



Arbour Vale School Specialist Sports College

Safe Touch Policy

**September 2017
(Review September 2018)**

1. INTRODUCTION AND BACKGROUND

In recent years a wide variety of issues have influenced the approach to touch and intimate personal care in school settings (such as child protection concerns and experience/fear of allegations). As a result establishments have adopted a wide variety of approaches from openly 'hands on' to completely 'hands off'. Clearly, the avoidance of individual or non-professionally approved approaches to this subject by members of staff offers the safest outcomes for both staff and pupils. Therefore it is essential our staff are given and follow guidance on appropriate touch.

2. WHY TOUCH IS AN IMPORTANT CONSIDERATION FOR OUR SCHOOL

At Arbour Vale School we believe touch is a very important part of our work with all our pupils given the wide range of children who have Autistic Spectrum Disorders (ASDs), Attention Deficit Hyperactivity Disorders (ADHDs) and those with a range of other physical, sensory and communication needs. The importance of touch should not be underestimated as it can:

- Demonstrate affection
- Show acceptance
- Emphasise the spoken word
- Provide reassurance
- Offer an alternative to spoken communication
- Allow children to access the curriculum
- Offer support after injury/seizure/other medical incident.
- Aid protection in hazardous circumstances.
- Reward and affirm
- Lead a child into play and activity.
- Provide personal care.

In addition to this:

- Inappropriate responses to touch cannot be combated by not touching.
- For people who are at an early level of development touch is likely to be the most fundamental, tangible, foundational form of communication.
- Good experiences of positive touch may make the recognition of negative inappropriate touch more likely.
- Some pupils need to experience the 'tempo' of life through examples of physical state (e.g. experiencing calm, excitement etc through physical touch and modelling)

However staff should feel confident and pupils should feel secure with all forms of appropriate safe touch. Staff must always be particularly sensitive to pupils who are demonstrating that they are not comfortable with touch even if it appears to be appropriate to the member of staff. This will be a major factor in avoiding any misunderstandings about experiences of touch. E.g. a child who moves away, when being comforted after a fall must be allowed his space. Staff should bear in mind the following things:

Physical contact could

- Contribute towards sexual arousal
- May be inappropriate dependent upon a child's personal history (e.g. children who have suffered abuse)
- Cause distress with children with certain special needs (e.g. Autism)
- Be wrong for the member of staff carrying it out (at all times, with a certain pupil or on a certain day or as a result of an incident that has taken place)
- Mean that the pupil's touch is presently too extreme for the comfort of the member of staff.

Both staff and pupils are equally important partners in the process and use of touch

3. WHAT WE NEED TO CONSIDER

Given that touch is not the same for everyone and that we all have different experiences of positive and negative touch, we need to consider three main issues to ensure that any use of touch or experience of intimate personal care is appropriate and safe:

WHO – It is vital for a member of staff to think about what they represent to a particular child. Personal likes and dislikes will play a part in any relationship but we must ensure that all such contacts are based on what is appropriate. Staff should also consider the power influences involved in relationships such as gender, race, disability, age, sexual identity and role status. E.g. older pupils are less likely to need close supervision for personal care, or gender difference may make individuals feel uncomfortable. A child's history may also influence who represents a 'safe' adult to them.

Additionally some children may be used to experiencing different levels or types of touch as part of their cultural upbringing. Touch would be expected to differ between the different areas of the school, especially in preparing children to be socially able adults.

WHERE – The intended message behind touch can be hindered by where it takes place. The same action in a lounge full of people could have a different message in a car or a child's bedroom. Staff should always ensure that any form of touch is an open act and that other staff are aware of the circumstances, such as where you are and who you are with. Staff must always consider very carefully what constitutes intimate parts of the body for children. A child may still be developing a sense of what is intimate and less intimate, particularly if they have experienced damaging or inappropriate behaviour from other people or if they have limited social understanding. Generally touching an arm, shoulder or hand is more appropriate and feels less intimate than a child's legs or torso. Staff should always encourage children to say when they feel uncomfortable in any area of life; this is especially important in the area of touch and personal care.

WHEN – The context or environment in which touch takes place between members of staff and children, is the decisive factor determining the emotional and physical safety of both parties. Staff should always be aware of where they are and who they are with. The best way to protect both yourself and the child is to ensure that all forms of touch are open to the scrutiny and observation of others. It is also important for staff to recognise the different messages which can be given in physical intervention situations. Always ensure

that other staff are present to observe/assist. Staff need to be aware that in extreme circumstances, some children may even provoke a restraint situation as a way of gaining physical contact from adults.

There will be occasions at Arbour Vale School that education, therapy, care or nursing of the pupils requires that a member of staff may spend one-to-one time alone with a pupil.

