

Physical Contact Policy

Owner: UP – UNLOCKING POTENTIAL

Reviewers: UP Executive Team & Trustees

Approved by: Trustees

AMENDMENTS

Issue	Date	Author	Approved Date	Change Details
Version 1.0	06/01/2016	IS		Original Version
Version 2.0	30/06/2017	CSC	12/07/2017	Updated
Version 3.0				
Version 4.0				

Next Review Date: August 2018

Scope of this policy

This policy applies to:

- Trustees of the Charity;
- Employees of the Charity (temporary and permanent);
- Agency workers and independent contractors engaged by the Charity;
- Employees and others linked with organisations with whom the Charity has a contractual or partner relationship who have contact with children or young people involved with the Charity;
- Volunteers, interns, and trainees of the Charity;
- Donors, supporters, sponsors and celebrity ambassadors for the Charity who regularly have contact with children or young people through their association with the Charity;
- Regular visitors to the Charity premises and regular attendees of Charity events including journalists; and
- All others associated with or representing the Charity.

All these individuals are, for the purpose of this policy, associated with the Charity. (Otherwise referred to as Charity associates).

All individuals associated with the Charity must comply with the terms of this policy in all of their dealings with children, young people and young adults.

Any individuals who do not fall within the scope of this policy and who have not had a DBS check (see Safe Recruitment Policy) but who may have the opportunity for contact with children, young people or young adults (such as one off or infrequent visitors or speakers) will be supervised in their dealings with them and will not be left alone with a child, young people or young adults.

Statement of Intent

UP – Unlocking Potential recognises that Children/Young People/Students accessing the services may present with a myriad of issues and sensitivities around touch and physical contact. Where some children or young people may seek out or need physical contact to be reassured or assist them to be calmed down, other children or young people may find any form of physical touching a frightening experience.

Therapeutic Support

The Charity offers a range of different therapeutic modalities across UP and, in the course of any therapy, the goal is to ensure that any physical contact that arises through the medium of play and

creativity is used carefully and respectfully, only to meet the needs of the client and with a full recognition of the effect that physical contact has on the client.

At all times the goal is to maintain safety and meet the developmental needs of the client.

Allied Health Professional Therapy

Typical situations where physical contact may be necessary include: providing planned care, giving assistance in lessons or therapeutic sessions, when teaching skills (e.g. Practicing gross motor movements or using hand over hand techniques for obtaining scissor skills and other fine motor skills).

Children may sometimes need to be guided to an area by the shoulder or hand, they may need to be calmed down when upset or first aid may need to be applied.

Where physical contact is necessary as part of any therapeutic process, the Charity associate should seek guidance from an appropriate supervisor to ascertain the most beneficial and suitable therapy for the needs and emotional age of the child, young person or young adult, bearing in mind that the emotional age may not be to clinical Normal Standard.

In this context the Charity provides Therapeutic Support within the organisation enlisting the consent of parents/guardians/carers where physical contact forms a part of the therapeutic process.

Non-procedural contact

The Charity recognises for reasons of safety, that there may be the requirement for non-procedural contact to occur.

The Charity does not condone non-procedural contact for any reason other than ensuring the immediate safety of the child, young person, or young adult.

An example of this would be if a child were to step off the pavement and into the path of on-coming traffic. In responding to this action, if the Charity member were to put an arm out as a barrier to this danger or grab the child, young person, or young adult to prevent harm or injury this would classify as non-procedural contact.

Intervention where there is risk to self or others may require physical intervention:

In the event that a child, young person, or young adult is behaving dangerously examples could include:

- attempts to climb heights
- not following instructions when engaged in climbing activity thus placing self at risk and/or becoming enraged to the point of physically throwing objects which have the risk of harming others.

In considering intervention, the initial approach should always be initiated through a verbal request which is conveyed in a calm and thoughtful way, thus avoiding escalation.

Within the context of the communication there should be a clear explanation of why the request is being made, highlighting the concerns that you have for their safety and/or the safety of others based on their actions. Guidance should also be provided around what behaviour would be more appropriate for the child, young person or young adult.

It is not deemed appropriate to garner the support of another child, young person, or young adult to support the de-escalation of situations where risk is of concern. Rather the Charity associate, where possible should seek the support of a colleague or in the case of a school setting the support of teaching staff.

In the event that that physical intervention is initiated it must be assessed to be the only course of action. In these instances, the Violent Incident Procedures must be followed.

Violent Incident Procedure

Note: In the event that the violent incident or loss of control was directed at a Charity associate, it is advised that the following steps are to be undertaken by a colleague, so as to diffuse levels of anger and minimise risk.

Step 1: Whilst one Charity associate attempts to calmly defuse and de-escalate the situation using calming tones, other workers should support other children, young people and young adults to remove them calmly from harm. This should also include items which could cause injury or become weapons from the direct vicinity.

Step 2: Distance should be a priority in the addressing of volatile and violent incidents since direct approaches have the propensity to elevate tension and may escalate into an explosive situation. (Especially in instances where hands are placed on children, young people or young adults who are experiencing anger or feelings of rage).

Step 3: In the event the situation continues, calm discussion based on concern for the child, young person or young adult's safety and the safety of others is advised. Engaging or being alongside the child, young person or young adult may bring about calm and de-escalate the situation with the aim of helping the child, young person or young adult to regulate themselves.

Step 3.1: There may arise a situation where children or young people become engaged in angry exchanges or physical altercations with one another. Charity associates should verbally and directly

communicate with the child, young person or young adult, letting them know that they are removing them from the situation. However, they should also be informed that there will be an opportunity for discussion when they are ready to do so.

In the event that this does escalate into a physical clash, extreme caution in terms of intervening should be considered. It is imperative that the Charity associate does not make an attempt to separate the children or young people by pulling them apart, especially from behind, since this could cause injury to the child, young person or young adult or to self.

Further recognition that physically intervening or by placing physical self or hands on a child young person or young adult during a physical altercation can cause injury as identified above. Separation requires the unified approach of two Charity associates who, through training, have identified safe handling techniques.

Step 4: In the event that the child, young person or young adult has been supported adequately and is more emotionally regulated, the option for a child to sit calmly in a space is encouraged, until further discussions related to this matter can be conducted with child or parents. This could also apply to a young person or young adult who has calmed sufficiently and feels able to discuss the matter without emotions or tempers escalating to previous ascribed ranges.

Step 5: There will be some instances where no matter what intervention indicated in Step 1-2-3-3.1 the situation may not be able to be de-escalated. This could occur in the situation where the child, young person or young adult's violent actions are such that the risk cannot be minimised through any intervention. This could be due to the child, young person or young adult causing physical harm to self or others with or without provocation, or could involve the use of an implement. In other instances, the child, young person or young adult's mental distress may be at a stage where no level of reasoning is bringing the situation to a reasonable conclusion and that continuing to communicate is heightening rather than de-escalating the situation, thereby having the propensity to escalate further and possibly become life threatening.

In these situations, the support of emergency assistance should be made by contacting the local emergency support agency Ambulance/Police, in order to provide assistance. In the event that the incident occurs within a school setting (eg SideBeSide) the school will have their own process for initiating an emergency response and this will need to be followed via their guidelines.

Step 6: Where an incident cannot be brought to a successful conclusion either due to the velocity of the violent incident or the fact that the young person has been asked to leave site for the safety of self or others, (with a parent if under 18) or where, emergency services may have been contacted to intervene in order to bring about calm, address a medical issue or provide a place of safety, the child, young person or young adult will be told that they will be contacted within a 24hr period or ASAP and will be provided with the opportunity to meet in order to discuss the incident in its wider context.

Unacceptable/Unsafe Physical Contact

UP will not condone Charity associates initiating physical contact with children, young people or young adults. In instances where a child, young person or young adult has initiated physical contact, the Charity associate will be mindful in regards to the physicality of reciprocation, without appearing cold to the child, young person young adult.

UP does not condone physical contact made with children/young people where the identified Charity associate physically touches any parts of the body that range in the region of neck, breasts, abdomen, genital area, bottom and/or other sensitive body parts, or puts pressure on joints.

UP will not condone physical contact made with children and young people that becomes habit forming between an identified Charity associate and a particular child, young person or young adult.

Where a child, young person or young adult is seeking any such contact, the Charity associate will discuss these issues in the context in which it has arisen. In the event that this materialises into a Safeguarding Concern then consultation will take place with the Safeguarding Manager in line with the Safeguarding Policy. In the event that the issues arising are more therapeutic, developmental and emotive in nature, these issues will be discussed as they emerge in sessions. The task being to understand the need for physical contact and what that means to that particular child, young person or young adult, therefore, providing an appropriate response that observe boundaries and is not rejecting. It is also imperative that this is meeting the child, young person, young adult's need in the context of a therapeutic process rather than that of the Charity associate.

Where these matters fall within the remit of disciplinary procedures this will be dealt with via the appropriate Human Resources process.

All incidents will be recorded on an Incident Form and a copy given to the Safeguarding Manager for the appropriate programme within 24 hours. Where this relates to SideBeSide this will also be made available to the schools designated Safeguarding Lead. The UP Clinical Director should also be notified and in their absence the Charity's CEO.

Physical intervention of a nature that causes distress or injury to a child will be reported, reviewed and considered by the Clinical Director under Child Protection or Disciplinary Procedures. This is part of Code of Conduct & Employee handbook.