Do touch: physical contact and people who have severe, profound and multiple learning difficulties

DAVE HEWETT

Dave Hewett PhD. is well known within the education and care fields for his invaluable work on communication with both children and adults who have severe and profound learning difficulties (with or without autism). However, because his work until recent times has tended to occur within more segregated services, he is only now becoming known to staff working in mainstream education as the children with more severe learning and communication difficulties are beginning to receive inclusive schooling. In this article he shares his thoughts, backed up with research, on the importance of touch for us all, but focusing on the reasons this needs special attention for those who have profound additional disabilities. Before concluding, the author offers us some very useful tools when working with children where touch and intensive interaction may be part of a teaching programme to help in building a relationship, and opening early communication channels.

**Key words:** touch, physical contact, empathic handling, multiple disabilities, intensive interaction.

**Introduction**

I offer some observations from my experiences in this field. The intention is to commence the train of thought that, I hope, runs through this paper.

Recently I was in a classroom in a school for children who have severe learning difficulties. Outside the window, twenty metres away, was the playground for a junior school that shared the site. I watched the children of that school at playtime. I saw two boys being Wayne Rooney, scoring a goal with a tennis ball then running and jumping at each other to collide their chests in the air, arms aloft, then falling together in a heap on the asphalt, untidily entangled and rolling with each other. I saw a group of four girls running together hand in hand, then spinning and twirling, round and round until they too became an entangled heap. I saw three boys play fighting until one fell and the others literally sat on him. I saw pairs of girls and, indeed, boys walking around hand in hand or embracing each other. I saw children bashing and battering each other, chasing and tagging each other, stroking each other, pulling, pushing, colliding, sitting on each other and being affectionate with each other. What, I mused to myself, is the function in development of all these experiences I was observing the children having?

I turned and looked at nine-year-old Michael. He was in a standing frame. He had been in it for some time. Prior to that, he had spent the time since he had arrived at school in his custom wheelchair. His custom wheelchair seemed to be pretty comfortable for him, but I had not observed him being profoundly touched so far that day. However, in my view, Michael is very fortunate. Later I saw Rita, a wonderfully human practitioner, and her colleague oh so carefully take Michael out of the standing frame and down into Rita’s welcoming arms on a beanbag in a ‘sensory corner’ of the classroom. For thirty minutes she rocked and jiggled, patted and stroked Michael. Rita was giving Michael an Intensive Interaction session, but I reflected it was also partly the best we could do to compensate for Michael being unable to take part in the battering out in the junior school playground.

I remember being in a social services day centre some years ago. In the afternoon they got together a group of young adults who had multiple disabilities and very restricted motor ability. I don’t think any of them could speak. Twice a week they did this session with them. I saw three young women and two young men hoisted and lowered into a large, soft corner area. They were placed very close to each other. In a slow-motion fashion, they started to roll to pat and stroke and prod and push each other. They became vocally noisy. I did not feel in any doubt that they were having a wonderful time together, but I asked the obvious...
questions of the team. Well, they told me. ‘They’ve actually known each other since they were children, they’re friends of course. At first, we noticed how much they might reach out if we parked them up close together by accident. We realized that for years we had parked their wheelchairs separated from one another. So we became a bit more confident to try just putting them together like this and of course they absolutely love it. We monitor them, you know, make sure nobody is being sexually violated, but really it’s just a way for them to relate that we all enjoy sometime.’

I give courses on what I call ‘Empathic Handling’ – bringing maximum quality to all basic care with people who have high support needs. Feeding it for yourself, first-hand, is an obvious aspect of empathy. Always, when I am being hoisted, I know I will feel better about it if the member of staff has a meaningful hand on me. Actually I feel better at the dentist (I’m phobic) if the nurse places a hand on my forearm.

I recall going ‘on’ to Ward 15. This was 1985 in a big, old, long-stay hospital. Ward 15 was a place where about twenty-seven people who multiple disabilities had lived. If you went early evening, or say on a Saturday, you could enter the large day-room and see just about all the residents parked in their wheelchairs in a wide circle. Most would be asleep or staring into space. I sometimes wondered why they didn’t object more. Especially, later on, I wondered this about Mylene. With some good work by staff using Intensive Interaction Mylene quite quickly became a lively, noisy, ebullient person.