Medical needs;

- All staff undertake basic first aid training. This is updated as appropriate to recommended time scales.
- All staff participate in regular refresher courses that include Epilepsy Training including the administration of Buccal Midazolam
- Diabetes Training and Anaphylactic Shock Training are carried out according to the needs of the pupils within the class or resident at AVH. Training includes the administration of Epi pen, Anaphylactic Shock, Diabetes and blood readings

Identified members of staff are further trained as First Aiders in the school. Courses include:

- First Aid and Paediatric Care for under 8's, (3 days)
- First Aid at Work (3days)
- Defibrillator training
- If a child requires a care plan this is completed by the appropriate service in liaison with the school nurse and Deputy Head teacher. This plan will then be shared with all appropriate staff working with the pupil, parents and first aiders in the school.

Feeding:

- Some pupils, especially those with ASD may present with food avoidance difficulties. All pupils will be treated with sensitivity in this situation. They would however be exposed to a range of foods which may encourage sensory experience of food and may involve hand over hand encouragement to explore texture taste and smell.
- In some cases it may require staff to help pupils by hand over hand support to control and manipulate cutlery.
- Some pupils show allergy to certain foods and this information is shared with all staff who come into contact with that child. Training is given regarding recognition, procedure and treatment of the child should they have an allergic reaction.

Nappies

- A significant number of pupils require support in their toileting needs.
- The changing of nappies is common practice and all staff are expected to undertake this support if required to meet the appropriate needs of the child.
- Staff are trained in the changing of individual nappies and in the hygiene of this procedure.
- Nappies are to be disposed of in the designated yellow bins that are placed at appropriate sites around the school.
- Bins are then collected on a regular basis by site staff and disposed of by an external company as medical waste.

In order that time spent alone with the pupil is not misinterpreted it is important that the following criteria are observed:

- Both male and female members of staff reserve the right not to place themselves in vulnerable situations where their actions could be misinterpreted.
- Always inform another member of staff before spending time alone with a pupil.
- Document in the pupil's records or session planning sheet the time spent with a pupil and the activities involved during the one to one time alone with the pupil.
- Within AVH the pupil's care plans detail when and how staff will work individually with a pupil to support personal care routines.

Staff that may carry out one-to-one sessions on a regular basis with pupils include:

- Care Staff
- Staff using Intensive Interaction techniques
- Behaviour support staff
- Nurture sessions
- Some educational staff working on literacy and numeracy intervention
- Occupational Therapists and Physiotherapists as well as other medical professionals.
- School Nurse
- Speech Therapist

A good guideline for safeguarding the use of physical contact within school would be to;

- 1) Be knowledgeable on the purpose of using physical contact before even beginning using it through the use of discussion, reading materials and appropriate training.
- 2) Make sure all people concerned with the care of the child (parents, staff and if appropriate the child) are informed partners in the process and consent to the use of physical contact within school. All physical contact should be detailed within the PHP.
- 3) Be prepared to discuss and explain your practices.
- 4) Document and monitor the activity using school procedures (e.g. planning notes, speech therapy files and records, care plans etc.)
- 5) Have good organisational and emotional teamwork in place at school. The teamwork ethos should firstly mean that the idea of team-working comes before the idea of one-to-one contact where at all possible. Secondly there should be opportunities for good discussions amongst staff concerning the emotional aspects of the work.
- 6) There should be regular, planned use of open discussion on the use of physical contact. There should be no sense of furtiveness ('hidden' agenda). This is addressed by regular discussion with class based and school based meetings.

OTHER POINTS FOR CONSIDERATION

- Touch should never be in response to or intended to arouse sexual expectations or feelings (Department of Health Circular LAC (1993) (13)
- Play-fighting is not a substitute for appropriate affection towards children and staff need to be aware of confusing messages it may send to children and of professional and personal boundaries.

- When a pupil requires intimate personal care staff should ensure that the child is comfortable with the member of staff attending those needs. Where possible it should be a member of staff of the same sex as the child. Privacy and dignity should always be preserved in a balance with the need to be transparent in our practice.
- If a member of staff feels uncomfortable with offering a child physical comfort outward rejection should always be avoided in favour of diversion or some other such tactic where possible. If appropriate explain to the child the reason for avoiding physical contact.
- Staff should always respect the child's personal boundaries and if they feel they have touched a child in a way that was not welcome should show respect by apologising.
- Where a child presents a danger to themselves or others it will at times be necessary for staff to use a physical intervention for safety reasons. All such actions should be in accordance with Team Teach Values and training.
- Clarity is important. A child should never be in any doubt about a member of staff's intention behind a physical contact. A decisive, firm and well-planned form of open touch within an appropriate context and safe relationship is less likely to lead to any confusion or unease.

5. SUMMARY

At Arbour Vale touch is an accepted part of much of the work we do with our young people in the school and at Arbour Vale House. We acknowledge the importance of ensuring that this touch is safe, welcomed and is used to enhance the opportunities and relationships the child will have in our care. Staff engage in regular training and use of discussion, moderation and assessment of services.

This helps to build a picture of what touch is used, when and why and assists in the development of a consistent and open organisation. The use of touch at Arbour Vale School should be continually reviewed to ensure its effectiveness and manage risk.

Policy	Review	Staff
Touch Policy	Jan 15	DR / VE
External review	Jan 16	Bill Brown and DR
Review	Sep 17	AB