS Student Safe and Staff Safe
  - Inform parents/carers the same day
  - Receive appropriate debrief and support

## **Safeguarding Considerations**

All incidents must be:

- Considered in line with safeguarding thresholds
- Reviewed for:
  - Patterns
  - Underlying unmet need
  - Potential safeguarding

concerns Where concerns arise:

They must be managed in line with:

- Child Protection procedures
- Allegations / low-level concerns processes

## **Link to Section 6.1**

All use of physical contact within behaviour support must also comply with:

- Section 6.1 (Professional Boundaries and

Decision-Making) This includes:

- Consideration of consent cues
- Awareness of power imbalance
- Cultural and individual context

**Physical intervention is a last resort. The priority is always to prevent harm while maintaining the child's dignity, safety and emotional wellbeing.**

## 8. Examples of Safe Touch for control through *Reasonable Force, Restraint or Seclusion*

Restricting a child's movement by: (not an exhaustive list)

- Holding child's hand(s)
- Holding the child's wrist(s)
- Holding the child's arm(s)
- Holding the child's shoulder(s)
- Guiding a child to another position or location with a hand on back or shoulder
- Standing between children and keeping them apart
- Blocking a child's path by putting body between child and danger or target
- Removing object(s) from the child that may cause harm
- Using arms as a safety cell to prevent harm
- Requiring child to remain in a room or area and not being able to leave

### Key Operational Distinction

Staff must clearly understand:

- **Restraint** → Restricting movement
- **Seclusion** → Preventing a pupil from leaving
- **Time-out** → Pupil is free to leave

If a pupil is **prevented from leaving**, this is **seclusion** and must be recorded and reported.

## 9. Supporting Children with Special Educational Needs/Disabilities

School leaders must ensure that the principles of the school's Behaviour Policy with regards to children with SEND are followed by all staff.

Leaders must ensure that children with SEND do not experience safe touch control and restraint as a result of unmet need; the use of inappropriate strategies; failure to follow individual plans or agreed approaches.

Where there is a need due to an emotional difficulty or trauma in a child's life, our schools may refer to additional intervention. This includes Trauma Informed Schools practitioners, appropriate outreach or groups focusing on social skills and emotional literacy.

This may also result in a need for a personalised approach to supporting behaviour which will follow the overall principles - but be differentiated in outcome.

Where necessary, the school will ensure that children have individual relational support plans in place to mitigate the risk of the need for safe touch restraint. This may include provision which is additional and different - for example, time in a nurture base, play therapy, sensory breaks etc.

All adults, who will be teaching a group of children or spending time with them, are personally responsible for knowing a child's individual needs before teaching them. Schools should ensure all staff have accessed the child's learning education plans (IEPs) or behaviour plans (IBPs) and use the suggestions on these.

Teachers need to use IEPs/IBPs to understand what works and what doesn't work for that child. For example: If a child has ADHD and possibly has difficulty keeping calm and focusing, taking away their playtime could be detrimental to their behaviour for the rest of the day as they are missing vital physical time. There would have to be other steps/approaches in place for that child which should be followed.

Behaviour steps should be adapted to suit the needs of individual children. Equity is the aim for these high-needs children. Their individual plan and adapted expectations for behaviour should be on their Pupil Profiles, which will be monitored by the SENDCo, Senior Mental Health Leader or other member of SLT. A child's triggers for negative behaviour need to be on their individual plan so that everyone can be aware of these.

Where a child is known to present a specific risk of needing to receive safe touch control or restraint, this should be detailed and controlled within an individual risk assessment as well as an individual behaviour plan. These documents should be shared with the child and his/her parents/carers.

#### **10. Authorisation of Staff to use Safe Touch Control or Restraint/significant restrictive intervention**

We recognise that safe touch control or restraint/significant restrictive intervention will be rarely used, and that it is a last resort to maintaining a safe environment and safety of children and staff.

