**Lingfield Primary School**

A Personal Best School



**Safe Touch Policy**

| Date Agreed by Governors | Summer 2025 |
| --- | --- |
| Review Date | Summer 2027 |

**Safe Touch Policy**

The use of 'safe touch' by designated adults needs to be supervised, monitored and reviewed on a regular basis, as does the policy, to ensure that it continues to meet the needs of children, parents/carers and staff. Lingfield Primary School uses the phrase “safe touch” - this terminology can vary between educational settings.

Safe touch applies to all staff and children working within our schools. Staff in our school are trained in the identification and use of positive interventions when managing behaviour and the Designated Safeguarding Lead (DSL) and Deputy Designated Safeguarding Leads (DDSL) along with the Headteacher have completed the relevant training, delivered by Surrey, called ‘Positive Touch’.

**Rationale**

In order to protect children and school staff from allegations under Child Protection procedures, some schools and Local Authorities have adopted `No Touch' policies. However, this school has adopted an informed, evidence-based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth, learning and behaviour.

Research shows clearly that healthy prosocial brain development requires access to safe touch as one of the means of calming, soothing and containing distress for a frightened, sad or angry child. It is essential for all children to learn the difference between safe and unsafe touch and to experience having their strongest emotions contained, validated, accepted and soothed by a trusted adult.

If children are behaving in unacceptable, threatening, dangerous, aggressive or out of control ways, they have not yet learned how their strongest emotional reactions can be contained, channeled and communicated safely. In recognition of this, under specific conditions, staff will consider using safe touch as one of the means available to them to calm a distressed child, contain an angry or dysregulated child and or encourage or affirm an anxious child or a child with low self-esteem.

Safe touch used to calm, soothe and regulate a child's emotions is a needed developmental experience. The brain does not develop self soothing neuronal pathways unless and until this safe emotional regulation has been experienced. Where children have had insufficient experience of safe touch and calming regulation this may be a priority to help the brain to develop access to thinking, judging and evaluating mechanisms.

Safe touch is one of the key ways of regulating children's emotions, but it is a strategy that staff will use under supervision and in line with the whole school's safeguarding responsibilities.

**Safe touch use**

We consider three different types of touch and physical contact that may be used. These are:

**1. Casual / informal / incidental touch**

Staff use touch with children as part of a normal relationship, for example, comforting a child, giving reassurance and congratulating. This might include putting an arm out to direct children into 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.

**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. This will be age and stage appropriate. Examples of this type of touch include patting a back, supporting an arm, or holding a hand.

Staff will gain consent before carrying out emotional regulatory touch

**3. Positive handling/restrictive intervention**

Gentle safe holding is appropriate, and is carried out with the least force necessary and for the least amount of time necessary, if a child is:

* Hurting himself/herself or others or likely to hurt himself/herself or others
* Damaging property
* Dysregulated so that all verbal and non-verbal attempts to engage him/her have failed

The developmentally appropriate (and therapeutic) use of safe touch is defined by situations in which abstinence would actually be neglectful, unkind and potentially psychologically or neurobiologically damaging to the child. Examples include the empirically backed beneficial use of touch in the comforting of a child who is in an acute state of distress and/or out of control. Not reaching out to the child in such circumstances could be retraumatizing and neurobiologically damaging, confirming or inviting anti-social behaviour patterns. Abstinence in the face of intense grief, stress and/or rage reactions can lead to a state of hyper-arousal, in which toxic levels of stress chemicals are released in the body and brain. The severely damaging long-term effects of this state have been intensively researched worldwide and are well documented.

Such necessary interventions are fully in line with guidelines set out in the Government Document, New Guidance on the Use of Reasonable Force in School.' (DfEE 1998). The identified staff members are trained in the safest and gentlest means of holding a child which is entirely designed to enable the child to feel safe and soothed, and to bring him or her down from uncontrollable states of hyper-arousal. Whilst limits and boundaries in such circumstances can be a vital corrective emotional experience, without such an intervention (holding) the child can be left at risk of actual physical or psychological damage.

**4. Instructional touch**

Usually linked to physical activities such as PE; Food; DT; Science when a member of staff will model and then support a student in their physical movements. For example, during gymnastics for lifts and holds, using a knife in food to dice or chop, etc

**Appropriate and inappropriate touch**

Our policy rests on the belief that every member of staff needs to appreciate the difference between appropriate and inappropriate touch. Hence all staff have to demonstrate a clear understanding of the difference. They have to show themselves to be highly aware of both the damaging and unnecessary uses of touch in an educational context.

Appropriate Touch means touch that is not invasive, humiliating or could possibly be considered as eroticising / flirtatious. There will be times when children sit closely with staff. Where possible, staff will aim to turn to the side when holding a child therefore avoiding full frontal touch; this will ensure that these holds are not misinterpreted.

**Safe touch guidelines**

To ensure touch is only used appropriately the following guidelines are followed:

* Parents/carers should have full access to the school policy on safe touch
* Teachers/support staff should be aware of this policy and aspects of safe touch
* Staff members should agree to the use of safe touch in discussion with the Leadership Team and as a part of school induction
* All cases of restrictive physical intervention are recorded on CPOMS and the appropriate category is highlighted. This is then reviewed by the DSL.
* All cases of restrictive physical intervention are shared with the parents/carer of the child

**Further Guidance**

● Use brief, gentle contact on outside parts of the body: hands, arms, shoulders, head, hair, shoes.

● In the Early Years there are times when a child may ask to sit on an adult’s lap. Our aim is to help our children to become as independent as possible during these early years. With this in mind a child will first be encouraged to sit alongside the adult, on their own chair, while they calm down and regulate. If a child is at a point of extreme emotion then the adult must decide whether sitting them on their lap is appropriate, whether there are other adults around and whether it is the most appropriate form of helping the child to re regulate themselves. Once calm is restored for a child in extreme distress, they should be moved off an adult's lap as soon as possible, to sit alongside the adult.

All staff must be clear on these rules when working with children. They will be shared during all staff inductions and reminders given regularly in communication meetings and safeguarding training.