



# Safe Touch Policy

## **Introduction**

The term Physical contact is used to describe the use of touch for many purposes in numerous different contexts. This is a controversial and complex area. There have been instances where schools have had a 'no touch' policy and totally forbade staff from touching children. This is actually against all statutory guidance and is not tenable. There is a common myth that school staff are not allowed to ever touch a child.

The Children Act 1989 and 2004 makes it clear that the paramount consideration in any decision should be in the best interest of the child concerned. Paramount in this context means that it should be the first thing people think about and it takes precedence over other considerations. There are many circumstances where touch is a necessity.

Physical contact should always be about meeting the needs of the child. Actions that can be ambiguous are open to misinterpretation. Staff should always think before making any physical contact. They should be clear about why their actions are in the best interest of the child concerned. They should remember that some children like physical contact and some do not.

## **Aims**

Children have the right to independence and choices, and we seek to provide opportunities for personal growth and emotional health and wellbeing. However, rights also involve responsibilities, such as not harming other people's rights.

Children unable to control their actions or unable to appreciate danger have a right to be protected; and staff have a duty of care to exercise.

## **Rationale**

Children 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.

Many children who require emotional support from school may have been subject to trauma or distress or may not have had a positive start in life. It is with this in mind that staff seek to respond to children's developmental needs by using appropriate safe touch.

Attachment theory and child development identifies safe touch as a positive contribution to brain development, mental health and the development of social skills.

Our policy rests on the belief that every member of staff needs to know the difference between appropriate and inappropriate touch. Hence, staff need to demonstrate a clear understanding of the difference. Equally, when a child is in deep distress, staff need to know when and how sufficient connection and psychological holding can be provided without touching.

All staff need to be clearly aware of procedures within this policy. The policy should be seen in the wider context of the 'Behaviour Policy' and the 'Safeguarding and Child Protection Policy'. Staff always need to be mindful of appropriate behaviour. Key members of staff are Team Teach trained in order to understand appropriate touch and very occasionally restraint.

<https://www.teamteach.co.uk/>

Any physical interventions are logged in a bound book in line with Team Teach Practice.

Physical interventions Plans are written for children where physical interventions may be used more frequently. These are always shared by staff with parents and is part of a behaviour plan.

## **Different types of touch**

### **1. 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 taking a child by the hand (if age appropriate), patting on the back or putting an arm around the shoulders. The benefit of this action is often proactive and can prevent a situation from escalating.

### **2. 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 stroking a back, squeezing an arm, rocking gently, cuddling, tickling or sitting on an adults' lap, hand or foot massage. These types of touch would be clearly defined within the child's individual plan and this would highlight the appropriateness of staff actions. Because of the complex needs of some of our children, reparative touch is necessary to be used on with identified children.

### **3. Contact/interactive Play**

Contact play is 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 rough and tumble, tickle games, being supported to explore in messy play, Being held or rocked in physical play or being helped to access playground equipment. This sort of play releases the following chemicals in the brain: Oxytocin – to calm and soothe and give pleasure; Dopamine – to focus, be alert and concentrate; BDNF (Brain Derived Neurotropic Factor) – a brain 'fertiliser' that encourages growth.

### **4. Positive handling (calming a dysregulating child)**

Staff may use force as is reasonable in all the circumstances in order to prevent a pupil from doing, or continuing to do, a type of behaviour that may result in them harming themselves or another. This needs to be read in conjunction with the behaviour and physical intervention policy. It may also be a way of providing support for the child in order for them to regulate their emotions or their sensory needs. This will be in line with their Sensory Diets, which are monitored by Occupational Therapist and shared with parents.

### **5. In Self-care activities**

A few children in school need their personal care needs met by staff and children will be assisted to take part in self-care activities such as feeding and washing. Where appropriate children will also have their intimate care needs met when having their nappy or pull-up changed.(Personal care policy).