**Where physical contact forms part of a restrictive intervention, this must be in line with this policy and the Trust Restrictive Interventions Policy, which also sets out statutory requirements for recording and reporting, including in cases of restraint and seclusion.**

Members of staff who are working directly with a child who is identified as at risk of requiring safe touch control or restraint must receive appropriate training. All staff working with such children must be familiar with all supporting paperwork, plans and risk assessments.

Where a situation is escalating and it is likely that the child will put themselves or others at risk of harm, the other children should be removed from the vicinity; the immediate environment made as safe as possible, and two of the children sent to Cathy Blatchford/Head Teacher to obtain trained support.

If a child is at immediate risk of causing harm to herself/himself and a trained member of staff is **not** present, any member of staff is authorised to use safe touch control or restraint as per this policy. This includes temporary and supply staff.

Visitors and volunteers must not be put in a position where they are likely to have to use safe touch control or restraint.

In an emergency, if a visitor or volunteer has to use safe touch control or restraint to prevent harm to a child or others, they will receive the same support from school and trust leaders, and the law as members of the school staff.

School leaders must ensure that plans are in place to cover for absent trained colleagues,

and that all staff working with children, including temporary and supply staff, are familiar with individual plans and risk assessments.

Whenever safe touch control and restraint/ significant restrictive intervention is used, the child's parents **must** be informed in **person/by telephone and in writing as soon as possible and certainly before the end of the school day**. The form in **Appendix A** of this policy **must be** completed, retained and forwarded to the school's SIO and the Trust's Safeguarding Officer, Leah Paiano [lpaiano@plymouthcast.org.uk](mailto:lpaiano@plymouthcast.org.uk)

All incidents must be recorded on CPOMS Student Safe under the child's name as Significant Physical Intervention.

Where any concerns are raised, these must be recorded on StaffSafe and cross-referenced appropriately on CPOMS Student Safe.

## **11. Curriculum**

The school's Safe Touch Policy is supported by a curriculum that teaches the children about the concepts of Respect, Responsibility and Consent; the relationship between each, and their importance in keeping themselves and others safe.

The children are taught about the difference between safe and unsafe touching, and what to do if they feel uncomfortable about someone touching them.

All of our children know who to speak to if they are frightened, upset or concerned.

Schools regularly explore student voice to ensure that children, including the most vulnerable, are confident and able to speak to an adult if they are concerned about how they or another child has been treated. School leaders will ensure that children are confident that their concerns will be acted upon.

## **12. Safeguarding Thresholds and Referral (KCSIE Part 4 Alignment)**

Any concerns raised by a child, parent or other adult regarding physical contact with pupils, including those arising from the use of Safe Touch, will be managed in line with the Trust's Child Protection and Safeguarding Policy and Allegations Against Staff and Low-Level Concerns Policy.

### **12.1 Protecting Children**

Where necessary, immediate action must be taken to protect the child/children:

- reassure the child
- sensitively remove the child from the situation
- If necessary, ask the adult to relocate to a place away from contact with children
  - reassure that this is a neutral act protective of all parties involved.

### **12.2 Immediate Reporting**

Any concern, allegation, or uncertainty regarding physical contact must be:

- reported immediately to the Designated Safeguarding Lead (DSL)/Headteacher,

- reported immediately to the School Improvement Officer/Director of Education, and
- recorded on StaffSafe/CPOMS

### **12.3 DSL Threshold Decision-Making**

The DSL will assess the concern against the harm threshold set out in Keeping Children Safe in Education (KCSIE Part 4), considering whether the adult has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child in a way that indicates they may pose a risk of harm to children
- behaved in a way that may indicate they are not suitable to work with children

### **12.4 Referral Pathways**

**Where the harm threshold is met:**

- The Headteacher/DSL will consult with the Local Authority Designated Officer (LADO) immediately
- Discuss immediately with School Improvement Officer/Director of Education/HR Manager
- The matter will be managed under formal allegations procedures

**Where the harm threshold is not met:**

- The concern will be recorded as a low-level concern
- Logged on the Trust's Staff Safe system
- Subject to monitoring for patterns or escalation
- Discuss immediately with SIO/Director of Education

### **12.5 Key Principle**

The school recognises that:

- Safe Touch is a legitimate and important part of supporting children
- However, all physical contact must be open to scrutiny
- Any concern, regardless of intent, will be assessed through safeguarding thresholds

## **13. Training**

All staff will receive annual training on the implementation of the school's Behaviour Policy/Strategy, and all associated policies including this policy.

