Capel-le-Ferne **Primary School**

Capel Street, Capel-le-Ferne, Folkestone, Kent,
CT18 7HB, Phone: 01303 251353

Headteacher – Mr A Richards
Email: office@capel-le-ferne.kent.sch.uk

Capel-le-Ferne Primary School		
Safe Touch Policy		
Date agreed by Governors	September 2026	
Date of next review	September 2027	
Further information about policy	This policy will be reviewed every 2 years and/or following any updates to national and local guidance and procedures.	
"Learning today for life tomorrow" Our Values: Independence, Creativity, Confidence, Respect		

Contents

1. Statement of Intent 3
2. Legal Framework and Terminology 3
3. Context 5
4. Use of Touch 5
4.1 Communication: 5
4.2 Educational, Health and Care tasks: 5
4.3 Mobility (including physical interventions): 6
4.4 Emotional and Physical Regulation: 6
4.5 Intimate Care: 6
4.6 Medical Care: 6
5. Keeping Staff and Children safe. 6
5.1 Hand Holding: 7
5.2 Types of Touch: 7
5.3 How Touch May be Perceived By Others: 7
5.4 Inappropriate touch: 7
6. What is appropriate Supportive Holding (Restrictive Physical Intervention-RPI) 7
Supporting Students who have become unsafe 7
7. What Constitutes Inappropriate/Unsafe Touch? 8
8. Best Practice for Supportive Holding. 9
9. Conclusion 9
10. Monitoring 9
11. Links with other policies 9
12. Review ..... **Error! Bookmark not defined.**

1. Statement of Intent

Trauma and mental health informed organisations are 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. Our approach to physical contact within the context of safe relationships is underpinned by research and evidence. 'Social touch is a powerful force in human development, shaping social reward, attachment, cognitive, communication, and emotional regulation from infancy and throughout life.' (Cascioa et al 2019) Touch is the earliest sense to develop and is significant in the way we perceive our own bodies and our sense of self. In the first months of life, touch is key in the development of secure attachment and the formation of relational bonds. Touch communication is associated with immediate reductions in both behavioural (Stack and Muir, 1990) and physiological (Feldman et al., 2010b) response to stress. In the classroom, positive, contingent touch from teachers has been demonstrated to increase on-task behaviour and decrease disruptive behaviour in young children. (Wheldall et al., 1986)

It is right that DfE has now stipulated that schools cannot have a no touch policy as physical intervention can have a profound impact on stressed out or dysregulated children, often preventing escalation and the need for exclusion or isolation. A "no touch policy" would be depriving to children who need to be soothed and calmed.

At Capel-le-Ferne Primary School, we understand that appropriate relationships between staff and pupils are paramount to promoting the safeguarding of pupils at our school. This policy has been created with the aim of ensuring that all members of staff are aware of their responsibilities in terms of appropriate and inappropriate touch when involving pupils. All pupils are entitled to receive an education in an environment where they feel safe, secure and respected. The school is dedicated to ensuring that no pupil feels threatened or disrespected in terms of physical contact between themselves or a member of staff.

2. Legal Framework and Terminology

The current legal context and guidance is informed by the following documents **Behaviour and Discipline in Schools** (updated 2016) **Use of Reasonable Force** (reviewed 2015).
Where touch is used to support a child/young person through reassurance, regulation at an early opportunity it is legally deemed to be '**physical intervention**'. Where the child's/young person's movement is controlled either through passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of a classroom, this is legally referred to as **'restrictive physical intervention'** Bernard Allen 2014 Improving Guidance on Managing Risk and Restraint in Children's Services gives school staff the legal right and power to use reasonable force in specific circumstances to prevent pupils:

· committing an offence
· injuring themselves or others
· damaging property
· disrupting good order and discipline in the classroom

DFE defines the term 'reasonable force' to cover the broad range of actions used that involve a degree of physical contact with children and young people. Force is usually used either to control or restrain. This can range from guiding a pupil to safety by the arm through to more extreme circumstances such as breaking up a fight or where a child/young person needs to be restrained to

prevent violence or injury. 'Reasonable in the circumstances' means using no more force than is needed. Restraint means to hold back physically or to bring a pupil under control and is used in extreme circumstances where the physical safety of the child/young person or another is in question. This is also referred to as 'restrictive physical intervention'.

