



# Touch Policy



## Introduction.

Ysgol Maes y Coed caters for the needs of pupils with Profound and Multiple Learning Difficulties and Complex Needs, between the ages of 2 and 19.

The school also caters for the needs of pupils on the Autistic Spectrum who have Profound Learning Difficulties. At Ysgol Maes y Coed we aim to provide an environment where every child is valued as an individual and where each child's self esteem is enriched and strengthened.

Many pupils of Ysgol Maes y Coed are unable to communicate verbally and even of those who can, they may rely more heavily than other children on physical contact, gesture or signing as supports to communication. Staff in such situations will need to deploy techniques which will meet the particular needs of individual children. Intensive interaction is one of these techniques and relies heavily on the use of touch.

## 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.

Pupils that have difficulties with appropriate touch, for example are heavy handed or physically challenging, need experiences of positive touch in order to adapt their behaviour. Appropriate touch cannot be experienced, understood and reciprocated when touch is withdrawn.

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 outcomes framework in Every Child Matters (2003) and 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. In addition, to respond non-verbally or, 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 (hand shakes, hugs etc.).



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For **educational reasons**: as part of the process of establishing the fundamentals of communication\* for people at early communication levels, and 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 (see specific P.E. behaviour management guidelines).

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, physiotherapy, rebound therapy etc.) provided 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 and to communicate security and comfort. To enable the person to develop understanding of these positive emotions and the ability to communicate them (see Person Centred Care Plan - PCP).

For the **purposes of care**: touch is necessary in order to carry out personal care for many of the people we support (see Policy on Intimate Care).

To **give medical and nursing care**.

To **give physical support**: to people who have physical difficulties (e.g. transfers in and out of wheelchairs) and in order to **guide** people between places, rooms or activities (see Moving & Handling Policy).

To **protect** children and young people from danger by physically intervening and managing challenging behaviours including the use of restraint, while following the recognised guidelines and policies of the II School (see policies on Challenging Behaviour and Safeguarding Children and the individual's Behaviour Management Guidelines).

## Guidelines:

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



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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 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.

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 (see PCP for further information).

It is *never* appropriate for staff to touch a young person's intimate body areas except as part of intimate or medical care (see policy on Intimate Care).

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. ( see policy on Child Protection)

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.



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## **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

### **\* How the DLC policy on Touch relates to the outcomes framework in Every Child Matters**

#### Be Healthy

- o Therapeutic involvement with the young people
- o Emotional reasons
- o Medical and nursing care
- o Quality care plans identified with the carers and the placing authorities
- o Appropriate staff training on all the above



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## Stay Safe

- o Clear policy and procedures on touch
- o Quality care plans identified with the carers and the placing authority
- o Professional on-site medical care
- o Appropriately identified training for all staff who administer medication
- o Clearly identified Child Safeguarding training for all relevant staff including identified managers at all levels.

## Enjoy and Achieve

- o Positive reinforcement of touch in both physical and communicative skills for young people
- o Clearly identified appropriate play that includes positive touch
- o Openness and transparency on the issue of touch that gives a positive response to and from the young people in our care

## Make a positive contribution

- o Positive reaction from our young people in managing difficult situations when touch is required
- o Assist the young people to manage change in a positive way, by touch, as they develop physically and mentally

## Achieve Economic Well Being

- o An awareness by all concerned of the financial stress on the young person and their families in supplying trained staff using touch as an everyday feature for support, communication and connectivity

## **Supporting Materials relating to the use of touch**

- Field T., (2001) Touch. Cambridge. MA:MIT.
- Hewett, D., (2007) 'Do touch: physical contact and people who have severe, profound and multiple learning difficulties' Support for Learning, 22(3),pp.116-123.
- McCracken, E., Carr, H., Ellins, J., Gleave, G., Hough, Z., Jupp, Z., Rigby, S. & Taverner, S. (2009) 'Outline Touch Guidelines from A residential School'.
- Montague, A., (1986) Touching: The Human significance of the skin. New York, Harper & Rowe.
- Nind, M + Hewett, D., (2001) The Practical Guide to Intensive Interaction. Kidderminster: British Institute of Learning Disabilities.
- Every Child Matters, (2003) DFE



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- Children's Act 2004, [legislation.gov.uk](http://legislation.gov.uk)

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