Training will explicitly include recognising consent, distress signals and appropriate management of physical contact in line with this policy.

Further update and/or focused training will be provided throughout the year.

All supply/temporary staff and volunteers will be introduced to the Behaviour Policy/Strategy,

the Staff Code of Conduct, and this policy.

Specific *positive handling* training such as that provided by the Crisis Prevention Institute (CPI - formerly MAPA) will be provided to all staff who are likely to be required to use it.

The school will ensure that it has staff trained in specific *positive handling techniques* such as CPI – to enable it to keep staff and children safe. [CPI Training for Education](#)

The school has access to the trust's CPI trainers, Laura Thompson who is based at Holy Cross Catholic Primary School, Plymouth [ltompson@holycross.plymouth.sch.uk](mailto:ltompson@holycross.plymouth.sch.uk) and Tim Driscoll who is based at St Joseph's Catholic Primary School, Plymouth, [t.driscoll@plymouthcast.com](mailto:t.driscoll@plymouthcast.com)

The school has the ongoing support of the trust's SEND and Trauma-Informed Practice Lead, Suzie Franklin [s.franklin@plymouthcast.com](mailto:s.franklin@plymouthcast.com)

Training must include:

- De-escalation
- Trauma-informed practice
- Legal thresholds
- Recording systems
- CPI training for adults working with children where physical intervention is anticipated/expected

Staff who feel unsafe, untrained, or insufficiently supported in using safe touch, including reasonable force, restraint and seclusion, should speak with their headteacher, School Improvement Officer or the Director of Education:

Name and contact details SIO: Alyson Tyler  
[Alyson.Tyler@plymouthcast.org.uk](mailto:Alyson.Tyler@plymouthcast.org.uk)

Name and contact details Director of Education: Kevin Butlin  
[kevin.butlin@plymouthcast.org.uk](mailto:kevin.butlin@plymouthcast.org.uk)

## Appendix A

### Record of use of safe touch *Reasonable Force, Restraint or Seclusion*

This record is used to make sure that when safe touch *Reasonable Force, Restraint or Seclusion* is used in line with the safe touch policy it is **safe, necessary, proportionate and that there is appropriate accountability**.

It helps:

- Ensure that any reasonable force used to control or restrain children is in keeping with the guidance in the safe touch policy
- Protect the child's safety and rights
- Show the school followed legal and policy rules
- Provide clear evidence of what happened
- Improve support and reduce future incidents
- Keep parents informed
- Identify training and safeguarding needs

In short, it ensures restraint is only used as a **last resort** and that everyone involved is protected. **It must be completed following any use of safe touch control or restraint/significant restrictive intervention.**

Category of significant physical intervention	Reasonable Force	Restraint	Seclusion
	✓	✓	✓
Name of child/young person			
Date of Birth		Year Group	
			Class

#### Incident Information

Date of Incident		Time of incident		Location		Duration of restraint	
Staff Involved						Restraint trained	Yes/No
						Restraint trained	Yes/No

				Restraint trained	Yes/No
Reason for use of significant physical intervention	Risk of harm to self ✓	Risk of harm to others ✓	Risk of serious property damage ✓	Risk of serious disruption ✓	

Please provide full details of the behaviour leading to the use of *Reasonable Force, Restraint or Seclusion*

De-escalation Attempts: (Please provide details of the strategies attempted prior to the use of *Reasonable Force, Restraint or Seclusion* This may include, verbal calming, removal from the situation, sensory support, time – out, safe space, redirection).

