Safe Touch / Intimate Care Policy

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Safe-Touch

1. Introduction

The term Physical contact is used to describe the use of touch for many purposes in numerous different contexts. This is a controversial and complex area. There have been instances where schools have had a no touch policy and totally forbade staff from touching children. This is actually against all statutory guidance and is not tenable.

The Children Act 1989 makes it clear that the paramount consideration in any decision should be in the best interest of the child concerned. Paramount in this context means that it should be the first thing people think about and it takes precedence over other considerations.

Physical contact should always be about meeting the needs of the child. Actions that can be ambiguous are open to misinterpretation. Staff should always think before making any physical contact. They should be clear about why their actions are in the best interest of the child concerned. They should remember that some children like physical contact and some do not.

1.1 Who is this useful for?

- All pupils of school age who need guidance on appropriate touch which will improve their emotional wellbeing, enhance their emotional and social skills and help to develop their emotional literacy. Note: Age and developmental age appropriate touching will need to be considered.
- The vulnerable pupils whose early life experiences have not equipped them to manage their own emotions effectively. These pupils might be under – achieving or causing concern because of their behavior. They may not be able to assess personal risk or function well in social situations.
- Pupils with situational needs may go through an event or trauma which suddenly means they need more support than before.

2. Rationale

Children learn who they are and about the world they live in, by forming relationships with people and things around them. The quality of a child's relationship with significant adults is vital to their healthy development and emotional health and wellbeing.

Many of the pupils who require emotional support from school may have been subject to trauma or distress or may not have had a positive start in life. It is with this in mind that staff seek to respond to children's developmental needs by using appropriate safe touch.

Our policy takes into account extensive neurobiological research and studies relating to attachment theory and child development that identify safe touch as a positive contribution to brain development, mental health and the development of social skills. We have adopted an informed, evidence-based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning.

Our policy rests on the belief that every member of staff needs to know the difference between appropriate and inappropriate touch. Hence, staff need to demonstrate a clear understanding of the difference.

3. Four Different types of touch

If you employ the use of the following types of touch, you may already have designated members of staff who work closely with a particular child with whom this policy would particularly benefit, for example one to one staff for children in care or staff working in specialist schools.

(Note) it is essential that the child and family that requires a high level of physical contact (such as the types of touch mentioned below), are involved in any planned approach which is shared and communicated to parents and individual staff members.

3.1 Casual / informal / incidental touch

Staff use touch with pupils as part of a normal relationship, for example comforting a child, giving reassurance and congratulating. This might include putting an arm out to bar an exit from a room, taking a child by the hand, patting them on the back or putting an arm around the child's shoulders. The benefit of this action is often proactive and can prevent a negative situation from escalating. This should be done through consent of the child e.g., "can I take your hand"

3.2 General reparative touch

This is used by staff working with children who are having difficulties with their emotions. Healthy emotional development requires safe touch as a means of calming, soothing and containing distress for a frightened, angry or sad child. Touch used to regulate a child's emotions triggers the release of the calming chemical oxytocin in the body. Reparative touch may include stroking a back or an arm, rocking gently, staff should always follow strategies around positive touch as recognized as good practice in schools.

3.3 Contact/interactive Play

Contact play is used by staff adopting a role similar to a parent in a healthy child-parent relationship. This will only take place when the child has developed a trusting relationship with the adult and when they feel completely comfortable and at ease with this type of contact. Contact play may include an adult chasing and catching the child or an adult and child playing a game of building towers with their hands.

This sort of play releases the following chemicals in the brain:

- Opiodes - to calm and soothe and give pleasure;
- Dopamine - to focus, be alert and concentrate;
- BDNF (Brain Derived Neurotropic Factor) - a brain 'fertiliser' that encourages growth. Interactive play may include: throwing cushions to each other or using soft foam bats to 'fence' each other.

3.4 Positive handling when calming a dysregulating child

A child who is in a state of dysregulation and has no mechanism for self-calming or regulating their strong emotional reactions may experience a physical intervention by specific and appropriately trained staff, who will only use approved intervention techniques and these will be as a last resort to keep the child or others safe.
We would recommend that Staff employ the safest and gentlest means of holding a child, which is entirely designed to enable the child to feel safe and soothed and bring

them down from an uncontrollable state of hyper arousal. Maintaining boundaries in such cases can be a vital corrective emotional experience, without which the child can be left at risk of actual physical or psychological damage.

