Otford Primary School Touch and Physical Contact Policy.

Agreed Feb 2026
Reviewed: Feb 2028

Our policy on touch and physical contact has been developed with due consideration of neuro-biological research and studies based on and around the positive impact of touch. Our key aim is to facilitate a safe and happy school where children and staff alike enjoy coming to school and experience positive relationships with all who they come into contact with. These positive relational experiences are fundamental to our positive ethos and this policy fully supports this.

The Importance of Touch and physical contact

The importance of touch and physical contact reaches many levels. Besides having physical needs for food, cleanliness and shelter, we also have touch and physical contact needs. Think about this for a moment...

What is the **first sense that develops in the womb**?
The sense of **touch.**

What is the **first language baby understands** after being born?
Touch and **crying.**

Unlike animals, our human babies are born not able to walk or move around on their own. Our senses of sight, smell, hearing and taste only fully develop after birth. But our sense of touch develops while still in the womb. This proves how essential and important touch is for our survival. Touch is a vital component to successful social, emotional, cognitive and physical development.

Aims

At Otford Primary School we believe that all our children have the right to independence, choice and inclusion and we seek to provide opportunities for personal growth and emotional health and wellbeing. However, rights also involve responsibilities, such as not harming other people's rights. Children unable to control their actions or unable to appreciate danger have a right to be protected; as do other students using the school and all staff have a duty of care to exercise.

This Policy should be read in conjunction with the Intimate Care Policy and Safeguarding and Child Protection Policy.

Rationale

Children learn who they are and how the world is by forming relationships with people and things around them. The quality of a child's relationship with significant adults is vital to their healthy development and emotional health and wellbeing. Our policy takes into account the extensive neurobiological research and studies relating to attachment theory, child development and special educational needs, for example; autism that identify safe touch as a positive contribution to brain development, mental health and the development of social skills. At Otford Primary School we have adopted an informed, evidence based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning.

Our policy rests on the belief that every member of staff need to know the difference between appropriate and inappropriate touch. Hence, staff need to demonstrate a clear understanding of the difference. Equally, when a child is in deep distress, staff are trained to know when and how sufficient connection and psychological holding can be provided without touching. When focusing on physical intervention, holding; staff are trained in a range of graduated responses to holding and supporting children and as part of this, to restrain children when required.

It is crucial that all involved in our school community understand that not all holding is restraint, indeed restraint is only ever used as a last resort (Positive Handling Policy) However at Otford Primary School we are clear that we use appropriate touch to support our children to self-regulate and be ready and prepared for learning and indeed life.

We consider five different types of touch and physical contact that may be used, these are:

1. Casual / Informal / Incidental Touch

Staff use touch with children as part of a normal relationship, for example, comforting a child, giving reassurance and congratulating. This might include putting an arm out to bar an exit from a room, taking a child by the hand, patting on the back or putting an arm around the shoulders. The benefit of this action is often proactive and can prevent a situation from escalating.

2. General Reparative Touch

This is used by staff working with children who are having difficulties with their emotions. Healthy emotional development requires safe touch as a means of calming, soothing and containing distress for a frightened, angry or sad child. Touch used to regulate a child's emotions, triggers the release of the calming chemical oxytocin in the body. Reparative touch may include patting a back, squeezing an arm, or hand.

3. Contact Play

Contact play is sometimes by staff adopting a role similar to a parent in a healthy child-parent relationship. This will only take place when the child has developed a trusting relationship with the adult and when they feel completely comfortable and at ease with this type of contact. Contact play may include an adult chasing and catching the student or an adult and student playing a game of building towers with their hands.

4. Positive Handling/Restrictive Intervention

Reasonable and proportionate positive handling/restrictive intervention will only be used in order to stop students:

1. causing injury to themselves
2. causing injury to other pupils and staff.
3. damaging property
4. having a negative impact on good order

The overriding principle relating to positive handling is that the best interests of the child take precedence over every other consideration. The first line of paragraph of the Children Act 1989 in the UK stated that the welfare of the child shall be the paramount consideration. Therefore, when restrictive intervention is considered, it is regarded as a last resort and should only be used in exceptional circumstances. Restrictive Intervention will normally only be carried out by trained members of staff, however all staff have a right to defend themselves from attack, using an appropriate level of reasonable force. In an emergency, for example if a child were at immediate risk of harm, or about to inflict injury on someone else then any member of staff would be entitled to intervene, including those without specific training.

It is unlawful for a member of staff to use any degree of physical contact which is deliberately intended to punish a student, or which is primarily intended to cause pain or humiliation. Physical interventions should only be used when dialogue and diversion have failed to stop the behaviour and should always be the minimum needed to achieve the desired result, taking into account the age and size of the child. The decision to use any physical and or restrictive intervention must take account of the immediate circumstances of the situation, coupled with prior knowledge of the student and be based upon an assessment of the risks associated with the intervention. All staff need to follow set guidelines on handling students and should be trained. Any physical intervention, restrictive intervention/touch should avoid contact that might be misinterpreted as sexual and respects the cultural expectations of the individual.

