



USE OF POSITIVE TOUCH POLICY

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GOVERNOR RESPONSIBLE: Governing Body

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1. Introduction

‘Enjoyably active teaching and learning sessions with young people who are still at an early stage of development are likely to be, or become, quite physical. Yes, this is the case, very frequently. Indeed, learning to use and understand communication through physical contacts is one of the learning outcomes. For developing infants, physical contact is surely the first and most basic form of communication.’- Dave Hewett, ‘Do touch: physical contact and people who have severe, profound and multiple learning difficulties’, 2007

Touch is an essential part of education for many of the pupils at Chadsgrove School. The use of touch enables staff to provide appropriate therapy and personal care. Used in context and with empathy, touch enables staff to build trusting relationships with pupils and develop natural interactions. Touch plays an important role in helping to promote the acquisition of key skills and providing access to a broad and balanced school curriculum. This policy outlines the need to use touch as a necessary part of the school’s holistic curriculum, as well as offering guidance and direction for staff in order to protect the pupils in their care.

2. Purpose

The purpose of this policy is to outline the nature of the use of positive touch as a part of the education of some of the pupils at Chadsgrove School.

3. Aim(s)

This policy has the following aims:

- To ensure that staff at Chadsgrove School are clear and open about the use of touch and how it supports the development and wellbeing of pupils
- To ensure that if staff are in any doubt about issues concerning appropriate touch, or observe any practice they consider is cause for concern they should follow the agreed protocol for safeguarding as laid down in the school’s policy.

4. Wider school aims/ethos

This policy supports our school aim of ‘offering a broad, balanced, engaging and enriching curriculum, which is highly differentiated and personalised in order to meet each child’s individual needs’ (Chadsgrove School Self Evaluation Form)

5. Consultation

This policy was written by Melanie Bullivant, Assistant Headteacher and Pre-Formal Curriculum Leader, in consultation with other Teaching staff, especially those within the Pre-Formal Department.

6. Sources and References

The following sources and references have been used to support the development of this policy:

- Department for Education (2015) Special Educational Needs and Disability Code of Practice: 0 to 25 Years. London: DfE.
- Dave Hewett et al. The Intensive Interaction Handbook, SAGE, 2018
- Dave Hewett, ‘Do touch: physical contact and people who have severe, profound and multiple learning difficulties. Support For Learning: 2007

7. Roles and Responsibilities

The following groups of people are involved in implementing this policy:

- **Governors** are responsible for reviewing this policy annually, and meeting with the Pre-Formal Curriculum Leader where necessary to discuss strengths and areas for development
- The **Head Teacher** is responsible for monitoring the work of the Pre-Formal Curriculum Leader, through the Performance Management cycle
- The **Pre-Formal Curriculum Leader** is responsible for carrying out monitoring within the department, including conducting Learning Walks to observe practice regarding the use of positive touch
- **Class Teachers** are responsible for ensuring this policy is adhered to in their classes, providing guidance to Teaching Assistants where appropriate in order to support pupils' learning
- **Teaching Assistants** are responsible for supporting pupils' learning and well-being, by following the guidance of class Teachers and carrying out personal care

8. Planning

Where the use of positive touch is included in planning, this would be most appropriate within the Pre-Formal Curriculum Department, especially with regard to the use of Intensive Interaction. The curriculum for pupils with Profound and Multiple Learning Difficulties, which is delivered through the Long Term Plan, builds towards pupils being able to confidently and consistently express preferences and to be able to exert autonomy in a variety of situations. The Long Term Plan is delivered through the three focus areas of the Barrs Court Curriculum, namely:

- Early Thinking Skills
- Early Communication Skills
- Early Motor Skills

Medium Term Plans are produced termly, which detail the intended learning in each of these three focus areas (Curriculum Intent) as well as suggested activities from the EQUALS Pre-Formal Curriculum (Curriculum Implementation). In addition, meaningful targets (Impact) are set for pupils in the areas of:

- Cognition and Learning
- Communication and Interaction
- Sensory and Physical development
- Social and Emotional development

These are linked closely to pupils' outcomes as stated in their Education, Health and Care Plans and their Individual Education Plan.

9. Teaching and other learning activities within the school day which may involve the use of positive touch

9.1 COMMUNICATION

The use of touch enables staff to reinforce positive, communicative exchanges (for example, placing a hand on a pupil's shoulder in order to gain their attention) or as the main form of communication in itself (for example the TaSSeLs communication programme, an 'on-body' signing programme). It enables staff to respond non-verbally to a pupil's own use of physical contact during interactions and social contacts. These forms of contact are most likely to occur during Intensive Interaction or musical interactions, when carrying out therapies or when promoting the development of social exchanges such as giving a high five or shaking hands.