The brain does not develop self-soothing neuronal pathways unless this safe emotional regulation has been experienced. Physical containment of a dysregulating child may be the only way to provide the reassurance necessary to restore calm.

4. Steps to Take Before Positive Handling

Prevention strategies and calming measures will be employed and the following action should be taken before a restraint is used.

- Applying the school's behaviour policy
- De-escalation techniques Conversation, distraction, coaxing skills, gentle persuasion or redirection to other activities (e.g. touching the child's arm and leading him / her away from danger, gently stroking the child's shoulder);
- Put distance between the child and others - move others to a safer place;
- Calmly remove anything that could be used as a weapon, including hot drinks, objects, furniture;
- Use seclusion only if necessary for a short period while waiting for help, preferably where a member of staff can observe the child;
- Keep talking calmly to the child, explain what is happening and why, how it can stop, and what will happen next;

Although these techniques to calm a dysregulated child are seen as best practice, individual children may require techniques to calm down. Reference to a child's Individual Behaviour Care Plan is required for more information.

5. The Role of physical Contact

It is not illegal to touch a pupil. There are occasions when physical contact will be proper and necessary. Examples of proper and necessary appropriate touch:

- Reinforce verbal comfort to a hurt child
- Reduce or mitigate risk of harm
- Help reinforce calming of a child (co-regulating emotions)
- Reinforce verbal messages of celebration or success (self-esteem)
- Reinforce verbal messages of belonging and connection
- Demonstrating the use of a musical instrument
- Administering first aid

5.1 While advocating healthy, appropriate physical contact, there must be explicit boundaries to avoid acting in ways that:

- Harm a child or other children.
- Open a member of staff to accusations of harming a child
- Lead a child to misunderstand what is a healthy level of physical contact with staff

- Damage our school's reputation
- Cause parental concern.
- Leave staff and or child feeling uncomfortable with interactions

Staff will not under any circumstance use touch to satisfy their own need for physical contact or reassurance. They will always be aware of the perception of other staff members, pupils and parents. Staff will be conscious of their own behavior ensuring that at all times it is appropriate, professional and a true reflection of the school's ethos to protect all children.

5.2 Any physical contact will be in response to a child's needs at the time and the following considerations will be made:

- With consent and as part of modelled healthy relationships
- Physical contact will be of limited duration
- Appropriate to the age or developmental stage of a child
- Adults will use their professional judgement to observe a child's reaction or feelings and use a level of contact, which is acceptable to the child
- The child and their family will assist staff in making that risk assessment with regards to the level of physical contact used.
- Individual and cultural views on what is appropriate physical contact will be taken into account and staff will adapt this behavior to withdraw physical contact should cues from the child indicate this is what they need to happen.
- The voice of the child is something we will not ignore. The child's feelings, emotions and reactions will always be considered and taken into account when considering or/and during the use of appropriate touch.
- Where physical intervention has taken place to reduce harm or risk, this will be recorded, discussed with parents and debriefed with staff and children where appropriate.

Intimate Care

6. Introduction

We are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. No child is excluded from our school that, for whatever reason, may not be toilet trained and we also work with Parents/Carers to support toilet training where necessary.

7. Aims

• To ensure that the school works in partnership with parents or carers to ensure that they fully understand the school's policies and procedures when dealing with intimate care.

• To ensure that the provision of intimate personal care fully meets the needs of the school's child protection policy.

• To ensure that the intimate care of children is done in a sympathetic manor and children are treated with respect.

• To consider every child's needs individually, taking full account of their age, special needs disability, and gender ensuring everything will be done to avoid embarrassment The Intimate Care Policy and Guidelines applies to everyone involved in the intimate care of children

8. Policy Rationale

We are committed to ensuring that all staff responsible for the intimate care of children undertake their duties in a professional manner at all times. We recognise that there is a need to treat children with respect when engaged in any form of intimate care. The child's welfare and dignity are paramount at all times.