Where touch is used to support a child/young person through reassurance, regulation at an early opportunity it is legally deemed to be 'physical intervention'.
TISUK, CCMH and IATE refer to physical intervention as the use of safe touch to support and regulate a child and restrictive physical intervention as supportive holding. They are not different or additional to those terms defined in law.

DFE ruling on reasonable force permits **all** members of school staff have a legal power to use reasonable force when the situation satisfies the circumstances outlined above. This power applies to any member of staff at the school regardless of whether they have received training in restrictive physical intervention or not. It can also apply to people whom the head teacher has temporarily put in charge of pupils such as unpaid volunteers or parents accompanying students on a school organised visit or where a professional from another agency is working with the child/ young person e.g. therapist.

Further situations when physical intervention may be required include;

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

The decision on whether or not to physically 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.
TISUK, CCMH and IATE believe it is fundamental, in meeting the emotional needs of the child/young person, to provide containment and appropriate boundaries to a child/young person. This may include preventing the child/ young person escalating in the destructiveness of their behaviour. This can sometimes be a call for support by the child who may not be able to articulate this in any other way.

This policy has due regard to statutory legislation including, but not limited to, the following:

- Equality Act 2010
- The Children Act 1989

This policy has due regard to government guidance including, but not limited to, the following:

- Keeping children safe in education (Sept 2023)
- Working Together to Safeguard Children (2018)
- Use of reasonable force in Schools (2013)

3. Context

Pupils attending Capel-le-Ferne Primary School display emotional, cognitive and physiological behaviours associated with the very early stages of development. As such, the use of touch is the most fundamental, tangible, form of communication and to some extent establishing a foundation for all further communicative development. Many pupils have sensory, physical and medical impairments relating to their vision, hearing or health. This emphasises the necessity to use different channels of communication in order to ensure that pupils can engage in social activities and experiences. Touch is essential in order for us to provide a sensitive and positive quality of education and care for the pupils who attend Capel School. Used in context, and with empathy, touch supports the development of our natural interactions with pupils.

Since touch may be one of the most effective ways to enable children with complex needs, social, emotional and mental health and/ or learning difficulties develop their understanding about the world, the quality of touch a child receives is therefore extremely significant. Touch is used as a method of demonstrating a belief in the person's value, and to develop a warm relationship. A 'Gentle teaching' approach stresses the need to move away from relationships in which the adult has the authority and power, and to focus on developing more equal relationships, from which real learning can occur. This approach can be applied to children with autistic spectrum conditions and a range of complex needs. There can be difficulties with the complexities of physical contact in our work, however, these difficulties should be addressed on a person-by-person basis, within a framework of professional collaboration. For Example, Pupils who display some difficulty with the use of appropriate touch, by being 'heavy handed' or physically challenging, need experience of positive touch in order to be able to adapt their behaviours. Appropriate touch cannot be experienced, understood and reciprocated when touch is withdrawn. Touch is a normal interaction for the affirmation of relationships and giving emotional and physiological support. Appropriate touch may make the recognition of negative inappropriate touch more likely, and thus may be a proactive measure against inappropriate touch and/ or the effects of the experience of inappropriate touch.

Staff at Capel-le-Ferne Primary School recognise that some pupils do not like to be touched (e.g., some of our pupils with autism) and as such we work to sensitively address and this.

4. Use of Touch

The guidelines that follow describe the school's procedures on the use of appropriate physical touch. Touch is important and may be used routinely for any of the following reasons: -

4.1 Communication:

Touch is beneficial as part of the process of establishing the fundamentals of communication (Nind and Hewett, 1994) for people at early communication levels. Touch is necessary to reinforce other communication (e.g., hand on shoulder when speaking) or to function as the main form of communication. 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. This is particularly likely to occur during intensive interaction or day to day greetings (handshakes, high fives etc.) Touch cues, hand over hand signing, physical prompts, TACPAC and Intensive Interaction are aided and developed using supportive touch.

4.2 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. TISUK supports the use of attachment play activities as targeted interventions to build and develop supportive, nurturing relationships with children and young people. These 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 the therapist or by another member of staff carrying out a programme or following therapy advice.

