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Safe Touch Policy

2021-22

Version Control

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1. Introduction

The Trust intends and expects that all decisions around the use of Trust resources will be underpinned at all times by its vision and values:

Our aim:

To create centres of educational excellence that inspire all pupils to turn their potential into performance

To achieve this our schools will:

Provide a broad and balanced curriculum that allows pupils to develop their talents and ambitions

Deliver the highest quality learning opportunities facilitated by excellent teachers

Inspire our pupils to become confident, motivated and respectful individuals ready to make a positive contribution to society

The Trust will support our schools by:

Maximising the resources and expertise available to individual schools

Providing a platform for the sharing of excellent practice

Challenging and developing staff to turn their potential into performance

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.

The Children Act 1989 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.

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. This information will be contained a child's Positive Handling Plan held by the school.

1.1 Aims

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 well-being. Many of the pupils 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.

Our policy takes into account the extensive neurobiological research and studies relating to attachment theory and child development that identify safe touch as a positive contribution to brain development, mental health and the development of social skills. We have adopted an informed, evidence-based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning.

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.

1.2 Other Linked Policies

- Intimate Care Policy
- Behaviour Policy
- Positive Handling Policy

2. Policy Statement

Different Types of Touch:

There are four different types of touch and physical contact that may be used, they 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 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.

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 or an arm, rocking gently, a cuddle or sitting on an adult's lap (lap cushion may be used), hand or foot massage.

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 an adult chasing and catching the child or an adult and child playing a game of building towers with their hands. 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 Neurotropic Factor) – a brain 'fertiliser' that encourages growth. Interactive play may include: throwing cushions to each other or using soft foam bats to fence each other

Using Touch to Communicate and Teach:

For some children at Red Oaks, it is often appropriate and very important to use touch to communicate with them. Examples of this include:

- On body signing
- To get a child's attention. This is particularly relevant for our deaf children and those with Complex Additional Needs
- To guide children in completing a task as part of their learning
- To move a child if necessary, e.g. a child in our Early Years Foundation Stage who may need help on the play equipment

In Self-Care Activities

Some children at Red Oaks need their personal care needs to be met by staff. These children will be assisted to take part in self-care activities such as feeding, washing/cleaning or dressing. Children will also have their intimate care needs met when having their nappy changed.

Please see our Intimate Care Policy for further information.

Positive Handling (calming a child)

– The School's Positive Handling Policy will apply

The restraining techniques (Team Teach) used should be familiar to the staff involved, and they should be appropriately trained and be able to use them safely. A child who is in a state of deregulation and has no mechanism for self-calming or regulating their strong emotional reactions may be physically contained by staff.

We would recommend that staff employ the safest and gentlest means of holding a child, which is entirely designed to enable the child to feel safe and soothed and bring him or her down from an uncontrollable state of hyper arousal. Maintaining boundaries in such as cases can be a vital corrective emotional experience, without which the child can be left at risk of actual physical or psychological damage.

The brain does not develop self-soothing neuronal pathways unless this safe emotional regulation has been experienced. Physical containment of a dysregulating child can be the only way provide the reassurance necessary to restore calm. Such necessary interventions are fully in line with guidelines set out in the Government Document 'new guidelines on the use of reasonable force in school' (DfEE 1998) and in the Education Act Section 550A.

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

- Lower the child's level of anxiety during the restraint by continually offering verbal reassurance and avoiding generating fear of injury in the child.
- Cause minimum level of restriction of the movement of limbs consistent with the danger of injury (so, for example, will not restrict the movement of the

child's legs when they are on the ground unless in an enclosed space where falling legs are likely to be injured);

- Ensure at least one other member of staff is present wherever possible.

Steps to Take Before Positive Handling

Prevention strategies and calming measures will be employed and the following action should be taken before a restraint is used:

- Applying the school's behaviour policy;
- 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);
- 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;
- Use seclusion only if necessary for a short period while waiting for help, preferably where a member of staff can observe;
- Keep talking calmly to the child, explain what is happening and why, how it can stop, and what will happen next.

Although these techniques to calm a dysregulated child are seen as best practice, individual children may require specific and personalised techniques to calm down. Reference to a child's individual Positive Handling Plan may be required for more information. Careful consideration of any additional needs will always be given and reasonable adjustments made. Restraint will never be used as a form of punishment but as a means to keep children safe.