This article is about the role and function of touch or physical contact in our work – in our practice actually, with people who have profound and multiple learning difficulties (I will often use the abbreviation ‘people who have PMLD’). However, I suggest that everything presented here has equal implication for people who have severe learning difficulties and/or autism, in general. I’ll use the terms touch and physical contact somewhat interchangeably, though I suppose that they have slightly different meanings; at this moment I’m at a loss to find the semantic distinction. However, I would suggest that whenever you and perhaps your team are having a discussion on what can feel like some of the more delicate or controversial issues around physical contact, it does help to refer to it as ‘touch’. ‘Touch’ just seems less inflammatory somehow.

What I write here is sometimes a little more speculative than I would prefer – one of the issues I will discuss is that the developmental role of touch is still under-studied, and certainly its role and function in our work with people who have multiple disabilities is hardly referred to, let alone studied.

None the less, the intention is to outline something of what we do know scientifically about touch, to describe what I think we have learnt in the twenty or so years since my experiences in that long-stay hospital, and marry all of this to the common-sense unfolding of our daily practice. Basically, I want this article to encourage practitioners to give plenty of touch experience to people who have multiple disabilities. I certainly intend it to combat any arguments such as ‘we can’t use physical contact because it is not appropriate/could be abuse/too risky/what will people think/could be misconstrued, etc. I will try to make clear that using touch is totally and utterly appropriate.

Starting to think about touch in learning

I will outline two main arguments in this section, or at least, describe two reasons why I consider it imperative to make available warm, meaningful physical contact to people who have PMLD.

First, as a basis to learning communication routines, (with apologies to those readers who already know this story), my starting point on these issues begins around 1982. During the 1980s I was the headteacher of an SLD school that was situated on the campus of an old-style long-stay hospital. Throughout the 1980s the staff team collaborated together on the development of the teaching approach known as Intensive Interaction. If you have not heard of it and you are working with people who have multiple disabilities or who are otherwise developmentally still at an early stage, I strongly suggest you read about it (see: Nind and Hewett, 1988, 1994, 2001, 2005; Hewett and Nind, 1998; Kellett and Nind, 2003; go also to www.intensiveinteraction.co.uk).

A quick perusal of the teaching intentions of Intensive Interaction underlines the crucial nature of the approach. Intensive Interaction focuses on communication for people who are still basically at pre-speech levels of ability and performance. Essentially, it teaches the communication learning that occurs prior to symbolic representation – that is the bulk of communication learning. It teaches what we have called the Fundamentals of Communication (Nind and Hewett, 1994), such as:

- enjoying being with another person;
- developing the ability to attend to that person;
- concentration and attention span;
- learning to do sequences of activity with the other person;
- taking turns in exchanges of behaviour;
- sharing personal space;
- using and understanding eye contacts;
- using and understanding facial expressions;
- using and understanding physical contacts;
- using and understanding non-verbal communication;
- using vocalizations with meaning;
- learning to regulate and control arousal level.

As might be seen, this learning, in a sense, goes to the heart of the nature of severe learning difficulties and to some of the central impairments of autism. This learning critically underpins just about all subsequent learning. If a person has
not achieved some sort of knowledge and performance in these areas, it is quite difficult to proceed to any other learning – this learning is so foundational. This is a description of the situation for many people who have severe learning difficulties, autism, and multiple disabilities.

Basically, the list of outcome areas above is something of a description of much of the curriculum of the first year for typically developing infants. The starting point for developing a teaching technique was to look at how babies learn these incredibly complicated things during pleasurable interactions with adults (there is a large body of science on this – try Brazelton, Koslowski and Main, 1974 as a starting point). The basic principle is that the adult creates an enjoyable flow of shared behaviour by more or less allowing the baby to lead and creating the content and the flow by responding to what the baby does – frequently with imitation and joining-in. Thus, Intensive Interaction teaching is dynamic, highly enjoyable, active and interactive. The main resource is the teacher – face, voice, body language, personality and sense of presence. The teaching is quite artistic in that the progression of a teaching session is not planned or prescribed, the teacher and student develop the flow together by using the same flexible principles.

