

# NCYPE ST. Piers School Physical Contact Policy

## 1. BASIC INFORMATION

Policy prepared by	Intensive Interaction Co-Ordinators
Staff responsible for policy implementation	All Staff
Staff responsible for policy monitoring and review	Governors Senior Management
Date of Policy	January 2009
Date of Review	January 2011

## 2. CONTEXT OF THE CHARITY (ST PIERS SCHOOL)

The National Centre for Young People with Epilepsy (NCYPE) is the UK's pre-eminent provider of residential and day special education, care, assessment and treatment for children and young people aged 5 to 25 with complex epilepsy and a wide range of related social, emotional, physical and educational disabilities. The school and Further Education College cater for just under 200 students during term time with some children residing at the centre throughout the year. The NCYPE works in partnership with Great Ormond Street Hospital for Children NHS Trust (GOSH) and the Institute of Child Health (ICH) in service delivery, research and academic activities. In addition to providing medical, nursing, therapeutic and psychological services to school and college students, while NCYPE offers Diagnostic and Interdisciplinary Assessments, Epilepsy Outreach and Rehabilitation services in collaboration with GOSH. The consultant medical staff hold joint appointments between NCYPE and GOSH and The Prince of Wales' Chair of Childhood Epilepsy is held jointly by the tripartite partnership. Approximately 800 staff are employed across a range of disciplines.

## 3. LEGAL FRAMEWORK

DfE (1996) The Education Act 1996. London:HMSO  
DfEE(1997) Excellence for all Children: Meeting Special Educational Needs. London DfEE.  
DfEE (1998a) A Programme for Action: Meeting Special Educational Needs. London DfEE  
DfEE/QCA (1999) The National Curriculum: London: DfEE and QCA.  
DfEE/QCA (2001) Planning Teaching and assessing the curriculum for Pupils with Learning Difficulties.  
(General Guidelines). London: QCA  
DfES (November 2001) Special Educational Needs code of Practice. London: HMSO  
Education (Special educational Needs) Regulation 2001.  
Disability rights Commission (2002) Draft Code of Practice. [www.drc-gb.org](http://www.drc-gb.org)

## 4. PURPOSE

The purpose of this document is to provide practical safeguards and guidelines for the use of physical contact. This policy will be a coherent document which describes the purpose, nature and aims of communication through interaction at the NCYPE.

## **5. CONTEXT**

We have many students who display emotional, physiological, cognitive and communicative behaviours associated with very early levels of development.

For people who are at an early stage of development touch is likely to be the most fundamental, tangible, foundational form of communication; to some extent establishing a foundation for all further communication development.

Many students have sensory impairments relating to, for example, sight or hearing. This emphasises the necessity to use available channels of communication in order to ensure that students have rich social experiences.

Physical contact is a deep, fundamental form of communication for all human beings, and can be particularly effective for ensuring the transmission of profound messages about self worth and respect, particularly (but not only) when speech communication is not available.

Students 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.

Some people do not like to be touched (e.g. some people with autism); as a result we can see that they lack knowledge of a huge area of human experience and thus we should sensitively address and ameliorate the problem if possible.

Touch is normal interaction for the affirmation of relationships and giving of emotional and physiological support (even when cultural attitudes to touch vary enormously).

Appropriate touching may make the recognition of negative inappropriate touch more likely, and thus may be a proactive measure against inappropriate touch and/or the effects of the experience of inappropriate touch.

## **6. STATEMENT OF INTENT**

To reinforce communication, for example, by placing a hand on the student's shoulder whilst speaking.

To give physical support and guidance.

To give reassurance: communicate security and comfort.

To physically intervene and manage behaviours (read in conjunction with PRICE Policy).

To play and interact.

To role model positive use of touch.

To respond non-verbally.

To direct or physically prompt.

To give personal care.

To give physical cues for participation or understanding.

Medication/treatment – to offer support after seizure/injury.

To aid protection in hazardous situations.

To give therapy, for example: massage physiotherapy.

As the main form of communication.

To respond to students use of physical contact for communication and making social connections.

To reward and affirm.

To give the opportunity of choice to lead the communication.

To communicate warmth and a sense of mutuality, and enable the student to learn understanding of these things and the ability to communicate them.

To offer the opportunity to students who do not want or like touch to see the enjoyment and benefit of physical contact.

To give graphic experience of the tempo of life and physical activity enjoyed by another person, for example: a member of staff communicates calm and stillness through physical contact.

## 7. AIMS

### **Know why you do it**

Be knowledgeable on the purposes of physical contact by discussion, thought and by reading the pertinent psychological and developmental literature (see resources).

### **Have consent from the person**

Obey the usual conventions concerning making physical contact with another person. Physical contact may be necessary to carry out basic care.

### **Be prepared to discuss and explain your practices**

First and foremost by being knowledgeable, as above.

### **Ensure the document is acknowledged in any individual programme for the person**

If any particular physical contact is fulfilling the person's needs, educationally or developmentally, then state this in the documentation drawn up to support work with that person.

Lack of written information regarding this will leave staff at risk of having actions misinterpreted. This documentation should be subject of regular review.

### **Good teamwork: both organisational and emotional**

Team working practices should literally facilitate working together in teams so that staff or students are rarely alone. The teamwork ethos should also include good discussions among staff concerning the

emotional aspects of the work; including, crucially, orientations towards the issue of use of physical contact.

### **Have others present**

The most basic safeguards for staff and students is to have other staff present in the room, to work with the door open and to advise colleagues when in situations where physical contact is likely to be used.

## **8. PRACTICE**

**What this means in practice is that physical contact can be routine in staff technique; however, all staff must observe these potential hazards:**

Staff must operate maximum sensitivity to physical contact being misunderstood or misconstrued and triggering sexual arousal.

Giving maximum regard to the student's right to give consent to physical contact. Read in conjunction with PRICE Policy.

Members of staff must also be aware of misinterpreting student's sexual behaviour towards them being as purely socially communicative and friendly and vice versa.

Students may sometimes touch intimate areas of a member of staff's body when there is no sexual intent or understanding. It is legitimate and advisable for the member of staff to withdraw from or cease to touch, but not advisable to make huge issue of the incident at that moment as this may be reinforcing.

### **Possible reasons for withholding non-routine physical contact:**

Causes short term sexual arousal.

There is a history of physical or sexual abuse.

Distress is caused as a result.

The member of staff, at that moment, feels that the circumstances may leave them vulnerable to allegations of improper conduct.

The judgement to withhold physical contact from a student is made it is important to recognise that the situation needs to be addressed. It may, therefore, be the case that the circumstances, for the student, that have caused the difficulty with touch may need to be ameliorated with a careful, sensitive programme of measures drawn up by the Multi Disciplinary Team.

The pupil's use of touch is presently too extreme for the comfort of the member of staff.

## **9. RESOURCES**

Field T., (2001) *Touch*. Cambridge. MA:MIT.

Montague, A., (1986) *Touching: The Human significance of the skin*. New York, Harper & Rowe..

Montague, A., (1995) *Development of Theory of Touch*. In T.M. Field, ed. *Touch in Early Development*. Lawrence Erlbaum Associates.

Nind, M + Hewett, D., (2001) *The Practical Guide to Intensive Interaction*. Kidderminster: British Institute of Learning Disabilities.

Nind, M + Hewett, D., (1998) *Interaction as Curriculum*. *British Journal and Special Education*, 15(2), pp.55-57.

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.

The resources are available in the Toy and Leisure Library.