



Alison Smith Counselling and Play Therapy Safe Touch Policy

7 September 2026 – to be reviewed 7 September 2027

Introduction

The term physical contact is used to describe the use of touch for many purposes in numerous different contexts. This is a controversial and complex area. There have been instances where schools and counsellors have had a no touch policy and totally forbade staff from touching children. This is actually against all statutory guidance and is not tenable.

The Children Act 1989 makes it clear that the paramount consideration in any decision should be in the best interest of the child concerned. Paramount in this context means that it should be the first thing people think about and it takes precedence over other considerations.

Physical contact should always be about meeting the needs of the child, taking into consideration that some children like physical contact and some do not.

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.

Many children who require emotional support from counselling may have been subject to trauma or distress or may not have had a positive start in life. It is with this in mind that I will seek to respond to an individual child's developmental needs by using appropriate safe touch.

Alison Smith Counselling and Play Therapy's Safe Touch Policy takes into account the extensive neurobiological research and studies relating to attachment theory and child development that identify safe touch as a positive contribution to brain development, mental health and the development of social skills. We have adopted an informed, evidence based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning, and creating a safe therapeutic environment.

Different types of touch

There are four different types of touch and physical contact that may be used, these are:

1. Casual / informal / incidental touch

Staff use touch with pupils as part of a normal relationship, for example comforting a child, giving reassurance and congratulating. This might include high fiving a child, offering a hand to a child as we walk or if a child stumbles, 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 when 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 stroking a back or an arm, rocking gently, cuddling, hand or foot massage.

I would normally get a child's consent before initiating touch with words like 'I can see you are really distressed right now. I wonder what it is you need? How would it be for me to put my hand on your back?' I might also give a child options: 'sometimes when we feel really distressed a hug can help some people. I wonder if you would like to try that with big ted, or with me (this would be dependent on the relationship I have with the child, their personal preferences and my professional judgement in the moment).'

When a child initiates a hug, I would not refuse to hug back, and would allow a safe touch hug. If a child is very clingy and needs a lot of touch to regulate I would think about how we could work with this together – what else within the room (and outside of it) can she/he use to self-soothe. This would become part of our work together.

3. Contact/interactive Play

Contact play is used 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 child or an adult and child playing a game of building towers with their hands.

This sort of play releases the following chemicals in the brain:

- Opioids - to calm and soothe and give pleasure;
- Dopamine - to focus, be alert and concentrate;
- BDNF (Brain Derived Neurotrophic Factor) - a brain 'fertiliser' that encourages growth. Interactive play may include: throwing cushions to each other or using soft foam bats to 'fence' each other.

4. Positive handling (calming a dysregulating child) –

A child who is in a state of dysregulation and has no mechanism for self-calming or regulating their strong emotional reactions may be physically contained by staff.

I would always seek non-restraining methods of de-escalation but if these fail and the child becomes unsafe (might leave the site), in these instances I would employ the safest and gentlest means of holding a child, which is entirely designed to enable the child to feel safe and soothed and bring him or her down from an uncontrollable state of hyper arousal. Maintaining boundaries in such cases can be a vital corrective emotional experience, without which the child can be left at risk of actual physical or psychological damage.

The brain does not develop self-soothing neuronal pathways unless this safe emotional regulation has been experienced. Physical containment of a dysregulating child can be the only way to provide the reassurance necessary to restore calm. Such necessary interventions are fully in line with guidelines

set out in the Government Document 'New Guidance on the Use of Reasonable Force in School' (DfEE 1998) and in the Education Act Section 550A.

I do not work with children who are deemed a 'high flight risk' due to the close proximity of a main road. Children who are assessed as being dysregulated and prone to dysregulation where they may hit out or attempt to leave the site would be individually risk assessed and a parent or guardian would be required to stay on site in the car park.

Within my counselling practice, all attempts are made to co-regulate the child within the session and in many cases this is at the very core of our work together.