SUMMARY

This policy sets out Shine's expectations for the safe, appropriate and professional use of touch when working with children. It explains when touch may be necessary, such as for first aid, reassurance, personal care, activity support or preventing harm, and makes clear that all physical contact must be justified, proportionate, respectful and in the child's best interests.

CONTENTS

RATIONALE

The aim of this policy is to ensure that all staff carry out safe, confident and dignified practice when using appropriate, necessary and/or planned touch. The guidelines that follow describe Shine's procedures on the use of appropriate, safe physical touch.

This policy is informed by and should be read and implemented in line with the following documents:

- Safeguarding & Child Protection Policy
- Behaviour Management Policy
- Accidents & First Aid Policy
- Inclusion Policy
- Use of Reasonable Force and Restrictive Interventions Policy

PROCEDURES

Inappropriate Touch

Staff are expected to show an awareness of touch that is invasive, or which could be confusing, traumatising or experienced as eroticising in any way whatsoever. Staff should not use touch to satisfy their own need for physical contact or reassurance under any circumstances. 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. Any child's experiences, culture or caregiving may also influence what represents as 'safe touch' or who represents a 'safe' adult to them. Any inappropriate touch will be deemed as a serious breach and will warrant a thorough investigation and disciplinary action.

Appropriate Touch

Any touch used with a child should be justifiable according to this policy. Types of appropriate touch could include:

- Administering First Aid
- Consensual greetings such as handshakes, high-fives and fist-bumps

- For demonstration purposes when coaching
- Proportionate to the level of risk or danger
- Medical or intimate/personal care purposes – only when essential and with at least two members of staff present
- Positive handling (where all behaviour management and de-escalation techniques have been implemented) and there is a clear risk of harm to the child, other children or staff - see Positive Handling, Reasonable Force and Physical Restraint Policy

Reporting

All staff have a responsibility to always ensure safe and appropriate practice. Any concerns about any issues concerning appropriate touch, or observation of practice that is not in line with this policy or that causes concern should be reported to the Designated Safeguarding Lead/DDSLs. If touch must be used in an emergency or to prevent risk or harm, staff must report the incident to parent/carers and the Designated Safeguarding Lead/DDSLs.

Personal Boundaries

Staff are expected to keep personal and professional boundaries clear when working with colleagues and children. Children can perceive their coaches as friends, which can result in children trying to climb on coaches, sit on their laps, asking to have piggyback rides or slapping staff members' bottoms. Children can be inquisitive, curious, and playful, without knowing how these actions are perceived by others. It is the adult's responsibility to make clear these boundaries, and staff are expected to explain to children what, when and why certain touch is inappropriate. Staff may use an imaginary 'bubble' around themselves to help children understand that they should not 'pop' their bubble by using touch.

Awareness and Training

Staff should ensure that they understand the reasons for which they may be using touch and how to use it effectively. Staff members must feel that they can question the reasons they have been asked to provide physical care and ask for clarification when unsure. Staff will undergo training centred around appropriate touch and deescalating behaviour before it reaches the point where positive handling is needed. Positive handling is to be used as a last resort and only to prevent injury to a child or member of staff.

Medical Personal/intimate Care

For children receiving touch due to ongoing intimate/personal care, consent should have been gained from the parent/carer in writing, this can be in the form of an email or as detailed in a care plan. Staff who provide intimate/personal care due to a toileting accident should obtain assistance from another coach, ASCM, or VC prior to providing any intimate or personal care. Staff should communicate all intimate or personal care duties to parents and should report it via the incident report system unless this type of care is detailed/agreed in their care plan.

Physical support may be used as guidance and/or to help with mobility or as part of an activity where a child needs support when moving. Some children may require moving and handling to protect them from harming themselves or others, including positive handling intervention.

To provide medical care such as First Aid see First Aid Policy and Administration of Medicines Policy.

Special Education Needs and Disabilities

Children on the Autistic Spectrum or with multi-sensory impairment and/or sensory integration difficulties may become confused and distressed by certain touch. Conversely, some children may require physical touch if they become dysregulated. Staff are expected to be aware of these differences when working with children with SEND and their professional judgement should be used in line with the relevant policies, information and pupil passports containing more details.

Comforting and Congratulating

Staff use touch with children as part of a normal relationship, for example comforting a child, giving reassurance and congratulating. This might include taking a child by the hand, patting on the back, or putting an arm around the shoulders. Staff should use their professional judgement when holding hands with children and should not routinely encourage it whilst coaching. Staff need to be aware of the developmental age of the children they are supporting and be clear about how the physical contact used is, or is not, appropriate for the individual child.