ODYSSEY HOUSE SCHOOL

Positive Touch Policy

Odyssey House School is part of Odyssey Education Services.
Odyssey Education Services is Registered in England and Wales, company number 1162321, registered at 329 Doncastle Road, Bracknell, RG12 8PE.

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Date: July 2026

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Review: July 2027

This policy applies to the Odyssey Education Group of Schools –

Odyssey House School, Bloomsbury;

Odyssey House School, Wokingham

- hereafter referred to as "the School".

Contents

1. Statement of Intent

Odyssey House School is a therapeutic education setting. Our work is grounded in the belief that children and young people learn best when they feel safe, understood, respected and connected. For many pupils, particularly those with special educational needs and disabilities, communication differences, sensory processing needs, attachment needs, trauma histories or emotional regulation difficulties, safe and appropriate physical contact may sometimes form part of effective support.

This policy is not a policy about restraint. It is a policy about **safe, respectful and purposeful positive touch**.

Positive touch may include a reassuring hand on a shoulder, a high five, physical guidance to support safety, sensory input recommended by an Occupational Therapist, first aid support, or carefully judged physical reassurance during distress. It must always be used thoughtfully, proportionately and in the best interests of the pupil.

At Odyssey, our guiding order is:

Safety → Relationships → Education

Positive touch must always support this order. It should never be casual in the sense of being thoughtless, never used to meet the emotional needs of an adult, and never used in a way that compromises a pupil's dignity, autonomy or safety.

We recognise that touch can be deeply regulating and reassuring for some pupils. We also recognise that touch can be painful, overwhelming, confusing, triggering or distressing for others. Therefore, all physical contact must be considered within the context of the individual pupil.

This policy aims to help staff understand when positive touch may be appropriate, when it is not appropriate, how consent should be considered, how touch should be recorded where necessary, and how safeguarding concerns should be escalated.

2. Scope

This policy applies to:

- all teaching staff;
- all support staff;
- senior leaders;
- therapists and clinical staff;
- agency and supply staff;
- volunteers;
- visitors working directly with pupils;
- contractors where their role may bring them into contact with pupils;

- off-site activities, educational visits, transport arrangements and community-based learning where Odyssey staff are responsible for pupils.

The policy applies during the school day, before and after school activities, school trips, transitions, therapy sessions, enrichment activities and any other context where staff are acting on behalf of Odyssey House School.

3. Legal and Statutory Framework

This policy is informed by relevant legislation and statutory guidance, including:

- **Keeping Children Safe in Education**, which is statutory guidance for schools and colleges on safeguarding children and safer recruitment; the 2025 version is issued under legislation including the Education Act 2002 and the Education Independent School Standards Regulations 2014. (GOV.UK)
- **Working Together to Safeguard Children**, which sets out multi-agency expectations for helping, supporting and protecting children. (GOV.UK)
- **Use of Reasonable Force in Schools**, which provides guidance for school leaders and staff on the lawful use of reasonable force in schools. (GOV.UK)
- **Children Act 1989**.
- **Children Act 2004**.
- **Education Act 2002**.
- **Equality Act 2010**.
- **Human Rights Act 1998**.
- **SEND Code of Practice: 0 to 25 years**, which provides statutory guidance for organisations working with and supporting children and young people with special educational needs or disabilities. (GOV.UK)
- **Independent School Standards Regulations 2014**.
- **Health and Safety at Work etc. Act 1974**.
- **Data Protection Act 2018 and UK GDPR**, where records contain personal information.

This policy should be read alongside Odyssey's safeguarding, behaviour, staff conduct, intimate care and physical intervention policies.

4. Definitions

For the purpose of this policy:

Positive touch means physical contact that is safe, respectful, purposeful, proportionate and in the best interests of the pupil. It may support communication, emotional regulation, sensory regulation, safety, dignity, first aid, care or relationship-building.