9. Definition

'Intimate care' is defined as any involvement that requires touching or the carrying out of invasive procedures to support the personal care needs of the child. Where possible children will carry out these tasks independently; however, for a small number of learners especially those with a physical/learning disability or those with medical needs, intimate care support may be required on either a regular or intermittent basis in order to address need.

10. Principles of Intimate Care

The following are the fundamental principles upon which this policy and guidelines are based We believe that every child has the right to:

- Be kept safe
- Personal privacy.
- Be valued as an individual.
- Involvement in their own intimate care.
- Be treated with dignity and respect.
- Express their views on their own intimate care and to have their views taken into account.
- Privacy and a professional approach from all staff that meets their needs.
- Be accepted for who they are, without regard to age, gender, ability, race,

Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development. Care may involve help with drinking, eating, dressing and toileting.

11. Responsibilities and Guidelines to delivery of Intimate Care

The delivery of intimate care should be undertaken by professionally qualified staff and governed by their professional code of conduct, Volunteers/Non-Teaching students, should never be asked to conduct intimate care. Staff must support the child in the achievement of the highest level of autonomy that is possible given their age and ability. Staff will follow the relevant procedures:

- Where necessary care plans will be drawn up for individual children, making it explicit that parents are involved in the care plan process.
- Senior leaders ensure that all staff undertaking the intimate care of children are familiar with and understand the 'Safe Touch/Intimate Care' policy and guidelines.
- The Safe Touch/Intimate Care Policy will be highlighted as part of the Induction Process for all new members of staff.
- If a staff member has concerns about a colleague's intimate care practice, they must report this to the named individual within the whistleblowing policy (usually the Headteacher or 'Designated Safeguarding Lead.')
- Whilst toileting, intimate care procedures may be carried out by one member of staff (2 where appropriate) changing areas should also be clear and visible to other members of staff.
- Where not possible for a second member of staff to be present the primary adult should make a second adult aware that changing is happening.
- Adults should wear disposable gloves and an apron. These should be put on before changing starts and the area is prepared (if appropriate depending on age). Children should be encouraged to help during this time. For example, they may unfasten their shoes or lift up their legs when being cleaned. They should be encouraged to wash their hands, using the soap dispensers and dry them with the paper towels.
- Staff will safely store wet or soiled clothing in a sealed bag to be returned to parents/carers.
- Any materials used in cleaning a child (or nappies) should be disposed of in a sealed bag, then put in one of the first aid waste bins and not placed in the sanitary waste bins.
- Staff undertaking intimate care with a child will record this action on CPOMS following completion.
- Sanitary products are available and stored in secure locations within school, in order to support older girls experiencing their period. Staff working with these age groups should familiarise themselves with the location of these items and where the sanitary disposal units are located.

12. Key Procedures

- Staff will encourage each child to do as much as they can for themselves e.g., giving the child responsibility for washing themselves.

- The needs and wishes of children and parents will be considered wherever possible within the constraints of staffing and equal opportunities legislation.
- The school's Child Protection/Safeguarding procedures will be adhered to at all times.

13. Child Protection

There is no legal requirement for two adults to be present and such a requirement might be impractical. The normal process of changing a child who has had an accident should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the changing process to ensure abuse does not take place. If there is a known risk of false allegations by a child, then a single practitioner should not undertake changing. Personal and intimate care of children with special needs and/or disabilities will be undertaken with sensitivity, the need to protect staff and in accordance with the needs and wishes of the child and parent/carer wherever practicable.

14. Review Cycle

This policy is the responsibility of the Designated Safeguarding Lead (DSL) and will be reviewed annually at the Governing Body's Annual Safeguarding Review. Should amendments to the policy be required at an earlier date in the light of changes to legislation, guardian, practice or a relevant incident, these will be adopted by the Governor with responsibility for safeguarding and the Chair of Governors.

15. Document Change History

Date of change	Detail significant changes and any new legislation / guidance taken into account
October 2022	New policy taken to Board for approval October 2022 Adopted by Board
September 2023	Reviewed
10/10/2023	Reviewed and adopted by board as part of Annual Safeguarding Review