

FIRST STEPS (BATH)

Safe Touch and Holding Policy

Aim of this policy:

Touch is essential to provide sensitive and good quality care for the children and young people. Used in context and with empathy, touch supports the development of our natural interactions with the children we care for. This policy sets out to clarify the reasons and conditions for touch.

Touch and safe holding is important and may be used routinely for any of the following reasons:

For Communication: To reinforce other communication (e.g. hand on shoulder, leading somewhere by holding hand) or to function as the main form of communication in itself. This is particularly likely to occur during intensive interaction, touch to gain a child's attention, high fives etc.

For Educational reasons: Some children attending First Steps services have sensory impairments relating to sight or hearing increasing the necessity to use other available options of communications such as touch. Hand over hand support may also be needed when supporting children in their early stages of play and cause and effect. Play activities naturally include touch, for example supporting children with climbing and gym classes. Children at early levels of development are likely to be quite tactile and physical.

For Therapy: Deep pressure and sensory stimulation with Occupational Therapy advice and Physiotherapy advice. Physical equipment may be used in the day to aid mobility and support development in lines with Physio and OT advice. Children at BOP may also be involved in some group or 1:1 routine activities; Thrive, TAC PAC, Music Therapy.

For Speech and Language Therapy: Feeding therapy may involve touch as may the use of the Picture Exchange Communication System (PECS), is a system to assist people in communication who are unable to do so through speech. The system uses picture cards for communication.

For emotional reasons: To communicate affection and warmth, to give reassurance and to communicate security and comfort. Follow individual children's support plans.

For care: Touch is necessary to carry out personal care including changing nappies, support washing of hands, feeding at mealtimes, supporting with toileting etc.

To give medical and nursing care: Following first aid policy and individual healthcare plans.

As far as possible, the young person involved should consent to any touch given and staff should be sensitive to any verbal and non-verbal communication they see/hear that might indicate that the child doesn't want to be touched. Staff should be sensitive to any changes in the young person's behaviour (e.g. Over excitement or negative reactions) that might indicate the need to reduce or withdraw touch, particularly during play or intensive interaction. Significant changes in behaviour should be recorded.

An important element in containing children both emotionally and physically is the use of safe touch and physical holding. This includes a range of responses that vary from a reassuring hand on the back or hugs, to physically holding in situations of emotional crisis.

Interventions that use Touch.

In the context of **Thrive**, (a dynamic, developmental and trauma-sensitive approach to meeting the emotional and social needs of children), touch occurs through safe holding providing an important means by which practitioners can support children to regulate their emotions and thereby build a more effective stress-regulation system.

Safe holding of a child should not end until they have returned to a stable, calm, regulated and relaxed state.

When a child dysregulates and their behaviour becomes out of control, they are in a state of high physiological arousal. At such times, children can struggle to hear what is being said to them because the stress response has kicked in, shutting down the verbal centres in the brain and focussing on survival-fight or flight. At such times, staff must remain calm and use the Vital Relational Functions (VRF's); attuning to the child, validating their experience, and containing, soothing/ regulating them.

Safe touch/ holding may also be appropriate when a child responds to stress by shutting down and dissociating. In this instance, children may be in a state of low physiological arousal. They are likely to struggle to hear what you are saying and may appear withdrawn, confused or vacant. The key is to focus on how you can help the child to feel safe with you so that they can begin to re-engage with those around them. To do this, use the VRF's; explain what you are doing and why you are doing it, be gentle and playful in finding ways to encourage them to engage with you, and when appropriate, incorporate elements of safe touch such as a hand on their arm.

TACPAC: Follows a consistent plan that all staff follow and this is done in a group. This involves massage and calming touch to the music.

Sunshine Circles: teacher-directed group sessions that use joyful, playful activities to develop children trust and confidence.

Intensive interaction: Focuses on communication, promoting close engagement with an adult shared attention, encouraging eye contact and vocalisations.

If you are in doubt about any practice that causes concern, you should discuss this with a member of the senior leadership team, or Designated Safeguarding Lead. All staff have a responsibility to ensure safe and appropriate practice at all times.

Natalie Miles- SENCO BOP- Thrive Practitioner March 2020

Approved by Trustees April 2020

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