

Jack in the Box Safe

This policy represents the agreed touch in the Nursery. All Nursery Nursery have agreed this policy.



Touch Policy.

principles for Physical contact and safe staff, representing Jack in the Box

At Jack in the Box, we aim to provide the highest quality education and care for all our children. We provide a warm welcome to each individual child and family and offer a caring environment where all children can learn and develop to become curious independent learners within their play.

Please read this policy in conjunction with our Data Protection policy for the information collected by Jack in the Box, the professionals this information may be shared with and the retention periods this data is held for. (Please read this policy in conjunction with our positive behaviour policy, Safeguarding policy, and biting policy)

In our setting we recognise that forming close relationships with children in their early years is essential to enable children to develop and grow as confident individuals with a real understanding of social responsibility and self-esteem. We acknowledge that touch and physical contact is a necessary and desirable part of the development, emotional wellbeing, care, and education of all young children. We see touch as an everyday act of communication by physical means and this policy demonstrates what that might look like.

At Jack in the Box, our policy on touch and physical contact has been developed with due consideration and based on and around the positive impact of touch. Our key aim is to facilitate a safe and happy setting where children and staff alike enjoy coming to nursery and experience positive relationships with all whom they come into contact with. These positive relational experiences are fundamental to our positive ethos and this policy fully supports this.

Staff working with young people receive training to ensure that every young person is given an inclusive opportunity to develop socially, to learn and to enjoy community life. At Jack in the Box, we take necessary steps throughout our philosophy, policy and practice and avoid the need for complaints. All disputes which arise will be dealt with according to our complaints Policy.

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.

What is the first sense that develops in the womb?

The sense of touch.

What is the first language a baby understands after being born?

Touch and crying.

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 Jack in the Box, 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 who are unable to control their anti-social behaviour or unable to appreciate danger have a right to be protected; as do other children using the nursery, and all staff exercise a duty of care. (See Intimate Care Policy, Positive Behaviour Policy, Safeguarding Policy, Inclusion and Equity Policy and our Biting 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 considers 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 Jack in the Box, 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 needs 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 dysregulated, staff are trained to know when and how sufficient connection and psychological interventions can be provided without touching.

Staff are trained through the Therapeutic Approach to behaviour (TAB) to physically support a child when needed. TAB trained staff are trained to understand de-escalation and preventative methods to supporting a child to self-regulate and manage their emotions and their bodies safely. When focusing on physical intervention; staff are trained in a range of graduated responses to support children. It is crucial that all involved in our nursery community understand that not all physical intervention is restrictive, restrictive intervention is only ever used as a last resort. However, 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. (See safe touch table and physical intervention techniques used to support, guide and escort children below).

We consider four different types of touch and physical contact that may be used (see safe touch examples in table below)

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 at transition times, taking a child by the hand, patting on the back, putting an arm around a child, or giving a child a cuddle. The benefit of this action is often proactive and can prevent a situation from escalating. Staff need to be aware that not all children want to be touched. This expresses the importance of getting to know children well and tuning into them, through a key-person approach.

Sensory processing issues may affect how a child feels about being hugged or the kind of hug that works best for them. Some children might find a light touch or caress very distressing and much prefer a strong hug or a squeeze. Other children may react in exactly the opposite way and can only cope with light touch. Sensory seeking and sensory avoidance may also be evidenced in the way children choose to hug others, and those who need strong bear hugs may find themselves getting into trouble for being over-enthusiastic when hugging other children. Children at both ends of the sensory-processing spectrum can be helped to modulate their sensory reactivity over time and with careful tuning into their needs and stage of development.

Staff must always bear in mind that some children's experience of touch may not always be positive, or there may be an absence of affectionate touch in their lives. This should be managed carefully, following the child's lead, and tuning into what feels safe for them. Over time it is possible to address this and build up their confidence, staff must seek guidance if a child's anxiety around touch is a cause for concern and follow the settings safeguarding procedures. (See safeguarding policy)

2. General Reparative Touch

This is used by staff working with children who are having difficulties regulating their emotions. Healthy emotional development requires safe touch as a means of calming, soothing and containing distress for a frightened, angry, anxious, 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 sitting on an adult's lap with face to face always being avoided and where possible within sight of other colleagues. This will be age and stage appropriate. Other examples of this type of touch include patting/ stroking a back or an arm, rocking gently, cuddling, tickling, hand or foot massage, stroking hair, or face.

3 Contact Play/ interactive play

Contact play is sometimes 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:

- 1.Opioids - to calm and soothe and give pleasure;
- 2.Dopamine - to focus, be alert and concentrate;
- 3.BDNF (Brain Derived Neurotrophic Factor) - a brain 'fertiliser' that encourages growth.

