Low Farm Therapy Centre Safe Touch and Physical Intervention Policy

Written by Ruth Lo (October 2015).

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This policy should be read in conjunction with other relevant policies which include:

Health and Safety

Behaviour Management

Safeguarding and Child Protection

Hygiene and Toileting

Safe Touch and Physical Intervention

It is recognised by Low Farm Therapy Centre (hereafter known as the Centre) that due to the young age and needs of some of the children that we work with, staff may need to use touch and physical intervention when working with them. At the Centre 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 have regular supervision, and the use of touch is also discussed in team meetings. Staff are also encouraged to share any concerns about the use of touch or physical intervention with the Head of Centre immediately, so that these can be addressed. The Centre is committed to continually reviewing this policy in order to manage risk.

There are three main types of physical intervention:

1. *Positive handling.*

The positive use of appropriate touch is a normal part of human interaction, particularly for children who are at an early level of development and for whom touch is likely to be a foundational form of communication.

Touch might be appropriate in a range of situations. These could include, but are not limited to:

- Toileting and personal care, including nappy changing (please see Hygiene and Toileting Policy)
- Therapeutic and sensory input (under the guidance of a qualified Therapist)
- Sensory motor games to work on communication and social interaction
- Using play equipment
- Transitioning between environments and into activities, using guiding if needed as outlined by Team Teach.
- Understanding therapy expectations
- Keeping themselves and others safe
- Providing comfort and reassurance, and demonstrating affection
- Offering support after an injury or medical incident
- Providing tactile prompts in therapy using the PROMPT approach.

Staff must exercise appropriate care when using touch. Staff should feel confident and children should feel secure with all forms of appropriate safe touch. Staff must always be sensitive and responsive to children who are demonstrating that they are not comfortable with touch (even if the touch appears to be appropriate to the member of staff). This will be a major factor in assessing whether the use of touch is appropriate.

Staff should bear in mind that physical contact could:

- Contribute towards sexual arousal.
- Be inappropriate dependent upon a student's personal history (e.g. children who have suffered abuse, or who are from a particular culture).
- Cause distress for children with certain special needs (for example Autism or Sensory Processing Disorders).

- Be wrong for the member of staff carrying it out (at all times, with a certain student or on a certain day or as a result of an incident that has taken place).

The following areas should be considered in order to ensure that any use of touch or experience of intimate personal care is appropriate and safe:

Who

Staff must consider what they might represent to the child, and should consider the impact of influences involved in relationships such as gender, race, disability, age, sexual identity and role status. A child's history may also influence who represents a 'safe' adult to them. It is important that developmental stage and chronological age are considered when considering using touch with a child, and is generally considered to be less appropriate to use touch with older children. Additionally some students may be used to experiencing different levels or types of touch as part of their cultural upbringing.

Where and when

The intended message behind touch can be impacted by where the touch takes place. The same action in a busy playroom could have a different message if alone with a child. Staff must always consider very carefully what constitutes intimate parts of the body for the student. 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 communicate when they feel uncomfortable in any area of life; this is especially important in the area of touch and personal care.

The best way to protect both staff and the child is to ensure that all forms of touch are open to the scrutiny and observation of others. However, the Centre acknowledges that there will be times when carrying out therapy and care that staff will be working 1;1 with children. As far as possible another member of staff, and/or a parent/carer, will also be nearby, and regular checks will be made on all staff.

2. Physical intervention.

Physical intervention can include mechanical and environmental means such as stair gates or locked doors. These may be appropriate ways of ensuring a child's safety at times.

3. Restrictive physical intervention.

This is when a member of staff uses physical force intentionally to restrict a child's movement against his or her will.

At the Centre restrictive physical intervention must only be used as part of a planned and recorded positive behaviour approach (recorded on a behaviour plan and individual risk assessment), and in discussion with the Head of Centre and Parents/Carers. Some staff members are trained in the Team Teach approach and any planned physical intervention would utilise this. It is imperative that Physical Intervention is only used as an absolute last resort, and that proactive strategies are put in place. These may include, but are not exclusive to:

- Altering the environment (some of the internal doors have high handles/hooks in order to keep children contained and safe within an area. The child would always be accompanied by an adult, and any use of hooks would be detailed in the individual child's risk assessment and plan)
- Altering the activity
- Providing visual supports
- Social stories
- Video modelling
- Considering staff interaction style
- Altering seating positions
- Targeted therapeutic input e.g. a sensory diet
- Reallocating staff support
- Providing equipment

There may be rare situations of such extreme danger that create an immediate need for the use of an unplanned restrictive physical intervention, using Team Teach guidelines. In all circumstances everything possible should be done in order to avoid using restrictive physical intervention.

The use of restrictive physical intervention can be justified, as a last resort if all other reasonable strategies have been exhausted, when:

- Someone is injuring themselves or others
- Someone is damaging property
- There is suspicion that although injury or damage has not yet happened, it is at immediate risk of occurring, for example a child is trying to leave the site.

If physical intervention is used, it is used within the principle of reasonable minimal force. Staff should use as little restrictive force as necessary in order to maintain safety. Staff should use this for as short a period as possible.

It is recommended that a member of staff who knows the child well is involved in any physical intervention.

There may be situations when restrictive physical intervention is justified but the situation might be made worse if restrictive physical intervention is used. If staff judge that restrictive physical intervention would make the situation worse, staff should not use it, but should do something else (like issue an instruction to stop, seek help, or make the area safe) consistent with their duty of care.

The aim in using restrictive physical intervention is to restore safety, both for the child and those around him or her. Restrictive physical intervention must never be used out of anger, as a punishment or as an alternative to measures which are less intrusive and which staff judge would be effective.

Incidents of significant behaviour, including those which lead to unplanned physical intervention, should be recorded and reported to the Head of Centre. This should then lead to a team discussion around the incident and a proactive plan for managing the presenting behaviour in the future, in

liaison with parents/carers. This will then be recorded on the individual risk assessment and planning form.