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**Summary of the safe touch *Reasonable Force, Restraint or Seclusion***

<b>Method /technique used</b>			
<b>Position for example standing or seated</b>			
<b>Length of time in restraint</b>		<b>Was force used consistent with school safe touch policy</b>	<b>Yes/ No</b>

**Monitoring during use of safe touch *Reasonable Force, Restraint or Seclusion***

<b>Breathing checked/by whom</b>	<b>Yes/No</b>	<b>Wellbeing checked/by whom</b>	<b>Yes/No</b>
<b>How was the child/young person communicated with?</b>			
<b>Provide details of the levels of distress experienced and how this was managed</b>			

**Injuries or medical concerns – Please provide details of any injury or medical concerns, first aid required and steps taken.**

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**Outcome and Follow Up**

**Provide details of how the incident ended**

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**Post incident actions:**

Harm Threshold Considered y/n		Parents informed by phone/in person	y/n Date	Parents informed in writing	y/n Date	CPOMS record created	y/n	Discussed with SIO	y/n Date
Threshold met y/n									
LADO consulted y/n									
Counselling provided	y/n	Restorative discussion	y/n	Parent meeting	y/n	Risk Assessment reviewed	y/n	Behaviour support plan reviewed	y/n

**PARENTS MUST BE INFORMED**

**Provide details of communication with parent/carer, include name of staff member in contact with parent, time and method of communication and parental response.**

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**Provide details of support for staff involved, include any injuries or medical support if required.**

**Provide details of the voice of the child /young person. This may include their account of the event and reflections.**

**Please describe any next steps not already outlined, this may include staff training , review of pupil information sharing, updates plans or referrals for external support.**

**Completed By:**

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SIO Notified by Headteacher:**

Name of SIO: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Parent Notified by Headteacher:**

Name of SIO: \_\_\_\_\_

\_\_\_\_\_ Date:

\_\_\_\_\_

Time: \_\_\_\_\_

**Reviewed By Headteacher**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Reviewed By School Improvement Officer**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix B

## School/Academy Relational Support Plan

We know that the relationships we have with our children/young people will have the greatest impact on their behaviour and wellbeing. Underpinning all relational support plans is the understanding that all staff in our schools promote relationships which are warm, compassionate, forgiving and non-judgemental.

PACE is the key relational model used in our school. PACE is a way of thinking, feeling, communicating, and behaving that helps a child feel safe. It helps to promote secure attachments and enables a child to reflect on their thoughts and behaviours without being judged.

<i>Pupil's name:</i> XXXXXX	<i>Class:</i> XXXXXX	<i>Date:</i> XXXXXX	<i>Review Date:</i> XXXXXX
<b>Identified challenges for pupil:</b> <b>E.g</b> <ul style="list-style-type: none"> <li>- staying within the school building/ premises</li> <li>- difficulty in calming down from heightened state</li> <li>- difficulty in following adult instructions</li> <li>- aggression towards peers if things don't go his way</li> </ul>			
<b>Identified behaviour: Mostly in a heightened state with no recognition of boundaries or safety</b>			
<i>Appearance:</i> <i>what the behaviour looks like...</i> <b>E.g. Running around the school inside and out, climbing equipment ,</b>	<i>Rate: how often it occurs</i> <b>E.g. After the first 30 minutes of each day.</b>	<i>Severity: the level of risk associated with the behaviour</i> <b>E.g. High risk of harm to self and others. XXXXXX has no recognition of dangers or boundaries.</b>	<i>Duration: how long it lasts</i> <b>E.g. Up to an hour</b>
<b>Presenting Behaviour:</b> <b>E.g: Damaging resources/equipment</b>			

**Identified Function of Behaviour /Unmet Need:**

E.g: Discharge of anger or frustration that cannot be expressed verbally  
Anxiety about tasks child feels he cannot do

**Agreed relational strategies to respond to behaviour: (In addition to the specific strategies listed below all adults use a PACE approach at all times)**

E.g.

