

St. Philip's Catholic Primary School



Safe Touch Policy

September 2025

Review date September 2026

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Introduction

At St Philip's Catholic Primary School we believe that all our children and staff should be treated with respect, concern and consideration of their individual personality and needs. As a faith school, gospel values underpin our philosophy. We accept that children are all different and our safe touch policy must acknowledge those differences while always adhering to the wider precepts of "Behaviour" and "Safeguarding and Child Protection Policies" 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. Paramount in this context means that it should be the first thing people think about and it takes precedence over other considerations. There are many circumstances where touch is a necessity. 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.

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; and staff have a duty of care to exercise. Staff also have a right to have their safety and well-being safeguarded.

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. The policy should be seen in the wider context of the 'Behaviour Policy' and the 'Safeguarding and Child Protection Policy'. Staff always need to be mindful of appropriate behaviour. Staff who work with children who have additional needs must understand appropriate touch and very occasionally positive handling. All staff but essentially one-to-one staff will receive positive handling training. Any positive handling interventions are logged in our first aid log and recorded on the body map. Positive handling interventions Plans are written for children

where positive handling interventions may be used more frequently. These are always shared by staff with Parents and is part of a behaviour plan.

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 or placing of the hand between the elbow and the shoulder. These types of touch would be generally used with children with additional needs but it may be appropriate to use with a very distressed child.

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, tickle games, being supported to explore in messy play, or being helped to access playground equipment or while dressing. 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 Neurotrophic Factor) – a brain 'fertiliser' that encourages growth.

4. Positive handling (calming a dysregulating child)

Staff may use positive handling as is reasonable in all the circumstances in order to prevent a pupil from doing, or continuing to do, a type of behaviour that may result in them harming themselves or another. This needs to be read in conjunction with the behaviour and positive handling policy.

5. Using Touch to Communicate and Teach

Because of the complex nature of the needs of some children it may sometimes be appropriate and very important to use touch to communicate with them e.g. Through on body signing or to alert a child that they are about to be asked to be moved or to find out about something by exploring materials and objects.

6. In Self-care activities

Some children, especially in early years 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. Children will also have their intimate care needs met when having their nappy or pad changed. (Nappy Changing and Toileting policy).