



Outcomes
First Group

Positive and Therapeutic Touch Policy

Policy Folder: Clinical

POSITIVE AND THERAPEUTIC TOUCH POLICY

CONTENTS

1.0 INTRODUCTION	2
2.0 LEGAL FRAMEWORK AND GUIDANCE	3
3.0 DEFINITIONS	3
4.0 PRINCIPLES OF SAFE TOUCH	3
5.0 EXAMPLES OF POSITIVE TOUCH	4
6.0 EXAMPLES OF THERAPEUTIC TOUCH	4
7.0 SPECIAL CONSIDERATIONS	4
8.0 SAFEGUARDING CONSIDERATIONS	5
9.0 TRAINING AND PROFESSIONAL DEVELOPMENT	5
10.0 MONITORING AND REVIEW	5

Terminology - Please note that the terms “our teams” and “team member/s” include everyone working with the people in Outcomes First Group’s services in a paid or unpaid capacity, including employees, consultants, agency staff and contractors.

Scope

This policy applies to all team members, partners, external agencies and suppliers. We expect everyone associated with our organisation to uphold the values and standards set out in this policy.

We have included examples, which are not exhaustive, if there is a certain example you do not see here that you would like to know more about, you can contact clinical teams on site and/or safeguarding leads.

1.0 INTRODUCTION

We are committed to fostering a safe, supportive, and nurturing environment that respects the dignity and well-being of all pupils. Recognising the importance of touch in human development and relationships, this policy outlines the appropriate use of positive and therapeutic touch within our school/college, particularly when supporting pupils/students with Social, Emotional and Mental Health (SEMH) needs, Autism or other neurodivergent profiles.

Our approach aligns with trauma-informed practice and takes into account developmental age, sensory preferences, and cultural sensitivities.

2.0 LEGAL FRAMEWORK AND GUIDANCE

This policy has been developed in line with statutory and non-statutory guidance, including:

[Keeping Children Safe in Education \(KCSiE\) 2025 \(DfE\)](#)

[Keeping Learners Safe \(2022\) Welsh Government](#)

[Getting it right for every child \(GIRFEC\) Scottish Government](#)

[Behaviour in Schools \(2024\)](#)

[Use of reasonable force in schools \(2013\)](#)

This policy should be read in conjunction with:

- Using Reasonable Force and Other Restrictive Practices Policy
- Reducing Restrictive Practices Terms of Reference
- Behaviour Policy (Person-centred and Neurodivergence-affirming)
- Safeguarding Policy
- Intimate Care Policy
- Human Rights Policy

3.0 DEFINITIONS

Positive Touch: Physical contact used to provide comfort, reassurance, or connection. Examples include high-fives, gentle pats on the back, or a side hug — where appropriate and consented to. This may also occur in play or when evidence-based approaches are being used that promote connection and reciprocal interaction e.g Intensive Interaction.

Therapeutic Touch: Purposeful physical contact used in a planned and agreed manner to support emotional regulation, sensory needs and/or motor skills development. Examples may include sensory strategies such as hand massage, or deep pressure inputs and joint compression techniques to provide calming proprioceptive inputs as part of a sensory programme or supporting and stabilising a pupil at key points during a motor activity to develop balance and postural control in an occupational therapy session.

4.0 PRINCIPLES OF SAFE TOUCH

Consent and Communication: Team members must seek consent, verbal or non-verbal using Augmentative and Alternative Communication (AAC) where appropriate, before initiating touch. For non-verbal or partially verbal pupils/students, team members should be trained to recognise individual communication cues. Parental/carer/person with parental responsibility consent should be obtained where appropriate.

Developmental Awareness: Touch should be developmentally appropriate, not just based on chronological age, particularly for pupils/students with additional needs.

Awareness of Strengths, Differences, Traits and Preferences: Team members must understand and consider the profiles of neurodivergent pupils.

Individualisation: All interactions should be tailored based on support plans, and the pupil/student's lived experience. Interactions should be individualised in line with reported sensory differences, traits and needs as documented in their 'My Sensory World' or personalised sensory plan (strategies, tools, resources).