Interactive play may include: throwing cushions across to each other or using soft foam bats to 'fence' each other.

4 Positive Handling/ Physical Intervention Only used for our RED Learners and will be identified in their Individual Risk Reduction plan (Calming a Dysregulated child)

Positive Handling will only be used as a last resort in order to stop children:

- 1.causing significant injury to themselves
- 2.causing significant injury to other children/ Staff
3. significant damage to property such as breaking windows/ doors

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

Staff 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 intervention of a dysregulating child can be the only way to provide the reassurance necessary to restore calm.

During any incident of physical intervention, staff must seek as far as possible to:

- Lower the child's level of anxiety during the physical intervention by continually offering verbal reassurance and avoiding generating fear of injury in the child;
- Cause minimum level of restriction (so that pain is not caused by the result of the intervention), of movement of limbs consistent with the danger of injury (so, will not restrict the movement of the child's legs when they are on the ground unless in an enclosed space where flailing legs are likely to be injured);
- Ensure that the physical intervention does not have a negative impact on the process of breathing
- Ensure that the physical intervention does not cause a sense of violation.
- Ensure at least one other member of staff is present wherever possible.

Steps to Take Before Positive Handling/physical intervention

Physical intervention should only be used when all other TAB approaches, dialogue and diversion have failed to de-escalate the behaviour.

- Applying the nurseries positive behaviour policy
- Conversation, distraction, coaxing skills, gentle persuasion, or redirection to other activities (e.g. touching the child's arm and leading him / her away from danger, gently stroking the child's shoulder) (When all strategies from the child's individual risk reduction plan have been exhausted)
- Put distance between the child and others - move others to a safer place;
- Calmly remove anything that could be used as a weapon, including objects, furniture;
- Use seclusion only if necessary for a short period while waiting for help, preferably where a member of staff can observe the child;
- Keep talking calmly to the child, explain what is happening and why, how it can stop, and what will happen next;

The overriding principle relating to positive handling/ physical intervention is that the **best interests of the child** take precedence over every other consideration. Therefore, when positive handling/ physical intervention is considered, it is regarded as a last resort and should only be used in exceptional circumstances (see child's individual Risk Reduction Plan). In an emergency, for example if a child were at immediate risk of significant harm, or about to inflict serious 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 child, or which is primarily intended to cause pain or humiliation. Positive handling/ Physical interventions should only be used when all other TAB approaches, dialogue and diversion have failed to de-escalate the behaviour and should always be the minimum contact needed to ensure safety, taking into account the age and size of the child and their individual Risk Reduction Plan. The decision to use positive handling/ physical interventions must take account of the immediate circumstances of the situation, coupled with prior knowledge of the child, and be based upon an assessment of the risk. All staff need to follow set guidelines on the positive handling of children (See settings Therapeutic Approaches to Behaviour Culture and Ethos- Therapeutic Action Plan and child's Individual Risk Reduction Plan). (See safe touch- physical intervention table and techniques used to support, guide and escort below).

Physical Intervention

We believe that all of our children, staff, and visitors need to be safe and to know that the staff around them are able to support children safely and confidently. Only for a very small minority of children will the use of physical intervention be needed (Red learners). There are occasions when staff will have cause to have physical contact with a child for a variety of reasons. For example;

- To comfort a child in distress/ dysregulated
- To reinforce praise
- To direct a child
- For activity reasons (personal care, physical activity)
- Adverting immediate danger of a person or injury to any other person (including the child or to support a child's behaviour if absolutely necessary)

On such occasions, acceptable forms of intervention are used.

Techniques used to support, guide, and escort.

Open Mitten

- Fingers together
- Thumb away from fingers
- Palms parallel to floor
- The hand should remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising consistent with poor practice.



Closed Mitten



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- Flat hand
- Fingers and thumbs together
- The hand should remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising consistent with poor practice.

Supportive Hug- To communicate comfort or reward

- Hip in
- Head away
- Sideways stance
- Closed mittens on each shoulder
- Communicate intention
- Use de-escalation script if needed (see positive behaviour policy)



Supportive Arm

- Hip in
- Head away
- Sideways stance
- Near side closed mitten on shoulder or above elbow (penguin shape)
- Far side closed mitten above the elbow (penguin shape)
- Communicate intention

Open Mitten Guide

- Open mitten hand placed on arm above the elbow
- 'Penguin' not 'Octopus'
- Palm parallel to the floor
- Staff positioned behind with extended arm
- Communicate intention
- Use de-escalation script if needed (see positive behaviour policy)

Open Mitten Escort

- Hip in
- Head away
- Open mitten hands above the elbows
- 'Penguin' not 'Octopus'
- Arm resting across the shoulders
- Communicate intention
- Move assertively (prevent kicking/dropping)

Procedures are in place for supporting and debriefing children and staff after every incident of restrictive physical intervention, as it is essential to safeguard the emotional well-being of all involved at these times. Every interaction is a well-being intervention.