9.2 LEARNING

Touch is an important element of teaching and learning, especially with regard to teaching pupils to develop the Fundamentals of Communication within Intensive Interaction, such as enjoying being with another person and being able to attend to them or using and understanding eye contact. It is often necessary to physically prompt during co-active, directed educational tasks and life skills activities such as learning to eat and drink. Curriculum areas such as P.E. generally require varying levels of touch; these are essential in terms of giving support and guidance.

9.3 PLAY

Pupils who are at early stages of development are likely to engage in tactile and physical exchanges during their play. Staff respond sensitively to the individual needs of the pupils and model appropriate, physical exchanges and play skills. This is facilitated in a respectful manner, upholding the dignity of the individuals involved whilst being relevant to their developmental levels and cognitive abilities.

9.4 THERAPEUTIC ACTIVITIES AND PHYSICAL SUPPORT

A variety of therapies complement and supports pupils' learning. These are carried out by therapists or by members of the school staff facilitating the therapy programmes. Physical support may be necessary for some pupils who have difficulties with independent mobility, are not able to sit unaided or who need help transferring from their wheelchairs. The therapeutic use of touch may include carrying out physiotherapy Movement Programmes, Hydrotherapy, Rebound Therapy or Sensory Diets.

9.5 POSITIVE MENTAL HEALTH/WELLBEING

Touch enables staff to offer pupils reassurance, security and comfort. In context, it can be used to help them to develop an understanding of their emotions and feelings and the ability to communicate them.

9.6 PERSONAL AND INTIMATE CARE

Many pupils require support with all aspects of their personal and intimate care. This includes:

- eating and drinking
- toileting

- dressing and undressing
- wiping noses
- washing hands and faces
- showering

A variety of cues are used to inform pupils about their personal and intimate care prior to any physical contact. These range from music or songs, signs and symbols or Objects of Reference. All intimate care is carried out with respect for the pupils' dignity.

Staff should always communicate to pupils that they are going to be touched and why, in order to allow them, if safe to do so, the opportunity to refuse this. Staff should be aware of any changes in a pupil's behaviour which may indicate the need to reduce or withdraw touch, particularly during play or Intensive Interaction sessions.

Staff should be sensitive to the danger of touch being misunderstood and triggering sexual arousal and to be alert to all signals from the pupil they are supporting. Pupils may inadvertently touch intimate parts of a member of staff's body when there is no sexual intent or understanding. If this occurs the member of staff should withdraw from the situation without giving negative feedback and should record the incident in detail.

It is never appropriate for a member of staff to touch a pupil's intimate body areas except as part of agreed, intimate or medical care.

9.7 MEDICAL AND NURSING CARE

This may involve giving first aid for minor accidents, the administration of medication, oxygen and enteral feeding (including stoma care). Pupils with very specialised needs will have care plans which are agreed with Parent Carers.

9.8 PROTECTION AND PERSONAL SAFETY

Physical support and guidance may be used to protect pupils from danger to themselves or others. The use of specific, positive physical interventions is agreed with Parent Carers and staff and is documented within pupils' individual care plans. All incidents requiring higher levels of physical interventions are recorded using the agreed school policies.

10. Organisation

As shown above, positive touch is used routinely within school for a wide variety of reasons and functions. Whilst the use of positive touch may be most appropriate as part of a holistic curriculum for pupils in the Pre-Formal Curriculum Department, positive touch is also essential as part of the everyday care and therapy routines for the majority of pupils, at varying times throughout the school day.

11. Training/ CPD

Internal and external training opportunities are offered to all staff, in order to develop their expertise in teaching and supporting pupils. All staff receive regular training on safeguarding and manual handling. Identified staff are also trained in health care medical competences, which are specific to individual pupils, and positive physical interventions, including regularly training in Team Teach. The impact of this is that pupils experience a rich diverse curriculum resulting in improved outcomes. The Senior Leadership Team ensure good practice is disseminated and staff skills enhanced.

The Pre-Formal Curriculum Leader has completed a Masters Degree in Profound and Multiple Learning Difficulties at the University of Birmingham as well as the Intensive Interaction Good Practice course.