Thus, from little beginnings of shared engagements, repetition is the key. The activities are highly repetitive of what has already been established. The progress comes about by the learning outcomes gradually emerging within this shared process of daily, regular activation of enjoyable interactions. The activities gradually expand in duration, complexity and sophistication. (By the way, just in case you are wondering, please don’t try and do Intensive Interaction imitation and joining-in. Thus, Intensive Interaction teaching is dynamic, highly enjoyable, active and interactive. The main resource is the teacher – face, voice, body language, personality and sense of presence. The teaching is quite artistic in that the progression of a teaching session is not planned or prescribed, the teacher and student develop the flow together by using the same flexible principles.

It can surely be foreseen then, that such enjoyably active teaching and learning sessions with young people who are still at an early stage of development are likely to be, or become, quite physical. Yes, this is the case, very frequently. Indeed, learning to use and understand communication through physical contacts is one of the learning outcomes. For developing infants, physical contact is surely the first and most basic form of communication.

People of any age who are at early levels of development are likely to be quite tactile and physical. Not all of course; some people who have autism or who have PMLD, for instance, can be quite tactile defensive. However, I hope as the rest of this article unfolds, the reader will share with me a great concern about this and an intention gently and sensitively to help people be no longer tactile defensive.

So, as we were developing the approach, we had to stay alert to potential issues around physical contact – in our school we were actually mainly working with young, fully grown adults. Things were a little different more than twenty years ago, there had not yet been the traumas around childhood abuse and abuse in the field of learning difficulties. There was also not the same almost automatic anxiety of a severe ‘safety-first’ culture. None the less, we applied ourselves, I think knowingly, to all potential ethical issues. We found reassuringly, that while we did frequently have fun-filled interactions involving physical contact, sexual arousal or the like for the pupil rarely seemed to occur (Nind and Hewett 1994, 2005). When it very occasionally did happen for a person, we had to take a pause and address the situation, and we did, I would suggest, sensibly and thoughtfully.

Thus, as far back as 1983, the team and myself were starting to have technical thoughts about our practice with regard to physical contact, primarily so that we could feel relaxed and confident about the new, critically-important seeming, teaching technique we were working on.

There were other, related technicalities, however. This is my second point for this section and I can best describe it by relating what Lin said to me one day, or frequently said actually, in various ways. Lin was a teacher working with the students who had PMLD. She is one of the more naturally tactile people I have ever met and also one of the more forceful advocates for the welfare of people for whom she was caring. Her viewpoint went something like this and it stays with me to this day:

‘You know, think about the life of one of these young people. What’s the main thing that happens to them? It isn’t the curriculum, you know all the lovely learning we plan for them in their individual programmes, the number work or sorting, the cognitive activities, the art work or whatever. No. I think the main thing they experience every day, from their point of view is us lot coming to them to push them, pull them, lift them, tighten them, loosen them, dab them, wipe them, change them, feed them, scrape them, put things in them, take things away from them. That’s what life is like for them.

‘And you know what? It must be a really funny social world for them if the only touches they get are when we are briskly and efficiently doing all those things to them. Imagine a lifetime of being touched efficiently.

‘We owe them two things. First, let’s make sure those aren’t the only touches they receive. Second. Let’s make all those touches the best quality touches we can achieve – warm and social even while being efficient.

So. This is my second main argument. If we are not perceptive and thoughtful, we can find ourselves and the pupils we are serving in a situation where the only physical interaction they get throughout the day is ‘functional’ or ‘professional touch’ (Brennan, Wu and Love, 1998). Or, what Lin describes above simply seems like sound common sense doesn’t it? Of course practitioners are going to do all those things as thoughtfully and sensitively as she describes – aren’t they?
Well, I am deeply sorry to report that in my judgement of observing many, many workplaces, the worst excesses of functional touch are more to be seen than, what shall we call it – ‘meaningful interpersonal touch’. For this reason, I give courses called ‘Empathic Handling’. It was working with Lin and her team that helped me to design the content. Yes, it does feel a little like training people in how to behave naturally. However, I can vividly remember the time as a practitioner, when I myself only used functional touch.