- 1 – Validate the experience of the child and the emotional tone - I can see you are angry , you feel so, so cross right now
- 2 – Safe space to go to when needing to be calm with an adult that XXXXX trusts. Adults notice when XXXX needs time in his safe space and support him to make that choice
- 3 – Staff member to explain the now and next instructions to XXXXX
- 4- Staff to avoid using commands, clipped tones or ‘why’ instead use language such as I wonder , I imagine , I notice
- 5- Use of positive feedback that is specific and aimed non personal for example “That was a good thing you did when you came with me to play dominoes”, or “thank you for walking so nicely”.
- 6\_ XXXXX has regular sensory breaks throughout the day - these are supported by the adults who he trusts and include sensory water play, gross motor activities that support his vestibular system heavy work/push/pull
- 7- XXXXX has activities presented to him in ways that support him to feel that he has some control over what he is being asked to do, this will usually involve some form of choice.
- 8- Provide children with safe alternative such as clay , paper, soft balls that they can use to express anger
- 9- XXXXX is met at the beginning of the day by his trusted adult who then settles him into class. They also spend time with him at the end of the day to support the transition back home.

**Long term aim of strategies (think SMART):**

E.g.

- XXXXX can tell adults what his now and next activities are and follows his visual now/next timetable. 50% of the day
- XXXXX follows Instructions with the support of adults 80% of the day
- XXXXX is able to describe what he needs to do to remain safe in school and makes use of this safe space at times when he is anxious or upset
- XXXXXX completes short activities either in the classroom or at his base area with planned outdoor breaks between activities.
- XXXXXXXX feels so psychologically safe with their EAA that he/she is able to tell the story of what happened to them so that they can reflect on their trauma rather than behave their trauma

Agreed timescale for review: weekly

**A staged approach to managing behaviour:**

**Stages of behaviour:**

**Green** = Child is socially engaged. CARE, SEEKING and PLAY systems are optimally activated. PROTECT (ensuring psychological safety for the child) and RELATE (ensuring that the child has access to adults he/she trusts) is the focus of interactions.

**Amber** = The child is showing signs of social defence (anxious, aroused or distressed). The RAGE/FEAR/PANIC GRIEF systems is showing signs of activation. PROTECT/RELATE and REGULATE (early de-escalation strategies) should be employed with the aim of returning to the green stage.

**Red** = The child has moved to social defence. The RAGE/FEAR/PANIC GRIEF system has been activated. RELATE and REGULATE approaches that support the child are central to supporting regulation and helping to move the child back to a state of calm.

**Blue** = The child is moving back towards a state of social engagement. PROTECT (ensuring psychological safety for the child) and RELATE (ensuring that the child has access to adults he/she trusts) is the focus of interactions. Adults need to be careful not to assume that the child has returned to the Green stage , some children may present as being regulated but if returned to an environment that they find stressful too soon may well move back to social defence very quickly.

**Green**

<p><u>Support strategies</u> <u>PROTECT/RELAT</u> <u>E</u> The things that we can do or say to keep XXXXX in the green for as much time as possible.</p>	<p><u>Behaviour</u> What XXXXX does, says and looks like that gives us clues that he is calm and relaxed.</p>
<ul style="list-style-type: none"> <li>• Go through the timetable for the day with XXXX so he gets a sense of structure to the day.</li> <li>• For XXXX to have regular active sensory breaks starting every 20 minutes and increasing gradually. positive feedback encouragement (and positively discriminate)</li> <li>• Allow XXXX to have a choice out of 2 activity breaks so he feels in control of the situation. (incorporate his interests of tanks or controlled water play if possible)</li> <li>• Regular specific praise and encouragement ( non-personal)</li> <li>• Organise for XXXXX to have a visit to the nature garden each day.</li> <li>• Avoid commands and clipped tones when talking to XXXX</li> </ul>	<ul style="list-style-type: none"> <li>• XXXXX knows what will happen each day.</li> <li>• XXXXX engages well and focuses on set now/ next activities.</li> <li>• XXXXXX responds to adults and peers calmly and politely .</li> <li>• XXXXX knows not to damage the resources.</li> <li>• XXXXXX listens to adult instruction and follows these instructions.</li> </ul>

and use language that supports social engagement and not

defence for example “can you help me understand what happened when” not “why did you do that “ or “what did you do”

- Weekly sessions with the school ELSA to support XXXXX in understanding his feelings and how to express these

### Amber

#### Support strategies

#### PROTECT/RELATE/REGULAT

#### E

The things that we can do or say to stop the situation from escalating further and return PUPIL to the proactive phase as soon as possible.