Recording and reporting

A detailed written statement recording an occurrence of positive handling/ physical interventions will be made as soon as possible after the incident in the behaviour file and must include:

- What took place, to and by whom, its severity and how long it lasted;
- What effects there were and to whom;
- Circumstances leading up to the incident (who was involved, time of day and where it occurred, what activities were taking place etc);
- Actions that were taken by staff to avoid intervention;
- Details of other children or staff who were present at the time.

In all situations where physical interventions between staff and a child takes place, staff must consider the child's age and level of understanding, the child's individual characteristics, health and history, and the location where contact takes place. Records are kept in the behaviour file of any occasion where physical intervention is used, and parents and or carers are informed on the same day or within 24 hours. According to the nature of the incident, it may be noted in other records, such as the accident/ incident file or the child's individual record. A copy of the written statement will be passed on to the child's parents / carers and a copy kept in the behaviour file.

Planning and Risk Assessment

After an emergency positive handling/ physical intervention, the situation is reviewed, and individual risk reduction plans are adapted if needed. Individual risk reduction plans are reviewed every half term for their effectiveness.

How the brain is programmed

As human beings, we are socialised, programmed, and conditioned through our sensory systems. Our brain is 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 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. Through relational experiences and the environment, we create, we can change the way the brain of a child (and indeed that of each other) develops.

The essential need for appropriate touch

We define the appropriate use of touch in situations in which abstinence would be inhumane, unkind, and potentially psychologically or neuro-biologically damaging. 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 becomes impaired. In extreme cases, this lack of touch causes listlessness and depression. 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/ dysregulating (See safe touch table below). We have a clear understanding that not to reach out to the child in such circumstances could be re-traumatising and neuro-biologically damaging.

Supporting a dysregulated child

Failing to physically soothe a child when in the face of intense grief, upset or dysregulating can lead to a state of hyper-arousal in which toxic levels of stress chemicals are released in the body and brain. 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. Children need to feel safe and soothed and to bring him or her back to a regulated state.

Touch as part of our daily routine (see safe touch table below)

Jack in the box staff initiate and respond warmly to appropriate touch from all children and indeed each other. Each morning the children are greeted into the nursery, this could be with a 'good morning,' with a hug if needed, a hand on the shoulder, hand holding or a 'high five.' This creates the nurturing, warm, caring environment that is enabling for our children. 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.

Emotions

We experience our feelings in the body, this 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. This 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 and self-regulate. At the heart of good social and emotional development lies an effective therapeutic approach to behaviour. 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 effective self-regulation to behave in a pro-social way, daily life can pose challenging. Small upsets can trigger intense feelings of anxiety or anger. Feelings of happiness and contentment remain a distant memory and children, 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. 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, flight, 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 Jack in the box feel it is important to understand how they can best support children to develop good self-regulation systems and how to do this. (See positive behaviour policy)

Understanding some of the most important chemicals produced in 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 setting and enjoy friendships with peers and caring acceptance from adults, this will all support well-being. To facilitate this, all children will have a named Key Person who has regular contact with your child and will develop a genuine bond and offer a settled close relationship. All staff are suitable to fulfil the requirements of this role, and all hold enhanced criminal record checks before having any unsupervised personal care.

Joy:

Feeling joyful is a state of high arousal that involves feeling intensely alive and alert with masses of energy to do what is desired. Such feelings of joy result from optimal levels of **dopamine** and **opioids** in the brain, and optimal levels of **adrenaline** in the body. The capacity to bear intense states of joy and excitement requires an effective self-regulation system, as without it, both brain and body can become uncomfortably over-aroused. We are aware that children will often need help to calm their systems down after they have experienced intense excitement and joy.

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 (internalising). 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. At Jack in the box, staff will identify children who need additional support in the self-regulation process.

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 has the reverse effect. It is crucial that our curriculum is 'worth behaving for' is stimulating and encourages curiosity and engages the children.

Stress:

There are several 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. 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' we mean touch that is not invasive, humiliating. We agree that 'appropriate' places to touch are 'shoulders, arms and back. Staff will invite children to sit closely and occasionally on their lap (upper thighs). Where possible staff will aim to turn to the side when holding a child therefore avoiding full frontal touch, this will ensure that these holds are not misinterpreted. 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 subject to disciplinary action.