Therapeutic touch means physical contact that forms part of an agreed therapeutic approach, sensory plan or clinical recommendation. This may include, for example, Occupational Therapy-informed sensory

input, deep pressure or proprioceptive support. Therapeutic touch must be planned, documented and delivered only by trained or appropriately guided staff.

Physical guidance means low-level physical contact used to support movement, direction, safety or access. Examples may include guiding a pupil away from danger, supporting safe movement through a crowded space, or prompting a pupil towards an agreed activity.

Physical intervention or reasonable force means physical contact used to prevent harm, injury, serious disruption or damage, where no less intrusive strategy is available. This is not the focus of this policy and should be managed under the school's Physical Intervention / Reasonable Force Policy.

Inappropriate touch means any physical contact that is unnecessary, unsafe, sexualised, punitive, secretive, confusing, intrusive, humiliating, painful, coercive, or not in the best interests of the pupil.

Consent means the pupil's agreement to physical contact. Consent may be verbal, non-verbal, behavioural or communicated through an agreed communication system. Consent must be actively considered, may change from moment to moment, and can be withdrawn at any time.

5. Core Principles

All staff must follow these principles.

5.1 Touch must be child-centred

Positive touch must always be about the pupil's needs, not the adult's needs. Staff must never use physical contact to seek affection, reassurance, emotional closeness or validation from a pupil.

5.2 Touch must be purposeful

Staff should be able to explain why physical contact was used and how it supported the pupil's safety, dignity, communication, regulation, learning or care.

5.3 Touch must be proportionate

The least intrusive form of support should always be used. Where verbal, visual, environmental or relational strategies are sufficient, physical contact should not be used.

5.4 Touch must respect dignity and bodily autonomy

Pupils have the right to understand, as far as possible, that their body belongs to them. Odyssey staff must actively support pupils to learn about consent, body boundaries and safe relationships.

5.5 Touch must be individualised

There are no blanket assumptions. A type of touch that is regulating for one pupil may be distressing or unsafe for another. Staff must consider each pupil's age, developmental stage, communication profile, sensory profile, trauma history, cultural context, gender, protected characteristics, family views and known preferences.

5.6 Touch must be transparent

Positive touch should take place in open, observable and professional contexts wherever possible. Staff must avoid secretive, hidden or ambiguous physical contact.

5.7 Touch must be consistent with safeguarding

Any concern about touch, boundaries, professional conduct, pupil response or staff practice must be reported in line with the Safeguarding and Child Protection Policy, Staff Code of Conduct, Whistleblowing Policy and Low-Level Concerns Policy.

6. Therapeutic Rationale

Odyssey House School recognises that relationships are central to learning. Many pupils require co-regulation before they are able to access education. Co-regulation may include calm adult presence, attuned communication, predictable routines, reduced sensory demands, relational reassurance and, where appropriate, safe positive touch.

Positive touch may support:

- emotional safety;
- co-regulation;
- sensory regulation;
- communication;
- reassurance;
- physical safety;
- dignity and care;
- trust and relational security;
- access to learning;
- recovery after distress.

However, positive touch is only one possible support strategy. It must not be assumed to be necessary or helpful. For some pupils, physical contact may increase distress, trigger trauma responses, cause sensory overwhelm or create confusion around boundaries. Staff must therefore be curious, cautious and informed.

7. Consent and Bodily Autonomy

Consent is central to this policy.

Staff must give maximum regard to the pupil's right to consent to, refuse or withdraw from physical contact. Pupils should be supported to understand that, in most situations, they are in control of their own bodies and can communicate whether they do or do not want to be touched.

Consent may be communicated through:

- spoken words;
- signing;
- symbols;
- communication aids;
- gesture;

- body movement;
- facial expression;
- approaching or moving away;
- pushing away;
- becoming tense or relaxed;
- known individual communication signals;
- behaviour that indicates comfort or discomfort.

Staff must not assume that a pupil has consented simply because they have not said "no". This is particularly important for pupils who experience communication differences, anxiety, trauma responses, compliance-based behaviours or difficulty asserting boundaries.

