



DURANTS SCHOOL – POLICY DOCUMENT

Touch Policy

October 2019

Reviewed & updated: October 2019 (Jo White)

Next review date: October 2022

Rationale:

Touch is essential in order to provide sensitive and good quality care for the children and young people we support. Used in context and with empathy, touch supports the development of our natural interactions with the children and young people we care for.

Staff often have concerns and fears about the use of touch for various reasons. This policy sets out to clarify the reasons and conditions for touch.

The policy relates to The Children Act (2004).

Purposes:

Touch is important and may be used routinely for any of the following reasons:-

For **communication** – to reinforce other communication (e.g. hand on shoulder when speaking) or to function as the main form of communication in itself. To respond non-verbally or to respond to another person's own use of physical contact for communication and to make social connections. This is particularly likely to occur during intensive interaction* or day to day greetings (handshakes, etc.)

For **educational reasons** as part of the process of establishing the fundamentals of communication* for people at early communication levels. To direct children in educational tasks and essential skills.

As support or guidance, for example during transitions between activities and during swimming or P.E. sessions.

To **play**. Play activities naturally include touch. People of any age who are at early levels of development are likely to be quite tactile and physical.

For **therapy** – (e.g. massage, sensory stimulation, rebound therapy etc.) either by the therapist or by another member of staff carrying out a therapy programme or following therapy advice.

For **emotional reasons** – to communicate affection and warmth. To give reassurance, to communicate security and comfort.

To enable the person to develop understanding of these positive emotions and the ability to communicate them.

For the **purposes of care**. Touch is necessary in order to carry out personal care for some of the people we support.

To **give medical and nursing care**.

To **give physical support** in order to **guide** people between places, rooms or activities.

To **protect** children and young people from danger by physically intervening and managing challenging behaviours, following the recognised guidelines and policies of the school. (see policies on Behaviour Management and the individual's Behaviour Management Guidelines)

Guidelines:

Staff need to be clear and open about why they are using touch and be able to explain their practice.

There must be clarity and transparency in issues of touch. Wherever possible, a description and rationale for physical contact and the details of it should be documented in the young person's care plan following discussion with parents and other relevant people.

The use of touch should be discussed openly and regularly between staff.

People of any age can want and need physical support / touch. Staff are often concerned about the issue of age-appropriateness. However, **the developmental age, emotional and communication needs of the individual are far more important than actual age.**

While gender and cultural factors have relevance in issues of touch, the emotional and communication needs of the individual are due equal consideration.

As far as possible, the young person involved should consent to any touch given and staff should be sensitive to any verbal and non-verbal communication they give that might indicate that they don't want to be touched. It should always be considered by staff that for touch to provide positive experiences it should be consensual.

Staff should be sensitive to any changes in the young person's behaviour (e.g. over-excitement or negative reactions) that might indicate the need to reduce or withdraw touch, particularly during play or Intensive Interaction. Significant changes in behaviour should be clearly recorded.

The people we support should be given opportunities to touch each other while interacting and playing as would happen naturally for any child or young person. Attention should always be given to ensure that both parties are happy with this.

Staff must be aware of potential hazards in respect of sexual issues:

- staff must be sensitive to the danger of touch being misunderstood and triggering sexual arousal and must be alert to all feedback signals from the person they are working with
- the young people we support may occasionally inadvertently touch intimate parts of a member of staff's body when there is no sexual intent or understanding. The member of staff should withdraw without giving significant negative feedback in this situation and the incident should be recorded.
- staff should avoid hugging the young people front on, instead they should approach them side on.
- staff should avoid kissing the young people.

It is *never* appropriate for staff to touch a young person's intimate body areas except as part of intimate or medical care and there should always be two members of staff to support a young person during such care (Staff should not be alone while changing pads).

If staff are in any doubt about issues concerning appropriate touch, or observe any practice that causes concern, they should discuss this with the designated named staff (**Rachel Carli, Daniela Barzanti and Jackie Burke**).

Staff should be aware that there have been many instances of abuse perpetrated in residential care establishments. The best method of prevention is transparency, openness and teamwork, and staff should try to monitor and assist each other in carrying out their work.

Conclusion:

Touch is necessary and desirable as part of the development, emotional well being, care, education and quality of life of the people we support.

This policy outlines when this may be needed and gives staff the direction and security for this to occur positively and productively, while still protecting the people in our care.

***APPENDIX**

*** Intensive Interaction**

Intensive Interaction focuses on communication for people who are still basically at pre-speech levels of ability and performance. It is an approach to teaching that is based on the model of caregiver-infant interaction and is characterised by regular, frequent interactions between carer and the person with severe learning difficulties. It develops the ‘fundamentals of communication’.

*** Fundamentals of Communication**

- enjoying being with another person
- being able to attend to that person
- concentration and attention span
- carrying out sequences of activity with the other person
- taking turns in exchanges of behaviour
- sharing personal space
- using and understanding eye contacts
- using and understanding facial expressions
- using and understanding physical contacts
- using and understanding non-verbal communication
- using vocalisations with meaning
- learning to regulate and control arousal levels