The positive use of touch is a normal part of human interaction and the developmental age, emotional and communication needs of the individual child are recognised as being far more important than actual age. We understand that our younger children may need more physical contact than the older preschool children and our day-to-day practice will be reflective of that.

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Although we believe that physical contact is central to warm, personal relationships and to the good quality care of young children, we also believe that good quality practice encompasses a full understanding of child protection, and this is reflected in our policy and practice.

At Jack in the Box, we are aware of the need for clear boundaries for physical contact in order to protect everyone involved.

Instances which would involve physical contact include Safe Touch and unsafe touch Jack in the box uses these examples below

Physical intervention	Does Jack in the box do this? (Y) Yes (N) No	When do we do this?	Why we do this
A side hug (one arm around the child, with the child leaning against your hip)	Y	-If a child has sustained an injury/ had an accident and cannot self-soothe with verbal encouragement -If a child cannot settle after transition away from parent/ carer. (Occasionally when separating a child from a parent/carer it is necessary to physically remove/transfer the child to a member of staff, with the parent/carers consent). -If a child requests a hug -If sharing a story and the child request a hug - A sensory overload	-To help your child feel safe and happy. -To provide comfort -To help your child feel calm following an upsetting incident (co-regulation) -To help your child return to their activity in a faster way -For reassurance with a familiar adult
Sitting on adult's lap for a cuddle We do not prolong this, and as soon as the child has calmed, we encourage them to play or transfer them to a chair next to us. We avoid front-on hugs, particularly when the adult is standing; if the child persists in attempting front	Y	-If a child has sustained an injury and cannot self-soothe with verbal encouragement -If a child cannot settle after transition away from parent/ carer. (Occasionally when separating a child from a parent/carer it is necessary to physically remove/transfer the child to a member of staff, with the parent/carers consent). -If a child requests a hug -If sharing a story and the child request a hug - A sensory overload	-To help your child feel safe and happy. -To provide comfort -To help your child feel calm following an upsetting incident (co-regulation) -To help your child return to their activity in a faster way -For reassurance with a familiar adult

hugging, rather than side-hugs, the adult must crouch to be on the same level as the child			
Changing a nappy	Y	-If a child has soiled nappy - Our changing area is within the toilets and all staff are informed if a child is going to be changed. -Adults changing the nappy ensures they are in view of the room. -Appropriate touch is used to clean the nappy area and apply cream if necessary.	- To ensure intimate care needs are carried out (see intermate care policy)
Supporting children who are learning to use the toilet.	Y	-It may be necessary to lift and support a child on the toilet. -Younger children may need their bottoms wiped, although older children will be encouraged to do this themselves.	- To ensure intimate care needs are carried out (see intermate care policy)
Changing children's clothing	Y	-There are occasions when a child may need their clothing changed. This may be due to messy play, toileting accidents or spillages. -The adult will inform other members of staff that they are changing the child. -It may be necessary to wipe the child with a baby wipe, but this will always be done in an appropriate manner. -The change will be recorded on our daily information sheet/board.	- To ensure intimate care needs are carried out (see intermate care policy)
Helping with coats, dressing up clothes, adjusting clothing	Y	-We may need to tuck a child's t shirt in, pull up their tights/trousers, help with dressing up clothes etc. This is always done in a quick and appropriate manner. -During play	-To support play and development
Holding hands	Y	-Child may want to hold an adult's hand. This may be for	-To help your child feel safe and happy. -To provide comfort

		reassurance or to lead the adult to an activity. -We may hold a child's hand to guide them to the snack table or to take them to change their nappy. -Hand holding would never be used as a method of control. We use a flat hand approach to handholding with a thumb tucked over the hand; this means that the child is holding us rather than us holding the child. This method, whilst giving the feeling of support and comfort, means that if a child or adult trips, or falls, the hand is immediately freed and thus does not 'pull' or injure any limbs or joints of either the child or adult.	-To help your child feel calm following an upsetting incident (co-regulation) -To help your child return to their activity in a faster way -For reassurance with a familiar adult -To guide - Communication
Physical play	Y	-Sometimes it is appropriate to touch a child whilst they play. -This may be to assist them on the climbing frame, to support them on balance beams, helping them to walk on stilts etc. -Any contact will be on the child's terms and with their willing participation. -Chasing game -Co-operative play such as building together/ imaginative play	-To support play and development
Cuddle/ Gentle squeeze	Y	-If a child has sustained an injury/ had an accident and cannot self-soothe with verbal encouragement -If a child cannot settle after transition away from parent/ carer. (Occasionally when separating a child from a parent/carers it is necessary to physically remove/transfer the child to a member of staff, with the parent/carers consent). -If a child requests a hug	-To help your child feel safe and happy. -To provide comfort -To help your child feel calm following an upsetting incident (co-regulation) -To help your child return to their activity in a faster way -For reassurance with a familiar adult

