



Touch / Physical Contact policy

Introduction

Touch and physical contact is essential in order to provide sensitive, high quality care and educational provision.

Used in context and with empathy, touch supports the development of natural interactions with the young people we teach and care for.

This policy sets out the reasons for physical contact between an adult and young person and is based on the Intensive Interaction model policy (developed by Dave Hewitt)

The policy should be read in conjunction with the schools:

- Intimate Care policy;
- Safeguarding policy,
- Child Protection policy,
- Health & Safety policy
- Moving and handling policy.

Purpose of touch and physical contact at Greenside School

Touch and physical contact may be used for:

Communication

- Placing a hand on someone's shoulder when speaking to them,
- Greet someone (shaking hands).
- Supporting early communication (e.g. sensitively directing, guiding, supporting children in an educational task)

Learning

- To assist, prompt and enable interactions with peers and staff.
- To support engagement with resources and classroom activities.
- Dance
- PE
- Climbing
- Using the trampoline
- Intensive interaction

Transitions

- Offering a hand to guide, prompt a learner during changes between activities.

Play

- Many aspects of play activities naturally involve touch.

Therapy

- Massage,
- Sensory stimulation,
- Physiotherapy,
- Rebound therapy,
- Drama therapy
- Intensive Interaction

Emotional reasons

- To communicate affection and warmth.
- To give reassurance.
- Reduce risk of harm
- Protect children and young people from danger by physically intervening
(see *Restrictive Physical Intervention (RPI) and Behaviour Support policy*)

Intimate care:

- To give medical and nursing care.
- Support a learner to access the toilet
- To ensure that each learner feels clean and fresh.
- Assist learners after they have used the toilet to ensure that their bottom is clean
(*this will often form part of their IEP*).
- Assist learners manage their menstruation (*this will often form part of their IEP*).

Early Years and Foundation Stage (EYFS) at Greenside

Learners within the Early Years and Foundation Stage are by definition much younger than learners elsewhere in school. Children can be as young as two years of age when starting school, and have impaired development of emotional and physical skills and abilities. Learners are encouraged to develop meaningful relationships with members of staff that they work with on a daily basis. This often involves physical contact.

Many statements from the Personal, Social and Emotional Development (PSED) area of the EYFS documentation explain how very young learners would need consistent physical contact and reassurance from a familiar adult, especially at Stage 1 (0-11months) and Stage 2 (8-20 months). This can include cuddles, being held and snuggling in to familiar adults.

At Greenside School, within the EYFS we would suggest that as far as possible appropriate physical contact would be in clear view and with other adults present wherever possible.

It would be linked to the age and stage of the individual child and would always track back to the pupil's individual EYFS Profile documentation. If a learner is working on aspects of physical contact it should always be noted and have relevant evidence documented in the pupil's Learning Journal.

Guidelines for staff

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 Access to Learning Plan (ALP) 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 and touch.

Staff may be concerned about the issue of age-appropriateness. However, the developmental age and 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. overexcitement 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.
- It is *never* appropriate for staff to touch a young person's intimate body areas except as part of intimate or medical care.
- It is not appropriate for staff to kiss learners.

If staff are in any doubt about issues concerning appropriate touch or observe any practice that causes concern they should discuss this with the Lead Person for Child Protection.

Review and monitoring of the policy

The Touch / Physical Contact policy is reviewed every 3 years. Each member of the SLT is trained as a Designated Senior Person (DSP) and monitors the implementation of the Intimate Care policy.