Cultural Sensitivity: Be aware of family or cultural perspectives on physical contact and should also show awareness that within some cultures connection may be expressed through touch, close proximity and physical contact. Do not assume comfort with touch — seek clarity where needed.

Professional Boundaries: Physical contact should differ depending on context (e.g., one-to-one room vs. classroom). Avoid any behaviour that could be misunderstood. This also includes any interaction between colleagues (and other agencies) in a professional capacity. Model appropriate interaction.

Reinforcing Boundaries Respectfully: If a pupil/student seeks inappropriate or overly familiar contact, redirect without shaming. Model appropriate alternatives.

Managing Rejection: If a team member needs to say no to touch, this should be done warmly and with reassurance to avoid the pupil feeling rejected.

5.0 EXAMPLES OF POSITIVE TOUCH

- High-fives to celebrate success
- A gentle hand on the shoulder for reassurance
- Offering hand-over-hand support during a learning task (e.g. learning to use cutlery or scissors)
- Sitting side-by-side to provide comfort (but not on laps)
- Playful, appropriate interaction (e.g. clapping games, or mirrored responsive non-verbal communication movements during intensive interaction)

6.0 EXAMPLES OF THERAPEUTIC TOUCH

- Deep pressure techniques as outlined in a bespoke sensory programme or their 'My Sensory World'
- Hand massage or joint compressions (only when appropriately trained) and this is appropriate for the pupil. i.e., there are no other co-occurring factors such as hypermobility or joint/muscle problems)
- Holding hands or side hug to calm or ground
- Structures physical interaction during occupational therapy to support motor skills or to develop independence in daily living tasks

7.0 SPECIAL CONSIDERATIONS

Inappropriate or Sexualised Touch: As pupils/students grow and experience puberty, they may show signs of curiosity, confusion, or changing awareness around physical boundaries. Team members must remain alert to such behaviours, responding calmly, consistently, and without shaming. Where sexualised behaviour or arousal is observed, it should be addressed supportively, redirected appropriately, and recorded in line with the Safeguarding Policy.

Lap-Sitting: This is discouraged. Alternative comfort strategies (e.g. sitting beside the child/young person) should be used instead.

Visitors and Touch: Visitors should be briefed in advance. While incidental or socially appropriate contact (e.g. a handshake) may occur where a pupil/student instigates, they should not engage in therapeutic or regulatory touch unless guided and supervised by trained team members. This would be the same when in the community. Some visitors may be visiting to work directly with children and young people where positive and therapeutic touch would then be appropriate to be used (e.g. for training and modelling good practice).

Cultural or Trauma-Related Triggers: Always follow known preferences and histories. Avoid physical contact where it may be triggering.

8.0 SAFEGUARDING CONSIDERATIONS

All team members must follow the school's Safeguarding and Child Protection Policy. Any concerns regarding practice observed relating to touch, disclosures, or boundary-crossing must be referred to the Designated Safeguarding Lead (DSL) immediately using the schools usual safeguarding procedures.

9.0 TRAINING AND PROFESSIONAL DEVELOPMENT

In accordance with this policy mandatory training should be followed. In addition to this, specific or additional training and/or guidance and support may be required. Please speak to your line manager and/or the Learning and Development Team at training@ofgl.co.uk

This may include:

- Neuro-affirming and/or Trauma-informed practice
- De-escalation, non-restrictive, and restrictive interventions (e.g. CPI)
- Recognising and respecting sensory preferences
- Understanding consent in the context of non-verbal communication
- Safe delivery of therapeutic strategies (e.g. massage, deep pressure)
- Responding appropriately to physical contact initiated by pupils
- Sensory processing difficulties and strategies/resources to support sensory difference, traits and needs

10.0 MONITORING AND REVIEW

This policy will be reviewed annually to ensure alignment with current legislation, best practice, and feedback from team members, pupils, families, and clinical teams. Revisions will reflect emerging research and lived experiences.

By implementing this policy, we commit to creating a supportive and respectful environment where appropriate and safe touch is recognised as a valuable tool to support well-being, connection, regulation, and learning, while safeguarding the rights and dignity of all pupils.