

Lakeside Primary School



Safe-Touch Policy & Guidance

2023 – 2025

Lakeside Primary School is committed to establishing a safe physical and emotional learning environment where basic needs are met; safety measures are in place; and staff responses are consistent, predictable, and respectful.

WHY - Safe Touch Policy for all staff

Our approach to physical contact within the context of safe relationships is underpinned by research, evidence and good practice from both THRIVE and the 'Trauma and Mental Health Informed Schools and Communities' programmes.

Social touch is a powerful force in human development, shaping social reward, attachment, cognitive, communication and emotional regulation from infancy and throughout life.

Cascio et al (2019)

We, at Lakeside Primary School, embody this.

Touch is the earliest sense to develop and is significant in the way we perceive our own bodies and our senses of self. In the first months of life, touch is key in the development of secure attachment and the formation of relational bonds.

In the classroom, positive, contingent touch from teachers has been demonstrated to increase on-task behaviour and decrease disruptive behaviour in young children. Physical intervention can have a profound impact on distressed or dysregulated children, often preventing escalation and the need for exclusions or isolation. A 'no-touch policy' would, therefore, be depriving to children who need to be soothed and calmed.

Who – all those involved

Lakeside Primary School is committed to supporting and guiding all members of our school community to adopt a 'safe-touch' approach between:

- Parent and child
- Child and child
- Child and school staff
- Parent and school staff
- School staff
- School staff and Senior Leads
- School staff and external agencies

How – Keeping Everyone Safe

Definitions

Restraint refers to situations when staff are required to physically prevent a pupil from continuing what they were doing after they have been told to stop. It is used in extreme circumstances, such as when two pupils are involved in a fight, where the physical safety of the child or another is in question.

‘Positive handling is a holistic approach involving policy, guidance, management of the environment, and deployment of staff. It also involves personal behaviour, diversion, diffusion and de-escalation. Restraint is only a small part of the framework’.

(Taken from the Team Teach workbook.)

Physical Intervention is defined in the WAG Framework as:

direct physical contact between persons where reasonable force is positively applied against resistance, either to restrict movement or mobility or to disengage from harmful behaviour displayed by an individual.

The ‘Trauma and Mental Health Informed Schools and Communities’ program, refers to **physical intervention** as the use of **safe touch** to support and regulate a child and **restrictive physical intervention** as **supportive holding**.

Challenging behaviour describes behaviour of such frequency, duration or intensity that the safety of the person or others is placed in jeopardy.

Situations

Situations when **restrictive physical intervention** (supportive holding) may be required include:

- To remove disruptive children from the classroom where they have refused to follow an instruction to do so;
- To prevent a pupil behaving in a way that disrupts a school event or a school trip or visit;
- To prevent a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others.
- To prevent a pupil from attacking a member of staff or another pupil, or to stop a fight in the playground;
- To restrain a pupil at risk of harming themselves through physical outbursts.

The decision on whether or not to intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances informed by the risks of using physical intervention and the risks of not.

Situations when **physical intervention** (safe touch) may be required include:

- Holding the hand of the child at the front/back of the line when going to assembly or when walking together around the school;
- When comforting a distressed pupil;
- When a pupil is being congratulated or praised;
- To demonstrate exercises or techniques during PE lessons or sports coaching;
- To demonstrate how to use a musical instrument;
- To give first aid or medical support (e.g. administering an EpiPen or insulin injection)

Used in context, and with empathy, touch supports the development of strong, nurturing relationships with the children we care for. It can support the development of an effective stress management system, altering a child’s biochemical profile and balancing key emotional systems in the brain. It can also be key to developing fundamental social, behavioural and

attention skills, whilst offering physical support to those children who need it. Additionally, touch can be used for the following reasons and circumstances:

Communication – touch is an important aspect of communication and plays a significant role in establishing good connection with children at early communication levels. Where a child displays difficulty in focussing on the human voice, touch may be necessary to gain attention or reinforce other communication (e.g. hand on shoulder when speaking) or to function as the main form of communication in itself. Touch enables staff and pupils to respond non-verbally or to respond to another person's own use of physical contact for communication and to make social connections. Touch may steady a child who desperately seeks connection with an adult, confirming they have been seen or heard.

Educational, Health and Care Tasks – touch can also be used to direct children in educational tasks and developing skills. Physical prompting and support, gestural and physical prompts during learning activities such as hand-over-hand support and hand-under-hand support (particularly for children who have profound or complex additional needs). Play activities naturally include touch. The 'Trauma and Mental Health Informed Schools and Communities' program supports the use of attachment play activities as targeted interventions to build and develop supportive, nurturing relationships with children and young people. The activities involve appropriate physical contact.

Physical support may also be necessary to include and teach in activities such as; PE or swimming or to carry out therapy programmes such as; massage, sensory integration, occupational therapy, physical therapy either by therapist or by another member of staff carrying out a programme or following therapy advice.

Emotional and Physical Regulation – touch is an effective way to communicate acceptance and emotional warmth. It can provide containment and reassurance, communicating safety and comfort. Touch affecting both tactile and pressure receptors stimulates the central nervous system into a state of relaxation and calm. It affects both behavioural and neurochemical indicators of stress – decreased heart rate, blood pressure, cortisol and oxytocin levels resulting in a more relaxed, attentive state. Cautionary touch should be used with pupils who are sensitive to touch, touch defensive or may have a history of receiving negative touch.

Intimate Care – occasionally children may need support with personal care skills as a result of medical or additional needs. Touch is necessary in order to carry out and support pupils' personal care and intimate care routines. Intimate care should only be carried out by staff that the child is comfortable and familiar with.

Considerations for Staff:

Staff should always consider the purpose and intended outcome of the use of safe touch. It should always be with the best interest of the child at heart and meet an emotional or physical need in the child.

Staff should be aware of how safe touch may be interpreted by the child themselves and other people. So, use of touch should always be preceded by a reflective process on the part of the

professional. Communication of effective working practice with children will ensure that physical intervention practices are not misinterpreted e.g. engage in dialogue with the child – if they have fallen over and you need to look at their knee, tell them what you are doing ‘I’m just going to help you take down your tights so that we can have a look at your knee’.

To protect themselves, staff should operate an open-door policy when delivering a programme of intervention involving safe touch or when supporting a pupil’s sensory needs such as with massage. Staff must not work alone when providing intimate care or personal care programmes where the child will be undressing and/or requiring physical support behind a closed door.

Related Policies

- Child Protection Policy
- Positive Relationships Policy
- Positive Handling (County Guidance)
- Health and Wellbeing Policy

Date	Review Date	Leaders
January 2023	January 2025	Russ Vanstone / Sarah Hart / Mike Haines

Chair of Governors:		Date:	
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