Consent must be:

- sought where possible;
- specific to the situation;
- continually monitored;
- withdrawn immediately if the pupil indicates discomfort;
- revisited each time rather than assumed from previous occasions.

Examples of appropriate consent-seeking language include:

- "Would you like a high five?"
- "Would it help if I sat next to you?"
- "Can I guide your arm away from the door?"
- "Would you like some space instead?"
- "You can say stop."
- "I am going to help you move away from the road to keep you safe."

Where immediate action is required to prevent harm, staff may need to use physical contact without prior consent. In these situations, the contact must be the minimum necessary, for the shortest time possible, and recorded in line with the relevant policy.

8. Decision-Making Framework

Before using positive touch, staff should ask themselves:

1. **Is this necessary?**
   Can the pupil be supported without physical contact?
2. **Is this in the pupil's best interests?**
   Does it support safety, dignity, regulation, communication, care or access to learning?
3. **Is this the least intrusive option?**
   Have verbal, visual, environmental, relational or sensory alternatives been considered?

4. **Does the pupil consent?**
   Has the pupil agreed verbally, non-verbally or through known communication?

5. **Is this appropriate for this individual pupil?**
   Have I considered their age, developmental stage, trauma history, sensory profile, communication needs and known preferences?

6. **Is this professional and transparent?**
   Would I be comfortable explaining this to parents, the DSL, the Headteacher or an inspector?

7. **Is this documented where necessary?**
   Does the pupil need an individual plan, sensory plan, risk assessment or record of the incident?

If the answer to any of these questions creates doubt, staff should pause, use a less intrusive strategy where safe to do so, and seek advice from the DSL, Headteacher, Therapy Lead or Clinical Director.

9. Appropriate Positive Touch

The following examples are not exhaustive. Staff must always use professional judgement and take account of individual pupil plans.

9.1 Greeting and relational touch

Examples may include:

- high fives;
- fist bumps;
- brief handshakes;
- a brief pat on the shoulder;
- a side-on hug where appropriate and pupil-led;
- celebratory gestures where the pupil has clearly consented.

Staff should avoid overusing relational touch. They should be especially mindful where pupils seek frequent physical contact, appear dependent on one adult, or have difficulty understanding boundaries.

9.2 Reassurance and emotional regulation

Positive touch may sometimes support a pupil who is distressed, anxious, overwhelmed or dysregulated.

Examples may include:

- sitting nearby with consent;
- offering a hand to hold where appropriate;
- a brief side-on hug if requested by the pupil and appropriate to the pupil's age, needs and plan;
- placing a hand briefly on the shoulder or upper back;
- offering deep pressure only where this is agreed, planned and staff are trained.

Staff should not assume that a distressed pupil wants or benefits from touch. Some pupils require space, reduced language, sensory reduction or adult presence without physical contact.

9.3 Communication and prompting

Physical contact may support communication or attention where it is appropriate for the pupil.

Examples may include:

- a light tap on the arm to gain attention;
- guiding a pupil's attention to an object or activity;
- physical prompting where this is part of an agreed support approach;
- hand-over-hand support only where necessary, consented to, dignified, and appropriate to the pupil's plan.

Staff should avoid unnecessary physical prompting and should promote independence wherever possible.

9.4 Educational access

Positive touch may support access to learning or participation.

Examples may include:

- guiding a pupil safely towards equipment;
- supporting posture or positioning where appropriate;
- helping a pupil access a practical activity;
- supporting a pupil to participate in PE, drama, outdoor learning or vocational tasks;
- assisting with tools or materials where needed.

Staff must consider dignity, age-appropriateness and whether the task can be adapted to reduce the need for physical support.

9.5 Safety touch

Physical contact may be necessary to keep a pupil safe.

Examples may include:

- guiding a pupil away from traffic;
- preventing a fall;
- redirecting a pupil away from a hazard;
- supporting safe movement through a crowded or busy area;
- preventing accidental injury.

