FIRST STEPS (BATH) **3i**

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. This is particularly likely to occur during intensive interaction, touch to gain a child's attention, high fives etc.

For Educational reasons: Some children attending First Steps services have sensory impairments relating to sight or hearing increasing the necessity to use other available options of communication such as touch. Hand-over-hand support may also 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 gym classes. 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. Children at BOP may also be involved in some group or 1:1 routine activity; Thrive, TAC PAC, and Music Therapy.

For Speech and Language Therapy: Feeding therapy may involve touch as may the use of the Picture Exchange Communication System (PECS), which is a system to assist people in communication who are unable to do so through speech. The system uses picture cards for communication and at an early stage require hand over hand support.

For emotional reasons: To communicate affection and warmth, to give reassurance and to communicate security and comfort. Follow individual children's support plans.

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 first aid policy and 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.

When a child dysregulates and their behaviour becomes out of control, they are in a state of high physiological arousal. At such times, children can struggle to hear what is being said to them because the stress response has kicked in, shutting down the verbal centres in the brain and focusing on survival-fight or flight. At such times, staff must remain calm and use the Vital Relational Functions (VRFs), attuning to the child, validating their experience, and containing, soothing/ regulating them.

When a child experiences dysregulation and their behavior escalate to an out-of-control state, they are in a heightened physiological arousal. During these moments, children may struggle to process verbal communication due to the stress response, which shuts down the brain's verbal centers and prioritizes survival instincts (fight or flight). In such situations, staff members play a crucial role by remaining calm and utilizing Vital Relational Functions (VRFs). These functions involve attuning to the child, validating their experience, and providing containment and soothing regulation.

Additionally, young children are actively developing their emotional intelligence. During meltdowns or outbursts, a child may exhibit behaviors such as crying, screaming, hitting, falling, thrashing, throwing objects, biting, and head-banging as an expression of their intense emotions. Adult support should align with the child's immediate needs, focusing on containment, calming, and co-regulation while being present alongside the child during their emotional discharge.

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, use the VRFs; 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.

Intensive interaction: Focuses on communication, promoting close engagement with an adult's shared attention, encouraging eye contact and vocalisations.

If you are in doubt about 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.

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