- Staff notice when XXXXX is struggling and provide support swiftly
- Calmly remind XXXXX about the task
- Take XXXXXX for a sensory break
- Provide an acceptable alternative learning break in the room
- Remind XXXXX of some of his regulation techniques for example belly breathing
- Use agreed safe touch strategies such as hand holding, hand massage
- Guided self touch - press your hands together, hug themselves
- Provide an appropriate distraction – for example an errand

#### Behaviour

What XXXXX does, says and looks like that gives us clues that she/he is becoming anxious or aroused.

- Starts to fiddle with equipment /rocking on chair
- Gets up and starts walking around
- Refuses to start tasks or engage in tasks
- Seeks attention from his EAA

## RED

<u>Support strategies</u>	<u>Behaviour</u>
<p>The things that we can do or say to quickly manage the situation and to prevent unnecessary distress, injury and destruction.</p>	<p>What XXXXX does, says and looks like when he is challenging.</p>
<ul style="list-style-type: none"><li>· Ensure that XXXXX is supported by the adults he knows bests and trusts</li><li>· Use distraction techniques to get XXXX back to a safe area</li><li>· Try not to chase or restrain unless XXXX is in danger</li><li>· Provide XXXXX with clear choices e.g. you can either come and do some colouring with me or we can go and visit the pond</li><li>· Offer empowered anger alternatives- throwing clay, heavy movement such as stomping</li></ul>	<ul style="list-style-type: none"><li>· XXXX damages books, resources</li><li>· XXXX takes equipment from other children</li><li>· Throws things</li><li>· XXXX does not respond to staff instructions.</li><li>· XXXXX shows aggression towards peers.</li><li>· XXXXX uses inappropriate language.</li></ul>

## Blue

<u>Support strategies</u>	<u>Behaviour</u>
<p>The things that we can do or say to support XXXXX to become more calm again and return to the proactive phase.</p>	<p>What XXXXX does, says and looks like that tells us that he is becoming calmer.</p>
<ul style="list-style-type: none"><li>· Encourage XXXXX to come to the sensory room.</li><li>· Allow time for XXXXX to calm.</li><li>· Give positive specific praise for making the right decision.</li></ul>	<ul style="list-style-type: none"><li>· XXXXX is able to talk and respond to adults again.</li><li>· XXXXX is able to return to class or his base ready for his now and next activity.</li></ul>

### Reflect and Repair

**It is important that there are opportunities for children to be able to talk about their experiences, what happened and why. Trusted adults can support children to do this using agreed approaches to REFLECT and by being PACEful in their interactions. These opportunities should take place at a time and place that is comfortable for the child and promotes psychological safety. It is rarely, if ever, likely to be successful as part of the stages of behaviour Amber, Red or Blue. Reflective conversations and Repair need to take part when the child is well regulated with their emotionally available adult at a time that is most helpful to the child.**

#### Successful Strategies:

- Choose a safe space that the child feels comfortable in
- Carefully consider the language used to encourage children to reflect - PACE and WINE (I wonder, I imagine, I notice. Avoid using why? and what phrases. Instead use help me understand....
- Not all children can verbally express their feelings or what has happened so consider other ways to help them to share their thoughts and feelings e.g. Big Empathy Drawing, Sand Tray, Puppets,
- Think creatively about the ways in which children can repair when things have gone wrong. Simply saying sorry is not always most helpful or possible. Showing someone they are sorry can often be more powerful and reparative.

Relational support plan completed by:	Relational support plan agreed by:	Signed by parent:	Signed by teacher:	Signed by Headteacher:
Date:	Date:	Date:	Date:	Date: