**West Sussex – Practice Guidance**

IROs are qualified social workers with at least five years’ experience, and who have acquired the right skills to carry out this role.

**Physical Contact with a Child**

* Physical contact is a recognised and valued feature of childhood; from new born babies to young adults, appropriate, consensual and nurturing physical contact with others supports their healthy and secure attachment as children enter into adulthood. The absence, denial or misuse of physical contact can have devastating effects on healthy development in children and extends into their longer term psychological and emotional wellbeing.
* The spectrum of physical contact is vast and includes a wide range of situations; all of which are best understood in relation to power, consent and context. This policy will regard contact with a child in the following ways:

‘**Communication based’** - Physical interventions that are motivated by care and support for an individual; are based on rapport and trust and are consensual and appropriate to the situation

‘**Intervention based’** – physical contact or interventions that are necessary to ensure the safety and wellbeing of a child or to limit or prevent injury to others

* Attachment experiences will define how children respond to and seek physical contact. Any contact with a child must be based on rapport, trust and appropriate boundaries and consent where appropriate.

**Communication-based contact**

* Not all children feel comfortable about physical contact, and adults should not make the assumption that it is acceptable practice to use touch as a means of communication.
* When physical contact is made with a child this should be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, gender, ethnicity and background. It is not possible to be specific about the appropriateness of each contact with a child, since an action that is appropriate with one child in one set of circumstances may be inappropriate in another, or with a different child.
* Adults, nevertheless, should use their professional judgement at all times, observe and take note of the child's reaction or feelings and – so far as is possible - use a level of contact and/or form of communication which is acceptable to the child for the minimum time necessary.
* Contact with a child which occurs regularly with an individual child is likely to raise questions unless there is explicit agreement on the need for, and nature of, that contact. This would then be part of a formally agreed plan or within the parameters of established, agreed and legal professional protocols on physical contact e.g. sport activities or medical procedures. Any such arrangements should be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny.
* Physical contact should never be secretive, or for the gratification of the adult, or represent a misuse of authority. If an adult believes that their action could be misinterpreted, or if an action is observed by another as being inappropriate or possibly abusive, the incident and circumstances should be reported to the senior manager outlined in the procedures for handling allegations and an appropriate record made. Parents/carers should also be informed in such circumstances.
* Where a child seeks or initiates inappropriate physical contact with an adult, the situation should be handled sensitively and care taken to ensure that contact is not exploited in any way. Careful consideration must be given to the needs of the child and advice and support given to the adult concerned.
* It is recognised that some children who have experienced abuse may seek inappropriate physical contact. Adults should be particularly aware of this when it is known that a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to some actions being misinterpreted. In all circumstances where a child initiates inappropriate physical contact, it is the responsibility of the adult to sensitively deter the child and help them understand the importance of personal boundaries and aim to support them to develop appropriate behaviours. Such circumstances must always be reported and discussed.
* Physical contact is necessary for the healthy growth of children and to this end, staff may assess that some level of physical contact is appropriate once they know the child well enough to read their response. This may be for example a ‘side hug’ or touch on the arm or shoulder.
* Staff should never initiate physical contact to meet their own needs and must always be clear with the child about the boundaries of physical contact.
* Any ‘full’ hug or embrace between the child and the adult should be used with caution and other methods of comforting the child should be considered first.

**Intervention-based contact**

* There may be occasions when staff will be required to intervene in an emergency situation in order to keep a child safe, for example, a child has run into a busy road. In these situations, there will be little time for seeking consent or fore warning a child that they are going to be touched. However, following the guidelines within the child’s Support Plan and Team Teach guidelines would be the best possible outcome for the child.
* In an emergency situation, staff must proceed with any manoeuvre they deem appropriate to prevent the child from coming to harm, even if this causes the child to sustain a minor injury; a minor injury is preferable to not intervening and the child ultimately sustaining a far more serious injury.
* Staff members are permitted to use a proportionate level of intervention in order to keep a child safe, and must ensure that they give a full and concise account of their actions in a written incident report following the event. Where possible, any observers to the incident will also be required to write an account detailing the intervention of the staff member.
* Staff must ensure they do not place themselves or others at increased risk by intervening in a situation without the full facts. It may be more appropriate to contact the emergency services if a child is trapped for example.
* There may be times when children become agitated and physically aggressive towards others or themselves which will call for staff to intervene. All staff working within WSCC Children’s Homes will receive annual refresher training on the variety of techniques and strategies contained within the parameters of Team Teach; an intervention based behaviour modification programme that works on the basis of using the least restrictive method of physical contact to effect positive change.
* Staff must only use techniques that are approved and that they have been trained in. If a staff member uses a restraint or control method that is not identified as being a legitimate handling technique of Team Teach, there may be cause to initiate a disciplinary investigation. Please refer to Team Teach guidelines for more information.
* Where staff are supporting children in the community, they are required to carry their ID card with them and be prepared to show this to anyone who might need further information about their role or intervention with the child. Enquiring onlookers can be signposted to the Registered Manager for more information as required.

**Other activities that require physical contact**

* Adults who work in certain settings, for example sports, drama or outdoor activities will have to initiate some physical contact with children, for example to demonstrate technique in the use of a particular piece of equipment, adjust posture, or perhaps to support a child so they can perform an activity safely or prevent injury. Such activities should be carried out in accordance with existing codes of conduct, regulations and best practice.
* Physical contact should take place only when it is necessary in relation to a particular activity. It should take place in a safe and open environment i.e. one easily observed by others and last for the minimum time necessary. The extent of the contact should be made clear to the parent/carer and once agreed, should be undertaken with the permission of the child. Contact should be relevant to their age or understanding and adults should remain sensitive to any discomfort expressed verbally or non-verbally by the child.
* It is good practice if all parties clearly understand at the outset, what physical contact is necessary and appropriate in undertaking specific activities. Keeping parents/carers, children and children informed of the extent and nature of any physical contact may also prevent allegations of misconduct or abuse arising.
* All staff members are required to tell their line manager should they have any concerns about a colleague's practice towards any child in line with the West Sussex Confidential Reporting (Whistle Blowing) policy. Failure to do so will warrant disciplinary action being taken.

**The use of physical contact for restraint purposes**

* Please refer to the Team Teach guidelines on approved strategies and methods of physical intervention for restraint purposes.

**Supporting children with personal care**

* Please see separate Intimate and Personal Care Policy.

**Contact with a child with specific / additional needs**

* It is recognised that some children may have specific needs that impact on their sensory processing skills and tolerances.
* For some children with these issues, physical proximity and uninvited touch by others can be very distressing and should be avoided at all times. For others, a recognised strategy for calming or soothing a distressed child may be to firmly hold the child. It is therefore essential that staff members supporting children with specific needs are familiar with each individual child’s Care & Support plan and guidelines concerning physical contact.

**Links to related documents**

Safer Working Practices for all staff working with children

Staff Expectations

Behaviour Management policy