



Marchwood Church of England Infant School

Positive Touch Policy

Headteacher: Lucy Chambers

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Signed: 

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At Marchwood C of E Infant School, we believe that the use of touch is a vital aspect of our nurturing role. Therefore, we have a positive touch policy. This means that members of staff are able to physically guide, touch or prompt children in appropriate ways at the appropriate times.

Rationale

Touch not only promotes a child's social and emotional development but is also a highly effective and powerful method of non-verbal communication, is key to the development of healthy relationships and a method of stress relief. It can be used to:

- Show acceptance
- Provide reassurance
- Demonstrate affection
- Calm and provide comfort
- Emphasise the spoken word
- Provide sensory stimulation
- Engage in personal care routines
- Deliver various therapy programmes
- Offer an alternative to spoken communication
- Remove a child from danger or keep a child safe

We can potentially work with very vulnerable or distressed pupils who can experience difficulties that may leave them feeling dysregulated or disorientated. Withholding of touch with a very distressed or dysregulated child can be damaging to a child's recovery and future development. Many neuroscientific and psychological studies have shown that a lack of soothing touch in childhood, particularly during times of distress, can result in physical ill health and problems with anxiety, aggression or depression in later life.

Marchwood C of E Infant School practice

Safeguarding and children's wishes

As a school we take our responsibility to safeguard children very seriously and a 'no touch' approach is impractical for most staff and will in some circumstances be inappropriate. There are occasions when it is entirely appropriate and proper for staff to have physical contact with pupils, but it is crucial that they only do so in ways appropriate to their professional role and code of conduct. When physical contact is made with pupils this should be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, and sensitive to gender, ethnicity and cultural background. Should a child shun the comfort offered through touch, the child's wishes will be respected by the member of staff dealing with the situation, unless it would cause them to be unsafe.

It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one pupil in one set of circumstances may be inappropriate in another, or with a different pupil. Staff should therefore, use their professional judgement and code of conduct at all times.

Physical contact should never be secretive, or for the gratification of the adult, or represent a misuse of authority. If a member of staff believes that an action could be misinterpreted, the incident and circumstances should be recorded as soon as possible using an incident report and, if appropriate, a copy placed on the pupil's file.

Where a pupil requires intimate personal care, staff should ensure that the pupil is comfortable with the staff member attending to their needs. A pupil's privacy and dignity should always be preserved.

Therapeutic touch

Some forms of touch are generally agreed as tools and intentionally and strategically used to enhance a sense of connection with a young person to sooth, greet, relax, quiet down or reassure them.

The following are examples of different types of touch in therapy:

- 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.

- Instructional or modelling touch such as demonstrating how to give a firm handshake or how to respond to unwanted touch.
- 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.
- Inadvertent touch: This refers to touch that is unintentional or involuntary.

Please note that although we have a positive touch policy and believe that contingent touch can be a positive experience for the children that we care for, this does not mean that staff have to touch children, it should also be recognised that some children will not want to be touched and it can act as a trigger for emotional dysregulation if it causes anxiety for a child.

Physical Intervention

Staff have a 'Duty of Care' towards the children in their care. In an emergency situation if a child is likely to be at risk from harm (either to themselves or others) staff may need to take action that involves physically intervening or safe holding.

The action staff take will be dependent on the dynamic risk assessment that staff make at that time and is appropriate if a child is hurting either him/herself or others or is damaging property and is so distressed and out of control that all verbal attempts to reduce/stop the behaviour have failed. It is used only after all other de-escalation strategies have been unsuccessful, and when it is reasonable, proportionate and necessary to do so.

Such interventions are supported and documented in the government document 'Use of Reasonable Force in School: Advice for headteachers, staff and governing bodies' (July 2013). These techniques can be the safest means of holding a child to feel safe and soothed and to calm them down when they are very distressed and are used to prevent the child from exposing themselves or others to physical or psychological harm.

At such times staff should always take care to explain what they are doing and that the actions taken are for safety reasons. As the situation de-escalates, touch can be appropriately used to move from one situation of control to one of care, such as the friendly hold.