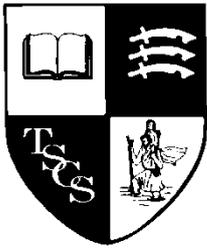


THE ST. CHRISTOPHER SCHOOL

SEN Trust Southend



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THE ST. CHRISTOPHER SCHOOL ACADEMY TRUST SAFE TOUCH POLICY PRIMARY AND SECONDARY SCHOOL

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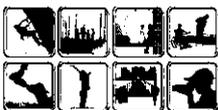
1. INTRODUCTION AND BACKGROUND

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 idiosyncratic or individual 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 The St Christopher School Academy Trust we believe touch is a very important part of our work with children who have Autistic Spectrum Disorders (ASDs), Attention Deficit Hyperactivity Disorders (ADHDs) and children with a range of other emotional, behavioural, social 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



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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.

The school actively delivers a curriculum to ensure all pupils are aware of how to keep themselves safe and covering topics on "Safe Touch".

KS1 and KS2 receive lessons in relationship and sex education (RSE) where they study topics on relationships and keeping themselves safe. All lessons are tailored to individual level of understanding and are age appropriate.

Upper KS2, KS3 and KS4 pupils receive lessons linked to the PANTS Campaign about safe touch and who they can go to should they have any concerns or questions about others behaviours.

Any pupils identified as vulnerable receive Stay Safe Training with a qualified member of staff ensuring topics are addressed to support and empower the pupils to keep themselves safe in a range of challenging situations.

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 Primary and Secondary 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 The St Christopher 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 regularly and according to recommended time scales.
- All class based staff participate in regular refresher courses that include Epilepsy Training, Diabetes Training and Anaphylactic Shock Training according to the needs of their class needs.
- Identified members of staff are further trained as First Aiders in the school. Courses include:
 - First Aid and Paediatric Care for under 5's (2 days)
 - Basic first Aid Care appropriate to the needs of a school setting (5 days)
 - Training in the administration of Rectal Diazepam, Buccal Midazolam, Epilepsy, Epipen, Anaphylactic Shock, Diabetes and blood readings.

If appropriate to the class based staff, specific training is also given in the administration of Buccal Midazolam and Epipens by the appropriate professional.

- If a child requires a care plan this is completed by the appropriate service in liaison with the school nursing service and teachers. This plan will then be shared with all appropriate staff working with the pupil, parents and first aiders in the school.
- When pupils require blood tests at the hospital during the school day, if requested by parents/carers, a designated member of the Pastoral Team will either accompany the parents/carers or take the child to the hospital for the test. This will help to reduce any anxiety for the parent /carer or child and will ensure the test is completed without any undue distress if possible. We apply a numbing cream at school before the visit and parents/carers give a signed consent to the procedure.
- The member of staff will also accompany or take pupils to other appointments should be requested

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. Information is available for all staff at The St Christopher School on the staff notice board
- A (Sensory) Occupational Therapist is employed at the school to support the sensory needs of pupils and to deliver training to staff around the sensory needs of pupils with ASD, ADHD and other complex needs. Under her guidance 2 members of staff (HLTA and SALT) are trialling Sequential Oral Sensory Approach (SOS) to food and diet and when the course is completed an evaluation of the trial will determine future staff training and pupil support within the school around eating difficulties.

Nappies

- A significant number of pupils at The St Christopher School 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.
- When practical 2 members of staff should be in attendance when supporting pupils with toileting needs
- If not practical to have 2 members of staff in attendance then 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.

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

- The school councillor
- Speech Therapists
- Staff using Intensive Interaction techniques
- Emotional support staff
- Other therapists
- Some educational support staff.
- Occupational Therapists and Physiotherapists as well as other medical professionals.
- School Nurse

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.
- 3) Be prepared to discuss and explain your practices.
- 4) Document and monitor the activity using school procedures (e.g. Multi-sensory assessments, 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.

4. 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 The St Christopher School Academy Trust touch is an accepted part of much of the work we do with our young people in both the Primary, Secondary School and the 16-19 Unit. 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 The St Christopher School Academy Trust should be continually reviewed to ensure its effectiveness and manage risk.

Reviewed and updated April 2018

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