12. Equal Opportunities

Chadsgrove School seeks to create a supportive environment which is free from discrimination and which encourages all pupils and staff to participate fully in the life of the school:

- The school curriculum is broad, balanced and personalised for all pupils
- Varied teaching styles are incorporated to suit pupils' learning styles
- All pupils have equal opportunity and choice of extra-curricular activities
- All pupils are offered a range and choice of appropriate leisure activities

13. Health and Safety

In addition to the general health and safety practices of the school, the following policies may be particularly pertinent with regard to the use of touch:

- Epilepsy (Policy Number 77)
- Medicines and Medical Interventions (Policy Number 91)
- Manual Handling (Policy Number 49)

14. Including Parent Carers

All Parent Carers are essential partners in all aspects of their child's education, therapy and care and communication is vitally important. This is enabled via home-school books, telephone conversations, Parent Carer Evenings, Annual Review Meetings and End of Year Reports as well as additional planning meetings, and meetings with social care and health services. Some pupils have individual Manual Handling Plans, Behaviour Plans or Risk Reduction Plans which are reviewed regularly by appropriately trained and qualified staff. Parent Carers are consulted in this process, where appropriate, and have access to copies of all individualised programmes and plans. The school works in partnership with the Local Authority and a range of professionals to provide appropriate therapeutic and medical interagency support.

15. Resources:

Pupils have access to a range of resources, including:

- Whole school resources such as the Hydrotherapy Pool, Multi-Sensory Room, Music Room, Rebound Room and Food Technology Room
- Sensory resources, located in the Pre-Formal Curriculum department classrooms, which particularly include visual, auditory and tactile resources
- Expendable resources which are purchased on a termly basis, to support particular lessons such as Food Technology or Messy Food Play

16. Assessment and Moderation

With regard to this policy, the most relevant assessment would be that which takes places within the Pre-Formal curriculum department, where the use of touch may form part of a learning activity.

Summative Assessment

Pupils' progress is assessed using Routes for Learning, which is an assessment tool specifically designed for pupils with PMLD. Each pupil follows a range of pathways through the 'Routemap'. Individual targets are set for each pupil in the areas of Cognition and Learning, Communication and Interaction, Sensory and Physical development and Social and Emotional development. These targets are set in line with their EHCP Outcomes, as well as linking closely to the numbered steps on their current Band of Routes for Learning, where appropriate.

Formative Assessment

Pupils' progress towards meeting their targets is recorded using the Engagement Model assessment tool, which allows small steps of progress to be recorded against the five areas of Engagement, Exploration, Realisation, Anticipation, Persistence and Initiation, . The Engagement Model is used as part of pupils' formative assessment; future lesson planning is guided by pupils' individual Engagement Model assessment records.

Videos and photographs are used to demonstrate progress; these are uploaded onto the school's online SOLAR site, which evidences their summative assessment each term. Data is collected which enables progress to be tracked and interventions to be put in place where necessary to ensure that all pupils reach their full potential.

As pupils progress through the school, the assessment process allows a clearer picture of their future goals to emerge. This means that pupils can then be supported to work towards an appropriate pathway for their future beyond school, with clearly defined aims. These may include preparing pupils for the next stage in their education, such as by following an accredited course, or supporting pupils in taking their place in community life, ensuring that they have the means to communicate their needs and preferences to those around them.

17. Monitoring and evaluation

With regard to the use of touch, the most relevant monitoring would be that which takes places within the Pre-Formal curriculum department, where the use of touch as part of learning activities would be monitored.

Teachers' Medium Term Plans are monitored on a termly basis by the Pre-Formal Curriculum Leader. Evidence of this monitoring is recorded and stored in the Pre-Formal Curriculum Leader's File.

Work scrutiny is carried out on a termly basis by the Pre-Formal Curriculum Leader. Evidence of this is recorded and stored in the Pre-Formal Curriculum Leader's File

Internal moderation is carried out on a termly basis, during Pre-Formal Curriculum Department meetings, to which all Teachers in the department are invited, as well as a member of the Senior Leadership Team.

External moderation takes place on a termly basis, during meetings of the West Midlands PMLD Forum, which are attended by the Pre-Formal Curriculum Leader. Evidence of moderation is stored in the Pre-Formal Curriculum Leader's File

18. Linked policies

The Use of Positive Touch Policy should be read in conjunction with the following policies

- PMLD (Policy Number 26)
- Multi-Sensory Impairment (Policy Number 37)
- Intimate Care (Policy Number 74)
- Restrictive Physical Intervention (Policy Number 71)

19. Review

This Policy is reviewed on a triennially basis by the Pre-Formal Curriculum Leader and Governing Body.