Where contact becomes restrictive, forceful, prolonged or is used to prevent harm, the Physical Intervention / Reasonable Force Policy must be followed.

9.6 First aid and medical support

Physical contact may be necessary to administer first aid, assess injury or support a pupil's health needs.

Staff must:

- explain what they are doing where possible;

- seek consent where possible;
- preserve dignity;
- use another adult where appropriate;
- follow First Aid and Intimate Care procedures;
- record treatment in line with school systems.

9.7 Intimate care

Intimate care must be managed under the school's Intimate Care Policy. Positive touch in this context must be planned, dignified, consent-based wherever possible, and documented.

Staff must never provide intimate care outside agreed procedures unless emergency action is required to protect the pupil's health, dignity or safety.

9.8 Sensory support and Occupational Therapy-informed touch

Some pupils may require touch as part of their sensory regulation support. This may include:

- deep pressure;
- proprioceptive input;
- hand squeezes;
- shoulder pressure;
- sensory circuits;
- OT-recommended activities;
- physical support linked to a sensory diet or regulation plan.

Any sensory-based touch must be:

- agreed in writing;
- included in the pupil's support plan, sensory plan, therapy plan or risk assessment;
- delivered by trained or appropriately guided staff;
- reviewed regularly;
- stopped immediately if the pupil shows signs of distress or withdrawal of consent.

Deep pressure must not be improvised. Staff must not use weighted pressure, squeezing, holding or pressure-based strategies unless these are specifically recommended, risk assessed and understood by staff.

10. Inappropriate Touch

The following forms of touch are not acceptable.

Staff must never:

- kiss pupils;

- touch pupils on intimate areas, including genitals, breasts or bottom, except where necessary under an agreed intimate care or emergency medical procedure;
- touch under a pupil's clothing, unless required under an agreed intimate care, first aid or medical procedure;
- use touch as punishment;
- use touch to cause pain, discomfort, humiliation or fear;
- use physical contact to assert power or control;
- tickle pupils;
- engage in play fighting or wrestling;
- allow pupils to sit on their lap, except where there is a clearly documented and exceptional developmental, medical or care-related rationale;
- give prolonged frontal hugs;
- engage in secretive or hidden physical contact;
- encourage dependency through repeated or exclusive physical affection;
- use massage unless this is part of a documented therapeutic plan delivered by appropriately trained staff;
- continue physical contact once a pupil has indicated discomfort or withdrawn consent, unless immediate safety requires otherwise;
- use touch in a way that could reasonably be misinterpreted as sexual, coercive, grooming, punitive or personally motivated.

If a pupil initiates inappropriate touch towards a member of staff, staff should respond calmly and professionally. They should move away if necessary, avoid a reaction that reinforces the behaviour, model an appropriate alternative, and record or report the incident where required.

For example:

"Hands down, thank you. You can wave or ask for a high five."

or

"Kisses are for home. You can say hello with a wave."

Staff should seek advice from the DSL, Therapy Lead or Headteacher where a pattern of inappropriate touch emerges.

11. Individual Pupil Context

Staff must consider the individual context of each pupil before using positive touch.

This includes:

- age;
- developmental stage;
- communication needs;
- sensory profile;

- trauma history;
- attachment needs;
- cultural background;
- religious considerations;
- gender identity and sex;
- disability;
- personal preferences;
- previous disclosures;
- family views;
- known triggers;
- risk assessments;
- EHCP outcomes;
- behaviour support plans;
- therapy plans;
- safeguarding plans.

Some pupils may have a specific plan that identifies:

- touch that is helpful;
- touch that is not helpful;
- words to use before physical support;
- signs that the pupil is consenting;
- signs that the pupil is distressed;
- adults who may provide specific support;
- circumstances in which physical support may be used;
- recording requirements;
- parent or carer communication arrangements.

Where there is uncertainty, staff must seek advice before using planned positive touch.