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		-If sharing a story and the child request a hug - A sensory overload (Processing)	
Wiping noses	Y	-When child has a cold, runny nose (children are encouraged to do this independently if developmentally appropriate)	- To ensure intimate care needs are carried out (see intermate care policy)
Tickling	Y N -If expressing discomfort like wrinkling of nose, raising the upper lip and grimacing -Making a protest like 'No' or 'Stop' -Yelling or shrieking angrily if pre-verbal -Crying	-During play -Asking permission first -Distraction -To settle after an accident if appropriate - To help your child feel safe and happy.	- To help feelings of happiness -As part of play -Distraction
Stroking of hair, back, face	Y	- To settle after an accident if appropriate -If a child has sustained an injury/ had an accident and cannot self-soothe with verbal encouragement -If a child cannot settle after transition away from parent/ carer. -To help your child return to their activity in a faster way -For reassurance with a familiar adult -During play	-To help your child feel safe and happy. -To provide comfort -To help your child feel calm following an upsetting incident (co-regulation) -To help your child return to their activity in a faster way -For reassurance with a familiar adult -Soothe -Distraction
Gentle rocking	Y	- To settle after an accident if appropriate -If a child has sustained an injury/ had an accident and cannot self-soothe with verbal encouragement -If a child cannot settle after transition away from parent/ carer. -During play	-To help your child feel safe and happy. -To provide comfort -To help your child feel calm following an upsetting incident (co-regulation) -To help your child return to their activity in a faster way

			-For reassurance with a familiar adult -Soothe -Distraction
Hand/ foot massage	Y	- To settle after an accident if appropriate -If a child has sustained an injury/ had an accident and cannot self-soothe with verbal encouragement -If a child cannot settle after transition away from parent/ carer. -To provide comfort -To help your child feel calm following an upsetting incident (co-regulation) -To help your child return to their activity in a faster way -For reassurance with a familiar adult	-To help your child feel safe and happy. -To provide comfort -To help your child feel calm following an upsetting incident (co-regulation) -To help your child return to their activity in a faster way -For reassurance with a familiar adult -Soothe -Distraction
Lifting and Carrying (this would not be prolonged, and the adult would sit down if child still needed support. Children are not carried within the nursery unless it is a SEND need	Y	-Off of climbing equipment -Moving or transferring from parent/ carer -After an accident and it is safe to do so -For the child's safety	-For support -For reassurance -For safety - To help your child feel safe and happy. -To provide comfort -To help your child feel calm following an upsetting incident (co-regulation)
Steering guiding or escorting a child	Y	-To an activity (climbing/ balancing) -For intermate care needs -Away from harm -To experience other areas -After an accident	- To encourage the child in a certain direction -For support -To engage in an activity - To help your child feel calm following an upsetting incident (co-regulation) -To administer first Aid
Hitting/ smacking	N	No form of physical corporal punishment would ever be used in the nursery	Never

Jack in the Box Safe Touch Policy

Kicking	N	No form of physical corporal punishment would ever be used in the nursery	Never
Physical restraint using objects such as belts/ rains/ clothing/ fabrics to restrict movement	N	No physical restraint would be used in the nursery	Never
Dragging a child from a confined space	N	No form of Physical pulling or dragging would be used in the nursery	Never
Holding a child, lying on their chest, or back/ pushing on their chest, neck, stomach	N	No physical restraint would be used in the nursery	Never
Extending or flexing of joints (pulling and tugging)	N	No form of Physical pulling or dragging would be used in the nursery	Never

Some children with special educational needs or disabilities or have limited communication skills will use touch as a form of communication. They might pull an adult by the hand to make a request. Children may initiate an interaction with an adult by touch and adults will respond to this communication. Children with sensory needs may use touch as a form of self-regulating their emotions. Adults will respond appropriately in line with our safeguarding policy and positive behaviour policy.

As a setting we acknowledge the close emotional relationship that will develop between the child and the Key Person, however we will ensure that this does not undermine the child's attachment with their parent.

Parents/carers are made aware of this policy when they register their child with us and are given the opportunity to discuss any queries they may have regarding its content. Where staff are acting in the best interest of the child, they will be supported by the nursery.

This policy was adopted by Jack in the Box September 2024

Manager's signature.....

Staff Signatures: