

Living, Growing, Learning Positive Touch Policy

NOVEMBER 2023

NEXT REVIEW DATE: NOVEMBER 2025



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Rationale

Pens Meadow School believes that every child has the opportunity to take part in positive and nurturing experiences. Touch and physical contact is essential in order to provide sensitive, high quality care and educational provision. Used in context and with empathy, touch supports the development of natural interactions with the young people we teach and care for.

This policy sets out the reasons for physical contact between an adult and young person and is based on the Intensive Interaction model policy (developed by Dave Hewitt)

Purpose of touch and physical contact at Pens Meadow School

Touch and physical contact may be used for:

Communication

Placing a hand on someone's shoulder when speaking to them,

To greet someone (shaking hands).

To support early communication (e.g. sensitively directing, guiding, supporting children in an educational task)

Massage in Schools

To feel perceived and acknowledged individually

To promote harmony and a calmer class environment

To learn and experience saying 'yes' and 'no'

To improve concentration

To promote a sense of unity and continuity throughout the school



Learning

	To assist, prompt and enable interactions with peers and staff.
	To support engagement with resources and classroom activities.
	Dance
	PE
	Swimming
	Using the trampoline
	Intensive interaction
Transitions	
	Offering a hand to guide, prompt a pupil during changes between activities.
Play	
	Many play activities naturally involve touch.
Therapy	
	Massage
	Sensory stimulation
	Physiotherapy
	Rebound therapy
	Drama
	Intensive Interaction
Emotional reasons	
	To communicate affection and warmth.
	To give reassurance.

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Purposes of intimate care:

Touch is necessary in order to carry out personal care for many

To give medical and nursing care.

Physical support to people who have physical difficulties

Transfers in and out of wheelchairs

Transfers into specialist seating and standing equipment

Transfers to hoists

Reduce risk of harm

Protect children and young people from danger by physically intervening

(see Safeguarding, Physical Intervention and Behaviour Management policies)

Early Years and Foundation Stage (EYFS) at Pens Meadow

Pupils working within the Early Years and Foundation Stage are by definition much younger than pupils elsewhere in school. Children can be as young as three years of age when starting school, and have impaired development of emotional and physical skills and abilities. Pupils are encouraged to develop meaningful relationships with members of staff that they work with on a daily basis. This often involves physical contact.

Many statements from the Personal, Social and Emotional Development (PSED) area of the EYFS documentation explain how very young pupils would need consistent physical contact and reassurance from a familiar adult, especially at Stage 1 (0-11months) and Stage 2 (8-20 months). This can include cuddles, being held and snuggling in to familiar adults.

At Pens Meadow School, within the EYFS we would suggest that as far as possible appropriate physical contact would be in clear view and with other adults present wherever possible. It would be linked to the age and stage of the individual child and would always track back to the pupil's individual EYFS Profile documentation. If a pupil is working on aspects of physical contact it should always be noted and have relevant evidence documented in the pupil's Learning Journal.

Guidelines for staff

Staff need to be clear and open about why they are using touch and be able to explain their practice. There must be clarity and transparency in issues of touch. Wherever possible, a description and

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rationale for physical contact and the details of it should be documented in the young person's 'How I Communicate' and 'All About Me' following discussion with parents and other relevant people. The use of touch should be discussed openly and regularly between staff. People of any age can want and need physical support and touch.

Staff may be concerned about the issue of age-appropriateness. However, the developmental age and emotional and communication needs of the individual are far more important than actual age. While gender and cultural factors have relevance in issues of touch, the emotional and communication needs of the individual are due equal consideration.

As far as possible, the young person involved should consent to any touch given and staff should be sensitive to any verbal and non-verbal communication they give that might indicate that they don't want to be touched. It should always be considered by staff that for touch to provide positive experiences it should be consensual.

Staff should be sensitive to any changes in the young person's behaviour (e.g. overexcitement or negative reactions) that might indicate the need to reduce or withdraw touch; particularly during play or intensive interaction. Significant changes in behaviour should be clearly recorded.

The people we support should be given opportunities to touch each other while interacting and playing, as would happen naturally for any child or young person. Attention should always be given to ensure that both parties are happy with this.

Staff must be aware of potential hazards in respect of sexual issues:

- Staff must be sensitive to the danger of touch being misunderstood and triggering sexual arousal and must be alert to all feedback signals from the person they are working with
- the young people we support may occasionally inadvertently touch intimate parts of a member of staff's body when there is no sexual intent or understanding. The member of staff should withdraw without giving significant negative feedback in this situation and the incident should be recorded.

It is never appropriate for staff to touch a young person's intimate body areas except as part of intimate or medical care. It is not appropriate for staff to kiss pupils.

If staff are in any doubt about issues concerning appropriate touch or observe any practice that causes concern they should discuss this with the Designated Safeguarding Lead.