12. Pupils Who Seek High Levels of Physical Contact

Some pupils may frequently seek hugs, hand-holding, sitting close to adults or other forms of physical contact. This may reflect emotional need, sensory need, attachment need, anxiety, habit, developmental stage or a communication difference.

Staff should respond warmly but with professional boundaries.

The aim is not to shame the pupil or reject their need for connection. The aim is to support safe, developmentally appropriate and sustainable relationships.

Staff should:

- acknowledge the pupil's need;
- offer appropriate alternatives;
- teach boundaries explicitly and kindly;
- ensure consistency between adults;
- avoid becoming the only adult who provides comfort;
- seek clinical or safeguarding advice where needed;
- include strategies in the pupil's support plan where this is a repeated need.

Examples of alternatives include:

- side-by-side sitting;
- a wave;
- a high five;
- a fist bump;
- holding a transitional object;
- using a weighted item where recommended;
- asking for help using a communication card;
- requesting time with a trusted adult without physical contact;
- using a sensory strategy.

13. Touch Between Pupils

This policy primarily concerns staff-pupil contact, but staff also have a responsibility to support safe boundaries between pupils.

Pupils may need explicit teaching about:

- consent;
- personal space;
- safe greetings;
- friendship boundaries;
- private and public behaviours;
- what to do if someone touches them and they do not like it;
- how to ask before touching someone else;
- how to accept "no".

Staff should intervene where pupil-to-pupil touch is:

- unwanted;
- intrusive;

- sexualised;
- aggressive;
- coercive;
- unsafe;
- confusing;
- likely to escalate;
- inconsistent with a pupil's known needs or vulnerabilities.

Any safeguarding concern relating to pupil-to-pupil touch must be reported to the DSL.

14. Safeguarding and Professional Boundaries

Positive touch must always sit within a strong safeguarding culture.

Staff must report concerns if:

- they observe touch that appears inappropriate;
- a pupil appears uncomfortable with physical contact;
- a pupil discloses concern about touch;
- an adult appears to seek unnecessary physical closeness with pupils;
- a pupil is repeatedly seeking inappropriate contact with adults or peers;
- staff are uncertain whether their own practice was appropriate;
- accidental touch occurs that could be misunderstood;
- a pattern of boundary concerns emerges;
- touch may meet the threshold for a low-level concern or allegation.

Staff should never ignore concerns because they are unsure whether they are serious enough. An open, transparent culture protects pupils and staff.

Where a concern relates to a member of staff, volunteer, supply staff member, contractor or other adult, the school must follow the relevant procedures in the Safeguarding and Child Protection Policy, Low-Level Concerns Policy and allegations management procedures.

Where a concern may meet the harm threshold, the Headteacher, DSL, Proprietor and/or Local Authority Designated Officer should be involved in line with statutory guidance and local procedures.

15. Recording and Reporting

Not every instance of positive touch needs to be recorded. For example, a high five, a brief guiding hand or a pupil-led fist bump would not usually require recording unless there is a specific concern or plan stating otherwise.

However, staff must record or report physical contact where:

- touch was used to prevent harm;
- physical intervention or reasonable force was used;

- touch was prolonged or significant;
- the pupil was distressed;
- consent was unclear;
- the pupil withdrew consent;
- the contact could be misinterpreted;
- the pupil has a specific plan requiring recording;
- sensory or therapeutic touch was delivered as part of a planned intervention;
- first aid or intimate care was provided;
- a parent or carer may reasonably need to be informed;
- another member of staff expressed concern;
- the incident may constitute a safeguarding concern;
- the staff member feels uncertain or uncomfortable about what happened.

Records should include:

- date and time;
- location;
- staff involved;
- pupil involved;
- context;
- what happened before the contact;
- why touch was used;
- what type of touch was used;
- how long it lasted;
- the pupil's response;
- whether consent was sought or observed;
- any injury, distress or concern;
- follow-up actions;
- parent or carer communication where relevant;
- DSL or senior leader involvement where relevant.