4.3 Mobility (including physical interventions):

Physical support may be used as guidance and/or to help with mobility or as part of an activity where a pupil needs support when moving. Some pupils may need moving and handling to protect students from harming themselves or others, including restrictive physical intervention. This must be carried out in line with the relevant policy guidelines.

4.4 Emotional and Physical Regulation:

Touch is an effective way to communicate affection and warmth. It gives reassurance and can communicate security and comfort. Touch enables the person to develop understanding of these positive emotions and the ability to communicate them. Touch can offer reassurance and support, comforting distressed or upset pupils, communicating warmth, comfort, and reassurance and to develop positive emotions. Cautionary touch should be used with pupils who are sensitive to touch, touch defensive or may have a history of receiving negative touch.

4.5 Intimate Care:

Touch is necessary in order to carry out and support pupils' personal care and intimate care routines. In using touch during personal care routines staff should ensure pupils are comfortable and familiar with the staff members delivering the personal care and that personal care is carried out sensitively in accordance with school policies.

4.6 Medical Care:

To provide medical care such as First Aid, apply sun cream, medication and feeding.

5. Keeping Staff and Children safe.

Staff should always consider the purpose and intended outcome of the use of safe touch (**physical intervention**). It should always be with the best interest of the child/young person at heart and meet an emotional or physical need in the child. 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 or Tac Pac. Staff must not lone work when providing intimate care or personal care programmes where the child/young person will be undressing and/or requiring physical support behind a closed door.

5.1 Hand Holding:

Staff should use their professional judgement when holding hands with students. Offering a link of arms is preferential to hand holding. Students often need support with walking and balance or may need support for safety and to avoid running off. Staff need to be aware of the developmental age of the students they are supporting and be clear the physical contact used is appropriate for the individual student. Developmental levels can often be more relevant to our students than their chronological age.

5.2 Types of Touch:

Staff need to be aware of the types of touch used. Pupils on the Autistic Spectrum or with multi-sensory impairment and / or sensory integration difficulties may become confused and distressed by certain touch.

5.3 How Touch May be Perceived By Others:

Other people may be watching who may misinterpret physical intervention procedures or the use of touch. To protect themselves staff must also not lone work when providing intimate care or personal care programmes where the pupil will be undressing and/or requiring physical support behind a closed door. Staff should ensure that they understand the reasons that they are using touch and how to use it effectively. Staff members must feel that they can question the reasons they have been asked to provide physical care and ask for clarification when unsure. Where physical intervention is necessary staff must ensure they know how to carry out the procedures correctly and adhere to the relevant policies.

5.4 Inappropriate touch:

It is not appropriate to touch students in the following areas:

- Genitals
- Chest/Breast
- Bottom

Except for:

- First aid
- Intimate/ Personal care
- Medical needs

In these circumstances staff should ensure that there is another member of staff present who the pupil is comfortable and familiar with. For pupils receiving touch of an intimate nature consent should have been gained from the pupil involved. It is not acceptable to kiss students. If a student initiates a kiss between themselves and a member of staff, staff need to withdraw from the situation. Our responsibility is to ensure our pupils are fully prepared, so they are safe within the school and wider community. Staff at Capel-le-Ferne Primary School are aware of the potential difficulties in respect of pupils emerging sexuality. Staff will exercise sensitivity and professionalism in their response to a pupil's sexualised behaviour in accordance with the Relationships and Sex Education Policy.

6. What is appropriate Supportive Holding (Restrictive Physical Intervention-RPI)

Supporting Students who have become unsafe

On occasions it may be necessary for the reasons outlined in to use restrictive physical intervention to keep the child or young person safe. Some children/young people lack the capacity to self-regulate and may continue to escalate their behaviour if uncontained. Supportive holding (RPI) with a trusted,

