

Safe Touch and Holding Policy**Aim of this policy:**

Touch is essential to provide sensitive and excellent quality care for children. Used in context and with empathy, touch supports the development of our natural interactions with the children we care for. This policy sets out to clarify the reasons and conditions for touch.

Touch and safe holding are important and may be used routinely for any of the following reasons:

For Communication: To reinforce other communication (e.g., hand on the shoulder, leading somewhere by holding hand) or to function as the main form of communication. Some children may be supported through 'on body signing' where the child has a profound and multiple learning difficulty.

For Educational reasons: Hand-over-hand support may be needed when supporting children in their initial stages of play and cause and effect. Play activities naturally include touch, for example supporting children with climbing and use of large equipment. Children at early levels of development are likely to be quite tactile and physical.

For Therapy: Deep pressure and sensory stimulation with Occupational Therapy advice and Physiotherapy advice. Physical equipment may be used during the day to aid mobility and support development in line with Physio and OT advice.

For Speech and Language Therapy: Strategies such as intensive interaction or TAC PAC, gaining a child's shared attention all result in use of safe touch.

For emotional reasons*: To communicate affection and warmth, to give reassurance and to communicate security and comfort. Follow individual children's support plans. Within use of the Thrive Approach, touch can support an individual to co-regulate and feel safe and secure.

For care: Touch is necessary to carry out personal care including changing nappies, supporting washing of hands, feeding at mealtimes, supporting with toileting etc.

To give medical and nursing care: Following individual healthcare plans.

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 see/hear that might indicate that the child does not want to be touched. Staff should be sensitive to any changes in the young person's behaviour (e.g., Over excitement 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 recorded.

An essential element in containing children both emotionally and physically is the use of safe touch and physical holding. This includes a range of responses that vary from a reassuring hand on the back or hugs, to physically holding in situations of emotional crisis.

Interventions that use Touch.

In the context of **Thrive**, (a dynamic, developmental, and trauma-sensitive approach to meeting the emotional and social needs of children), touch occurs through safe holding providing an important means by which practitioners can support children to regulate their emotions and thereby build a more effective stress-regulation system.

Safe holding of a child should not end until they have returned to a stable, calm, regulated and relaxed state.

During episodes of acute dysregulation, when a child enters a state of heightened physiological arousal, verbal communication may become ineffective. In these instances, staff should adopt a calm, attuned presence and respond with safe, supportive touch where appropriate. See 2a positive behaviour policy.

Safe touch/ holding may also be appropriate when a child responds to stress by shutting down and dissociating. In this instance, children may be in a state of low physiological arousal. They are likely to struggle to hear what you are saying and may appear withdrawn, confused, or vacant. The key is to focus on how you can help the child feel safe with you so that they can begin to re-engage with those around them. To do this, explain what you are doing and why you are doing it, be gentle and playful in finding ways to encourage them to engage with you, and when appropriate, incorporate elements of safe touch such as a hand on their arm.

TACPAC: Follows a consistent plan that all staff follow, and this is done in a group. This involves massage and a calming touch to the music.

Sunshine Circles: teacher-directed group sessions that use joyful, playful activities to develop children's trust and confidence.

The Story Massage programme. Like TACPAC this is a structured group time to either story or song with the same structures touch. Adults seek consent by any means of communication within this and will stop if the child is showing or telling us they do not like this.

If you observe any practice that causes concern, you should discuss this with a member of the senior leadership team, or Designated Safeguarding Lead. All staff have a responsibility to always ensure safe and appropriate practice.

Links to:

2a Positive Behaviour Policy

2m Safeguarding and Child Protection Policy and Procedure.

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Appendix.

Additional Thrive Information.

*For Emotional Reasons.

Not all children are comfortable with the state of being 'calm'. Trauma can cause a child to be in constant fright – flight – freeze and this is how they have learnt to cope, to survive. The states of rest, relax and calm do not feel safe.

Children with PDA, (Pathological Demand Avoidance, a profile that falls under the autism spectrum, characterized by an extreme avoidance of everyday demands and expectations due to high anxiety levels.) can perceive soothing touches and holding as a demand.

A child who has been pushed out of their window of tolerance can slip into hyper or hypo sensitivity. A child experiencing hypersensitivity will be overwhelmed by stimuli and may perceive touch as a threat. A child in hyposensitivity needs hugs, deep pressure and may feel the need to throw things or rip up stuff. They may also not realise injuries to themselves.

Sensory processing issues such as poor proprioception (the body's ability to sense its position, movement, and force) need stimulation such as squeezing activities, massage, body compression and use of compression items such as yoga bands.

Sensory profiles are used to observe, assess and track a child's individual sensory needs and preferences.