



# POSITIVE TOUCH POLICY

**Chair of Governors:**

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# **Positive Touch Policy**

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## **Introduction**

Touch is an essential part of our pupils' education and enables us to provide sensitive therapy and care for the young people in our school. Used in context and with empathy, touch enables us to build trusting relationships with our pupils and develop natural interactions. Touch plays an important role in helping us to promote the acquisition of key skills and provide access to a broad and balanced school curriculum. This policy outlines the need to use touch as a necessary part of our holistic curriculum, offers guidance and direction for staff and helps to protect the pupils in our care.

## **Parental and carer involvement**

All parents and carers may have access to a copy of this document on request. They are essential partners in all aspects of their child's education, therapy and care and communication is vitally important. This is enabled via home-school books, telephone conversations, Parents Evenings, Annual Review Meetings and End of Year Reports as well as any additional planning meetings, and meetings with social care and health services. Some pupils have individual manual handling plans and behaviour plans which are reviewed regularly by appropriately trained and qualified staff. Parents and carers will be consulted in this process, where appropriate, and have access to copies of all individualised programmes and plans.

The school works in partnership with the local education authority and a range of professionals to provide appropriate therapeutic and medical interagency support for our pupils. This may include:

- Physiotherapy
- Speech and Language Therapy
- Occupational Therapy
- Child and Adult Mental Health Service
- Social Workers
- Psychologists
- Paediatricians
- Community Nurses

## **The purpose of touch**

Touch is used routinely within our schools for a wide variety of reasons and functions:

- To develop communication
- To support learning
- To develop play skills
- To facilitate therapeutic activities and physical support
- To support emotional wellbeing
- To facilitate personal and intimate care
- To give medical and nursing care
- To protect the pupils and keep them safe

## **Communication**

The use of touch enables us to reinforce positive, communicative exchanges or as the main form of communication in itself. It enables us to respond non-verbally to a pupil's own use of physical contact during interactions and social contacts. These forms of contact are most likely to occur during Interaction or musical interactions, Touch Therapy, Rebound Therapy and routine, social exchanges such as giving a high five or shaking hands.

## **Learning**

Touch is an important element of teaching and learning and enables us to establish the fundamentals of communication such as enjoying being with another person and being able to attend to them or using and understanding eye contacts. It is often necessary to physically prompt during co-active, directed educational tasks and life skills activities such as learning to eat and drink. Curriculum areas such as P.E. generally require varying levels of touch, these are essential in terms of giving support and guidance.

## **Play**

Pupils who are at early stages of development are likely to engage in tactile and physical exchanges during their play. Staff respond sensitively to the individual needs of the pupils and model appropriate, physical exchanges and play skills. This is facilitated in a respectful manner, upholds the dignity of the individuals involved whilst being relevant to their developmental levels and cognitive abilities.

## **Therapeutic activities and physical support**

A variety of therapies complements and supports our pupils' learning. These are carried out by therapists or by members of the school staff facilitating the therapy programmes. Physical support may be necessary for some pupils' who have difficulties with independent mobility are not able to sit unaided or who need help transferring from their wheelchairs. The therapeutic use of touch may include: Physiotherapy, Rebound Therapy or sensory stimulation.

## **Emotional wellbeing**

Touch enables us to offer our pupils reassurance, security and comfort. In context it can be used to help them understand their emotions and feelings. Pupils who find it difficult to move around the school, or access group activities such as daily reflection and assemblies, may be offered physical support and guidance through the use of recognised low level Team Teach interventions for guiding and escorting.

## **Personal and intimate care**

Many of our pupils require support with all aspects of their personal and intimate care. This includes:

- eating and drinking
- toileting
- dressing and undressing
- wiping noses
- washing hands and faces
- teeth cleaning
- showering and hair washing

A variety of cues are used to inform the pupil about their personal and intimate care prior to any physical contact. These range from music or songs, signs and symbols or objects of reference. All intimate care is carried out with respect for the pupils' dignity.

## **Medical and nursing care**

This may involve giving first aid for minor accidents, the administration of medication, oxygen and enteral feeding (including stoma care). Other interventions may include blood tests and continence assessments. Pupils may have medical examinations carried out by paediatricians or nursing professionals with parental or carer permission. Pupils with very specialised needs will have care plans which are agreed with parents and carers.