calm adult can provide the opportunity to calm and regulate their high arousal state and know that they can rely upon the adults around them to be positively in control and keep them safe.
It is a necessary developmental response to a child who is behaving in ways that are unsafe and who is in deep emotional distress. It is sometimes necessary to restrict the liberty of a child in order to keep them safe (e.g. a child running out of the classroom then the school on to a busy road) Allan (2014) provides further guidance and clarification over the restriction and deprivation of liberty, versus reducing risk and safeguarding the child. Deprivation of liberty is sometimes reasonable, proportionate and necessary depending on the age, capacity and understanding of the individual at the time. All parents at some time deprive their child of the freedom to act of their own volition based on their skills or understanding – holding their hand by a busy road, putting up a stair gate, preventing them going to a party where alcohol is served. Similarly, adults in school act in loco parentis. The actions of adults considering using supportive holding should be informed by dynamic risk assessments that way up the risks of intervening versus the risks of not. At the heart of good risk assessment should be the question, "what would I want somebody to do in similar circumstances if that was my child?" Intervention at the earliest opportunity minimises the risk the child/young person and the adults involved. Close observation and the recording of triggers is necessary to identify the lower-level behaviours that indicate a child's distress. Intervention at this point is proactive rather than reactive. The use of safe touch, regulation or discharge techniques or giving the child a sensory break may de-escalate and prevent the need for more restrictive or controlling intervention.

7. What Constitutes Inappropriate/Unsafe Touch?

- Physical intervention should never be used as a form of punishment
- Touch that is instigated to meet a need in the adult is **not** deemed appropriate or safe e.g. to reassure the adult or make the adult feel better.
- Touch that replicates an element of a traumatic experience for a child/young person
- Any physical intervention that the child experiences as unwanted, uncomfortable, or invasive (except in the use of restrictive physical intervention where safety is paramount)
- Touch with children/young people who are identified as sensitive to touch or touch defensive e.g. children with sensory integration/processing difficulties, ASC or traumatic associations with touch
- It is not acceptable to kiss pupils. Occasionally younger children or children with complex needs may initiate a kiss between themselves and a member of staff as a genuine, instinctual demonstration of affection. It is the role of school staff to support children to understand safe touch and develop appropriate boundaries to keep themselves safe. Staff should withdraw from the situation, gently reminding the child of their role and appropriate people to demonstrate their affection to in this way.

It is never appropriate to touch children/young people in the following areas;

- Genitals.
- Chest/breast.
- bottom unless providing intimate care (please see school policy).

8. Best Practice for Supportive Holding.

- Supportive holding (RPI) should be underpinned by the principles of compassion, dignity and kindness (RCN Positive and Proactive Care 2016). Where this is not possible due to training or medical issues, these adults should be clearly visible to the child.
- Cultural and gender differences should be considered when planning and a child's preferences be incorporated wherever possible.
- Settings using supportive holding (RPI) should have a policy in place, ratified and approved by the Governing Body and shared with parents. Key staff should receive training in a recognised form of Restrictive Physical Intervention to minimise risk to the child and to themselves.
- Clear help protocols should be established within the setting. Adults must have ways to identify and indicate that they need to remove themselves from the situation or for staff to indicate a change of face may be necessary where it is observed an adult has become dysregulated or triggered.
- As the child becomes calm, the hold can be relaxed to a more comforting physical intervention.
- It is critical that relational repair is facilitated between adult and child. This may not be immediate, but it is crucial that the same adults are involved.
- The child should be involved in the creation of a supportive holding plan, with the opportunity to practice/rehearse what will happen and when so they are fully prepared.
- Communication of the plan with the child, parents and all school staff is imperative so there is clear understanding of the process
- All instances of supportive holding (RPI) should be recorded at the earliest opportunity, in line with local authority guidance. It is strongly recommended as good practice that incidents are shared and discussed with parents.

9. Conclusion

Touch is necessary and desirable as part of the development, emotional well-being, education, care and the quality of life for the pupils who attend Capel-le-Ferne Primary School. This policy outlines when this may be needed and gives staff direction and security for this to occur positively whilst still protecting the pupils at the school.

All staff have a responsibility to always ensure safe and appropriate practice.

10. Monitoring

To be monitored by SLT (with Amy Mercer, SENCO, leading on this) and all staff on an ongoing basis. SENCO to effectively monitor through learning walks, modelling and performance management reviews. On-going training, where required.

11. Links with other policies

This policy operates in conjunction with the following school policies:

- Child Protection and Safeguarding Policy
- Positive Handling Policy
- Restrictive Physical Intervention

- SEND Policy
- First Aid Policy
- Intimate Care Policy
- Administering of Medication policy
- Relationships and Sex Education