How the brain is programmed

As human beings, we are socialised, programmed and conditioned *through* our sensory systems. Our brain is literally programmed through these systems via the environment as we grow. Our brain cells unconsciously and automatically develop and change in response to the physical environment that we experience, and we will only see and understand what is our personal experience and our interpretation of the experience . And whatever happens during that experience, whether it be perceived as pain or pleasure, is responsible for the beliefs and patterns that we create which then shape our lives.

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The essentialness of appropriate touch

We define the appropriate use of touch as in situations in which abstinence would actually be inhumane, unkind and potentially psychologically or neurobiologically damaging. Indeed, studies have shown that young babies who have been deprived of early touch stimuli, build a **resistance to touch and nurturing** (despite the desperate need for positive touch) and the ability by the brain to handle and assimilate touch actually becomes impaired. In extreme cases, this lack of touch causes **listlessness and depression**. In translating these findings to a home or school setting, examples of appropriate touch would include the natural and beneficial use of touch in the comforting of a child who is in an acute state of distress. We have a clear understanding that to not to reach out to the child in such circumstances could be re-traumatising and neurobiologically damaging.

Supporting a distressed child

Failing to physically soothe a child when in the face of intense grief and/or upset can lead to a state of hyper-arousal in which toxic levels of stress chemicals are released in the body and brain.(The severely damaging long-term effects of this have been well researched world-wide and are well documented.) In such states of distress, touch can often be the only means of maintaining a connection with the child when he or she can no longer hear or make use of words or soothing tone/eye contact and therefore is in danger of dissociating, with all the detrimental effects that this can bring.

Moreover, it may be in the best interests of a child to physically hold them if they are hurting either themselves, others, or is damaging property and is so incensed and out of control that all verbal attempts to engage him or her have failed. Such necessary interventions are fully in line with guidelines set out in the government guidance 'Behaviour and Discipline in Schools' January 2016, 'Use of Reasonable Force in Schools 2013' and KCSIE July 2015 updated in September 2016

"The use of force to control or restrain pupils" (DSCF April 2010), and included in Positive Handling Policy. The staff at Otford Primary School .are trained in the safest and gentlest means of holding a child, which is entirely designed to enable the child to feel safe and soothed and to bring him or her down from uncontrollable states of hyper-arousal (**Team Teach).** Whilst limits and boundaries in such circumstances can be a vital corrective experience, moreover, without such an intervention, the child can be left at risk of actual physical or psychological damage.

Touch as part of our daily routines

The staff are acutely aware of the current atmosphere where, due to fears of abuse, touch as a natural and vital form of human connection has been almost vetoed in some schools. We also know that it is unfeasible, unethical, impractical and unsafe to impose a 'No Touch Policy'. We know that as part of our loco parentis obligations that there are times where touch will be necessary for the wellbeing of the children in our care. We understand that carefully judged contingent and/or containing touch can be therapeutic. Equally, we understand that when a child is in deep distress that with sufficient connection, psychological holding can sometimes be established *without* touching.

Molecules of emotion

The term 'Molecules of emotion' was coined by the scientist Candace Pert in her book of the same name. As the phrase suggests our emotional states are partly generated by molecules (chemicals) produced in

our brains and bodies for various purposes. These chemicals include the hormones produced by the endocrine system and the neurotransmitters used by our nervous system. At Otford Primary School we endeavour to keep up to date with research and further develop our own knowledge and understanding to effectively support our children and families about the basics in neuroscience. Indeed, the field of neuroscience (study of the nervous system) is now so fast moving that new insights emerge almost daily. We know that our brain connects to the rest of our body. After all, social and emotional intelligence is as much about the body as it is the brain. We experience our emotions and our feelings as visceral sensations in the body; we 'tremble' with fear: our guts 'churn' with anxiety; our fists 'clench' with rage; we experience 'butterflies' in the stomach when we are nervous, and so on. The fact that we experience our feelings in the body reflects the reality that the brain and body are not two separate entities joined at the neck, rather they are both elements of one integrated living organism. Our responses to the world and how we develop those responses therefore depend not only on the brain, but also the wider body systems in which the brain plays a role. At Otford. we are aware of this as it supports our understanding as to how the body responds to and regulates stress. this is crucial as we support our children and adults to develop appropriate ways to manage stress, self regulate etc

At the heart of good social and emotional development lies an effective stress-regulation system. This is what enables us to respond flexibly to the challenges that life throws at us. It gives us the emotional resources to cope with life's ups and downs, to find solutions to problems and to seek help when we need it. If we lack an effective stress-regulation system, however, life is a daily challenge. Potential threats lurk everywhere (change of routine, maths, literacy - writing!!) Small upsets can trigger intense feelings of anxiety or anger. Major losses can knock us flat. Feelings of happiness and contentment remain a distant dream and children, adults are at significant risk of mental health disorders such as depression, anxiety, addiction and so on.

