



## Policy for Touch

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## **Touch Policy**

### **Rationale:**

This policy intends to clarify the conditions and reasons for appropriate touch during the provision of teaching and learning for pupils at Downs View which will give guidance and support for the safeguarding of both pupils and staff.

Downs View recognises that touch is essential in the provision of good quality and sensitive care when supporting our pupils. Used appropriately and with empathy, touch is the cornerstone of the natural interactions between staff and the pupils we support.

### **Aim:**

- To outline the importance of touch
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- To identify the reasons for touch whilst supporting teaching and learning of pupils with Communication and Interaction Difficulties, Autism, PMLD, Severe Learning Difficulties, MLD and Associated Needs.
- To identify the reasons for touch during the Physical and emotional support of pupils with Communication and Interaction Difficulties, Autism, PMLD, Severe Learning Difficulties, MLD and Associated Needs.
- To identify when touch may or may not be appropriate.
- To enable staff to feel confident and supported in their close work with all our pupils.

### **Purpose:**

Physical contact is a deep fundamental form of communication for all human beings, and can be particularly effective for ensuring the exchange of profound messages about self-worth and respect.

We have pupils who display emotional, physiological, cognitive and communicative behaviours associated with very early levels of development.

For people who are at an early stage of development, touch is likely to be the most fundamental, tangible, foundational form of communication; to some extent establishing a foundation for all further communication development.

Pupils that have difficulties with appropriate touch who could be heavy handed or physically challenging need experiences of positive touch in order to adapt their behaviour.

Some pupils may be touch defensive which could result in a less rewarding life experience, thus we would aim to sensitively ameliorate the difficulties if possible through structured programmes such as Sherborne Developmental Movement, sensory stimulation or sensory circuits.

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 for a very vulnerable population.

### **Communication:**

Touch is an important element in the process of establishing the fundamentals of communication for pupils with communication and interaction difficulties. Communication can be promoted and reinforced by touch through programmes such as Intensive Interaction, TacPac, Sherborne and Alternative Augmentative Communication (AAC). Some of our pupils, both verbal and pre-verbal, may initiate interaction through touch which needs to be reinforced appropriately and positively, this responds to pupils' use of physical contact for communication and making social connections. There are also times when it can function as the main form of communication, such as touching arms to draw attention to a functional need. Touch cues are also vital for our pupils within the Early Developmental Stage to reinforce a verbal cue.

### **Play & Physical Learning (to include PE, swimming)**

All pupils learn through play and physical learning.

Play activities between most of our pupils are likely to be quite physical and tactile and should be pupil led. This is an opportunity for pupils to socially interact and respond to each other in an appropriate physical way. This leads to a greater degree of self – awareness, how to self -regulate and modify behavior to the play partner or peers.

Our school recognises the importance of these interactions between pupils, and between pupils and professionals.

This may involve physical contact in both formal and informal situations. However, this should be also guided by the age, ability, understanding and stage of the individual's development.

### **Therapy:**

Some pupils follow physiotherapy programmes and/or occupational therapy programmes whereby touch forms a large basis of this. All staff who are involved in delivering these should be trained by the physiotherapist and occupational therapist who developed them and regularly reviewed.

Several different programmes supplement our curriculum, such as Sherborne, Developmental Movement, TacPac, massage stories, story massage, intensive interaction, soft room play, massage, Sensology, Write Dance, sensory stories, inclusive dance and play therapy all involving touch.

### **Emotional:**

Touch is used to communicate warmth and affection, to give reassurance and to communicate security and comfort and affirmation. Acceptable ways of comforting pupils will vary from individual to individual and will depend on age, culture, maturity, and so on.

Supportive and caring touch is recognised as being beneficial in lowering blood pressure and stress hormones in pupils who are anxious or distressed. It can also enable the recipient to develop positive emotions and in turn have the ability to communicate them.

Pupils who have experienced early trauma and attachment difficulties will benefit from the careful use of touch as unprocessed trauma can be stored in the body as muscle memory which can restrict the body and create tensions and blockages and therefore impede the learning process. Equally we need to be aware that previous inappropriate touch or abuse may mean that touch is not sought by or offered to an individual.

Our pupils are already in a position of isolation and may respond positively or negatively to physical contact. The school recognises the individual needs of the pupils, and respond appropriately by giving personal space, or touch. An acceptance of touch is a major achievement for many of our pupils, and shows the strength of relationships developed within the school setting.

### **Medical care and physical support:**

Touch is necessary in order to carry out personal care and hygiene, routine medical interventions such as gastrostomy feed, postural positioning and hoisting. All persons who will be using hoist equipment should be fully trained with the schools manual handling trainer, as should those be who are carrying out gastrostomy feeds and medical interventions. It is also important that this be related to a policy on intimate/personal care. Parents/carers will be involved with their pupil's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the pupil's care plan. The needs and wishes of pupils and parents/carers will be carefully considered alongside any possible constraints.

### **Proact-SCIPr UK**

All staff have annual Proact-SCIPr UK training. It may be necessary at times to use this to prevent pupils hurting themselves or others. The nature of this touch is dealt with in the organisation's Behaviour Policy and Physical Intervention & Restraint Policy. It is the school's policy to discuss with parents if a physical intervention or restraint may be needed as part of the pupil's Behaviour Support Plan and to inform parents/carers if a physical intervention or restraint is used.

### **Guidelines:**

All classes need to have initial team discussions in order develop Touch profiles. These should be reviewed termly as a minimum or as and when required.

It is important that all staff members are unambiguous and open as to the reasons for using touch. The use of touch should be routinely and openly discussed in individual class meetings as it is recognised that emotional, developmental and communication needs of some pupils take precedence over actual chronological age. Use of touch for all pupils is determined on an individual basis to support their physical, emotional and behavioural needs.

All classes need to have initial team discussions in order develop Touch Profiles when applicable or add to the Individual Pupil Profiles. These should be reviewed termly as a

minimum or as and when required.

Consideration should be given to cultural, ethnic and gender issues in the use of touch. Pupils may not want to be touched. Staff should be sensitive to any communication, verbal or non-verbal, whereby pupils may indicate that touch is not welcome.

Touch should provide a positive experience with the consent of the recipient. For some of our pupils this may be hard to recognise so familiar and regular staff will need to follow this through and guide others.

Staff working with our pupils should be able to explain their practice, ensuring that there is clarity and transparency in all issues of touch. The rationale should be documented in Behaviour Plans, Touch Profiles, in consultation with other professionals and parents/carers. Any lack of documentation could leave staff at risk of having actions misinterpreted.

Supply staff who work on an occasional basis in classes would be guided sensitively by regular staff teams and in some cases not be part of the practice.

All staff undergo annual obligatory Safeguarding Training and are aware of their legal responsibilities to protect pupils, and to ensure safe and effective care.

### **Conclusion:**

If we deny our pupils access to frequent and regular physical touch as part of their daily school routine, we could leave our pupils emotionally isolated and lacking in the development of important neurological connections. Equally, in promoting positive touch with adults we must ensure that we are not making pupils more vulnerable when away from the security of school or college. It is therefore imperative that work on touch is accompanied by a vigorous effective programme related of PSHCE and especially issues such as 'protective behaviours' for example.