



Worle Village Primary School Safe Touch Policy



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, and there have historically been instances where schools have had a ‘no touch’ policy and totally forbade staff from touching children. This is against all statutory guidance and is not tenable when working closely with children. There is a common myth that school staff are not allowed to ever touch a child, but 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.

There are many circumstances where touch is a necessity. Physical contact should always be about meeting the needs of the child, but actions that can be ambiguous are open to misinterpretation. Staff should always think before making any physical contact, and 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, particularly those with sensory issues.

Policy 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.

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. Staff always need to be mindful of appropriate behaviour.

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 or sitting on an adults' lap. Because of the complex needs of some of our children, reparative touch may be needed more often.

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 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:

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.

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 behaving in a way that may result in them harming themselves or another. It may also be a way of providing support for the child in order for them to regulate their emotions or their sensory needs.

5. **Using Touch to Communicate and Teach**

It may occasionally be necessary to use touch to communicate with a child e.g. to alert a child that they are about to be asked to be moved, or to guide children in completing a task as part of a learning program, or to find out about something by exploring materials and objects.

6. **In Self-care activities**

Some children at WVPS in EYFS or those with additional needs, may need their personal care needs met by staff, and children will be assisted to take part in self-care activities such as feeding, washing or dressing where appropriate. Some young children may also have their intimate care needs met when having their nappy changed, or when being helped to use the toilet.

This policy should be read in conjunction with the following policies:

- Behaviour Policy
- Safeguarding Policy
- SEND and Inclusion Policy
- Positive Handling Policy
- Intimate Care Policy