## **Protection and personal safety**

Touch is used to support pupils during times of high anxiety which may result in episodes of challenging behaviour or for those who find it difficult to move around the school without physical support and guidance. The use of specific, positive physical interventions is agreed with parents, carers and staff and is documented within pupils' individual behaviour and intervention plans. All incidents requiring higher levels of physical interventions are recorded using the agreed school protocols.

## **Guidance for the use of touch**

Without exception staff need to be clear and open about the use of touch, how it supports the development and wellbeing of our pupils and be able to explain the rationale for its use – touch should always be undertaken in the best interest of the child, never in the interest of the adult. The use of touch should be discussed openly between staff.

There must always be clarity and transparency in all activities which involve touch. Wherever possible a description of how touch is used to facilitate learning, therapies and personal and intimate care should be documented within class planning, IEPs and IBPs, handling and health care plans.

It is very important that, as far as possible, the pupils give consent to any touch. All staff should be sensitive to any verbal or non-verbal communication from pupils indicating they do not want to be touched. It must always be considered that for touch to be positive it should be consensual.

Staff should be aware of any changes in a pupil's behaviour which may indicate the need to reduce or withdraw touch, particularly during play or Intensive Interaction sessions. All changes in behaviour in response to touch should be recorded using the systems in place, for example, IEPs, IBPs, safeguarding documentation (nagging doubts, ongoing concerns).

All pupils should be given opportunities to touch each other during interactions and whilst playing, as would happen naturally for any child, young person or adult. Staff should ensure that all involved are comfortable with this and that all physical interactions are appropriate within these contexts.

### **Staff must be aware of potential difficulties related to touch and sexual issues.**

- Staff must be sensitive to the danger of touch being misunderstood and triggering sexual arousal and must be alert to all signals from the pupil they are supporting.
- The pupils we support may inadvertently touch intimate parts of a member of staff's body when there is no sexual intent or understanding. If this occurs the member of staff should withdraw from the situation without giving negative feedback and should record the incident in detail.
- It is never appropriate for a member of staff to touch a pupil's intimate body areas except as part of agreed, intimate or medical care.
- If staff are in any doubt about issues concerning appropriate touch, or observe any practise they consider is a cause for concern they should follow the agreed protocol for safeguarding as laid down in the schools' policy.

## **Staff training**

All staff receive regular training and refreshers in positive physical interventions (Team Teach), manual handling and safeguarding. Identified staff are trained in health care competences which are specific to individual pupils.

## **Equal opportunities**

Whilst respecting that gender, cultural and disability factors have relevance in issues of touch, the emotional and communication needs of individual pupils should be given equal consideration. Pupils of any age can want and need physical support that requires touch. This raises issues of age-appropriateness and the maintenance of dignity for older pupils. However, the developmental age, emotional and communication needs of individuals are of greater importance than chronological age.

## **Health and safety**

Teachers and support staff should exercise professional judgement with regard to the range, equipment and materials used.

It is the responsibility of all staff to be aware of possible health and safety issues.

Any specific issues relating to health and safety which need immediate attention should be brought to the attention of the appropriate personnel.

Refer to Schools' Health and Safety Policy for further details.

## **Home /school links**

It is essential to establish good relationships with parents and carers. At Ysgol Bryn Derw this includes:

- Home / school diaries where appropriate
- Parents evenings
- Planning individual objectives at the pupils' Annual Review
- Multi-disciplinary work, Team Around the Child (TAC) meetings and MOVE meetings between parents, teacher, physiotherapists, speech therapists and other named agencies.

## **Governors**

The school governors ensure that they have knowledge of the policy and its implications for the school

## **Review**

The policy will be reviewed and updated by the identified member of the SLT, as part of a cycle, in consultation with the appropriate staff and then submitted to Governors for final approval.

## **Related policies**

- Safeguarding
- Behaviour
- Intimate Care

## **Related and supporting documentation**

- Hewett, D. (2007) Do Touch: Physical Contact and People who have Severe, Profound and Multiple Learning Difficulties. Support for Learning 22 (3)