Records should be factual, timely, professional and stored in line with school procedures.

16. Parent and Carer Partnership

Odyssey House School values partnership with parents and carers. Where positive touch forms a planned part of a pupil's support, this should be discussed with parents or carers where appropriate.

Parents and carers should be informed where:

- positive touch is included in a pupil's sensory, therapy, behaviour or support plan;
- regular physical support is required;
- a new strategy involving touch is being introduced;
- there has been a significant incident involving touch;
- physical intervention or reasonable force has been used;
- intimate care arrangements are required;
- staff have concerns about boundaries, consent or pupil response.

Parent and carer views should be considered, but the school must always act in the best interests of the pupil and in line with safeguarding duties.

17. Training and Staff Development

All staff must receive guidance on this policy as part of induction and ongoing professional development.

Training may include:

- safeguarding and child protection;
- staff code of conduct;
- low-level concerns;
- professional boundaries;
- consent and bodily autonomy;
- trauma-informed practice;
- neuro-affirming practice;
- autism and communication differences;
- sensory processing;
- attachment and relational approaches;
- de-escalation;
- reasonable force and physical intervention;
- intimate care;
- first aid;
- recording and reporting.

Staff delivering specific sensory or therapeutic touch must receive appropriate training, guidance or supervision from suitably qualified professionals.

The school will ensure that staff have opportunities to discuss uncertainty, seek advice and reflect on practice through supervision, line management, clinical input or safeguarding consultation.

18. Roles and Responsibilities

18.1 Proprietor / Executive Team

The Proprietor / Executive Team is responsible for ensuring that the school has appropriate policies, systems and oversight in place to safeguard pupils and promote safe practice.

18.2 Headteacher

The Headteacher is responsible for:

- implementing this policy;
- ensuring staff understand expectations;
- promoting a safe and transparent culture;
- ensuring concerns are addressed promptly;
- ensuring appropriate training is in place;
- ensuring records are reviewed where necessary;
- ensuring the policy is reviewed regularly.

18.3 Designated Safeguarding Lead

The DSL is responsible for:

- advising staff on safeguarding concerns relating to touch;
- reviewing records where safeguarding concerns arise;
- managing referrals and escalation where required;
- ensuring concerns about adults are handled in line with policy;
- identifying patterns or themes relating to boundaries, consent or pupil safety.

18.4 Clinical Director / Therapy Lead

The Clinical Director and/or Therapy Lead is responsible for:

- advising on therapeutic and sensory aspects of positive touch;
- supporting staff to understand individual pupil needs;
- ensuring therapeutic touch is planned, documented and reviewed;
- advising on training needs;
- supporting reflective practice and professional judgement.

18.5 SENCO

The SENCO is responsible for ensuring that relevant information about pupil need, EHCP provision, communication differences, sensory profiles and reasonable adjustments informs individual planning.

18.6 All staff

All staff are responsible for:

- following this policy;
- using professional judgement;
- respecting pupil dignity and consent;
- understanding individual pupil needs;
- seeking advice when unsure;
- recording and reporting where required;
- challenging or reporting unsafe practice;
- maintaining professional boundaries at all times.

19. Monitoring and Review

The school will monitor implementation of this policy through:

- safeguarding audits;
- behaviour and incident records;
- physical intervention records;
- first aid and intimate care records;
- staff supervision;
- pupil voice;
- parent feedback;
- therapy and clinical review;
- training records;
- review of low-level concerns;
- leadership oversight.

The policy will be reviewed annually, or earlier if:

- statutory guidance changes;
- safeguarding learning indicates a need for review;
- an incident highlights a gap in practice;
- pupil needs change significantly;
- the school introduces new therapeutic or sensory approaches;
- external advice or inspection feedback identifies required improvement.

Appendix 1: Positive Touch Decision Flowchart

Step 1: What is the pupil communicating or needing?

Consider safety, regulation, communication, care, sensory need, access to learning or reassurance.