The brain develops most rapidly during the first three years of life. It is during this period that the neural circuitry governing the stress-regulation system is laid down. As such, how the stress-regulation system is wired depends almost entirely on the nature of the early care we receive and the relational experiences we have during those critical years. For example, if our needs are met and we are regularly calmed and soothed by our care givers, we will develop the neural pathways that enable us to meet challenges and calm and soothe ourselves if and when we get upset. Conversely, if we are neglected or abused, our brains will be wired for threat, permanently on high alert, ready to fight, flee or freeze at the slightest semblance of danger, with limited capacity to regulate ourselves.

We understand that many of the emotional and therefore behaviour challenges that children present derive from poorly developed stress-regulation systems. For this reason the staff at Otford Primary Schoolfeel it important to understand how they can best support children to develop good stress-regulation systems and how to do this. An awareness of the basics of neuroscience and some of the important chemicals within the body is useful, particularly when understanding the importance of touch and physical contact.

We understand some of the most important chemicals produced within the body;

Love, Care and Bonding:
Certain chemicals such as **opioids, oxytocin** and **prolactin** produce positive states of love, trust, connectedness and well being in the brain and body and diminish negative feelings of loneliness, fear and anger. As such, these chemicals are essential for social bonding: we tend to prefer to spend more time with those in whose presence we have experienced high levels of **oxytocin** and **opioids**. Responding caringly to children supports their brains and bodies to produce more **opioids, oxytocin** and **prolactin**, giving them greater access to positive mental states and increasing their resilience in later life. caring physical contact, in particular, promotes the release of **oxytocin**. If children feel a sense of authentic

belonging to their classroom, school and enjoy friendships with peers and caring acceptance from adults, this will all support well being.

Calm:
GABA (gamma-aminobutyric acid) is one of the main neurotransmitters operating in the brain. Its role is to reduce the excitability of neurons (calming the amygdala's threat detection system among other things) and it inhibits the production of the stress hormone cortisol. Lack of **GABA** can result in high levels of fear, panic, anxiety. If children are not adequately calmed and soothed by the adults around them, their brain's ability to produce sufficient quantities of **GABA** can be impaired, leaving them vulnerable to anxiety disorders later in life.

Focus:
Dopamine is a chemical that plays different roles in different parts of the brain and body. In the brain, **dopamine** acts as a neurotransmitter. It plays a key role in neuronal pathways linked to attention, motivation, reward and fear, with levels increasing when there is something in our environment that we need to pay attention to. Supporting our children to explore and experiment activates optimum levels of dopamine production within their brains, whereas boredom, lack of stimulation have the reverse effect. It is crucial that our lessons are 'worth behaving for' are stimulating and encourage curiosity and engage the children.

Stress:
There are a number of chemicals that are produced in the body's response to stress. These include the hormones **adrenaline, noradrenaline** and **cortisol**. All three are produced by the adrenal glands in response to stressful situations. Part of the body's fight/flight response, these hormones are vital to prepare us for action. However, if levels of these hormones remain elevated for too long as a result of prolonged exposure to stress, they can have damaging effects on the brain and body, such as impairing the development of neuronal pathways. For this reason we understand that it is vital to protect children from excessive levels of stress.
(Cortisol has a corrosive effect on the brain and other body tissues. It can literally kill our cells by stimulating them to death. This means that adults and children who are living in conditions of ongoing stress and therefore have chronically elevated levels of cortisol in the blood are at increased risk of health problems. For example, chronically high levels of cortisol have been associated with the destruction of healthy muscle and bone, impairments in cognitive, digestive and immune functioning, and poor wound healing and cell generation.)

Brain Fertiliser
BDNF (brain-derived neurotrophic factor) is a protein that acts like a 'fertiliser' on certain neurons of the nervous system, helping to support existing neurons and encouraging growth of new neurons and new synaptic connections. It is found primarily within the brain, although it also occurs in other regions of the body. Within the brain it is particularly connected to the hippocampus and cortex, playing a vital role in learning, memory and the development of higher thinking capacities. The production of **BDNF** is increased by physical interactive play.

Teaching our children about appropriate touch

Our policy adheres to the belief that every individual needs to appreciate the difference between appropriate and inappropriate touch.

By 'Appropriate Touch' me mean touch that is not invasive, humiliating or could possible be considered as eroticising / flirtatious. We agree that 'appropriate' places to touch are 'shoulders, arms and back.

We support children changing, should they require this in EYFS and KS1, this also includes any children with SEND/ Medical Needs.

Naturally, staff are also fully aware of touch that is invasive or which could be confusing, traumatising, or experienced as eroticising in anyway whatsoever. Should any such touch be used it would be deemed as the most serious breach of the Code of Ethics warranting the highest level of disciplinary action.

Our Safeguarding Policy and Positive Handling Policy (Restrictive Intervention) further outline the necessity to ensure all children are safe in their bodies and their feelings and how the staff at Otford Primary work together to ensure this is the case.

Where staff are acting in the best interests of the child and adhering to the policy, they will be supported by the school.