Step 2: Can support be provided without touch?

Use verbal, visual, environmental, relational or sensory alternatives first where possible.

Step 3: Is touch necessary and in the pupil's best interests?

Only proceed if touch is purposeful, proportionate and appropriate.

Step 4: Has the pupil consented?

Look for verbal, non-verbal or behavioural consent. Remember that consent can be withdrawn.

Step 5: Use the least intrusive form of touch.

Keep it brief, respectful, transparent and appropriate to the pupil's individual needs.

Step 6: Monitor the pupil's response.

Stop immediately if the pupil shows discomfort, distress or withdrawal of consent, unless immediate safety requires otherwise.

Step 7: Record or report if required.

Record where the touch was significant, planned, therapeutic, safety-related, unclear, distressing or could be misunderstood.

Appendix 2: Examples of Appropriate Positive Touch

Examples may include:

- pupil-led high five;
- fist bump;
- brief hand on shoulder for reassurance;
- side-by-side sitting;
- brief side-on hug where appropriate and pupil-led;
- hand-holding where appropriate for safety or reassurance;
- guiding a pupil away from danger;
- supporting a pupil to access equipment;
- light touch to gain attention where this is appropriate for the pupil;
- first aid contact;
- agreed intimate care support;
- OT-recommended sensory input;
- deep pressure where documented, risk assessed and delivered by trained staff.

Appendix 3: Examples of Touch That Should Be Avoided or Is Not Permitted

Staff must avoid or must not use:

- kissing;
- tickling;
- play fighting;
- wrestling;

- sitting pupils on laps, unless exceptional and documented;
- prolonged frontal hugs;
- unnecessary physical affection;
- touching intimate areas except under agreed care, medical or emergency procedures;
- touch under clothing except under agreed care, medical or emergency procedures;
- massage unless therapeutically planned and authorised;
- secretive touch;
- touch used as punishment;
- touch used to cause pain;
- touch that continues after consent is withdrawn;
- touch that could reasonably be interpreted as sexual, coercive, punitive, grooming or personally motivated.

Appendix 4: Staff Quick Reference Guide

Before using touch, ask:

- Is it necessary?
- Is it in the pupil's best interests?
- Is there a less intrusive option?
- Has the pupil consented?
- Is it appropriate for this pupil?
- Is it professional and transparent?
- Would I be comfortable explaining it?
- Does it need recording?

Remember:

Touch must be safe, purposeful, proportionate, consent-aware, individualised and professionally boundaried.

When unsure:

Pause, use a less intrusive strategy, and seek advice.

Appendix 5: Parent and Carer Information Summary

Odyssey House School is a therapeutic education setting. Safe relationships are central to our work. Sometimes, carefully considered positive touch may support a pupil's safety, communication, emotional regulation, sensory needs, dignity or access to learning.

Examples might include a high five, a reassuring hand on the shoulder, support during first aid, physical guidance to prevent injury, or sensory input recommended by an Occupational Therapist.

Staff are trained to consider consent, dignity, safeguarding, individual needs and professional boundaries.

Positive touch should never be used for adult emotional need, punishment, secrecy or control.

Where touch forms a planned part of a pupil's support, this will be included in relevant plans and discussed with parents or carers where appropriate.

Parents and carers should speak to the Headteacher, DSL, Therapy Lead or Clinical Director if they have any questions or concerns about this policy.

Appendix 6: Pupil-Friendly Summary

At Odyssey, adults are here to help you feel safe.

Sometimes an adult might offer a high five, help you move away from danger, support you if you are hurt, or help you calm down.

Adults should ask before touching you when they can.

You can say:

- "No."
- "Stop."
- "I need space."
- "I don't like that."
- "Can you help me another way?"

Adults should listen.

If you are worried about touch, you can tell:

- your trusted adult;
- your teacher;
- the Headteacher;
- the DSL;
- any adult in school.

Your body belongs to you. Your voice matters.