For pupils with PMLD, I would offer the thought that there is a constant danger of them living lives of social deprivation – of being the ‘untouched’. They can remain untouched because they are constantly strapped into wheelchairs and other aids that can literally form a physical barrier to our proximity. They can remain untouched because they can seem too fragile and delicate to be handled meaningfully. They can feel like an awkward shape, or stiff, and somehow be physically unyielding, not so physically rewarding to a member of staff. They can feel like the untouched because even though they have hands laid on them frequently, it is mostly functional touch, not ‘meaningful interpersonal touch’.

What do we know about touch that might have implications for our practice?

It is interesting to conduct a literature search on physical contact. It is very hard to find anything on the topic in education literature. In particular, I recently conducted a survey of all the main books on curriculum for children who have severe learning difficulties over the last twenty years or so. Physical contact is not mentioned in any of them except Tilstone, Layton, Anderson, Gerrish, Morgan and Williams (2004) and McLinden and McCall (2002).

Thus, if you have an interest in these areas and, as you can observe, I am suggesting that we in our field critically should have, it is necessary to be a little ecletic in one’s reading and relate some inferences to first-hand experience. I will attempt to give just a flavour of the material to be found in psychology, ethology, anthropology and, increasingly, neuroscience. I hope this brief review will establish the point that we cannot not touch.

There is a wealth of observation on the role of touch in the parent–infant interaction literature and general acceptance of its critical role in the formation of these crucial activities (Finnegan, 2002). There are, too, a range of studies conducted on animals, frequently rats, often primates, by psychologists and ethologists seeking to make extrapolations to human development and experience.

One of the best known and frequently quoted studies with primates (I almost hesitate to cite it yet again) was by Harlow and Zimmerman (1958) who showed that Rhesus monkeys deprived of touch with their mother would cling to a terry-cloth surrogate, even preferring the terry-cloth surrogate with no milk to the wire mesh surrogate with milk. Suomi (1995) demonstrated that Rhesus monkeys would fail to thrive when separated from their mothers by a sheet of plexiglass – they could still see their mothers. There is some general agreement based on such studies and catastrophes such as the Rumanian experience (Panksepp, 1998) that human babies and young children will fail to thrive if they do not receive sufficient quantity and, indeed, quality of physical contact. Touch deprivation is likely to result in growth delay (Field, 2001) and even failure to thrive resulting in death (Spitz, 1945). In actuality, touch stimulation in early experience is likely to inform all areas of development (Collier, 1985; Montagu, 1986; Field, 2001).

The species trait of touching in primates, and much else, all came to heuristic support for the theory that tactual stimulation was a fundamental factor in the healthy development of organisms.

(Montagu, 1995, p. 8)

Tiffany Field is well known for her work with premature babies (e.g., Field, Schanberg, Scafidi, Bower, Vega-Lahr, Garcia, Nystrom and Kuhn, 1986) where she showed that premature babies given increased tactile stimulation gained 47% more weight than the control group, were more awake and alert, showed better performances in various areas of the Brazelton rating scale, and left hospital on average six days earlier than the control group.

She has also been instrumental in the creation of the Touch Research Institute at the University of Miami School of Medicine. Recent studies there have particularly studied the developmental benefits of increased touch through massage therapy. Use of massage therapy has been linked with:

- weight gain in pre-term babies (Scafidi, Field, Wheeden, Schanberg, Kuhn, Symanski, Zimmerman and Bandstra, 1996);
- the sociability and interaction behaviour of babies of depressed mothers (Field et al. 1996);
- the cognitive performance of pre-school children (Hart, Field, Hernandez-Reif and Lundy, 1998);
- the sleep patterns of pre-school children (Field, Kilmer, Hernandez-Reif and Burman, 1996);
- aggressive adolescents showing reductions in aggressive behaviour (Diego, Field, Hernandez-Reif, Shaw, Rotho, Rotte, Castellanos and Mesner, 2002);
- children with autism displaying improvements in attentiveness and reductions in touch sensitivity (Field, Lasko, Mundy, Henteleff, Talpins and Dowling, 1997);
- reductions in stereotyped behaviour and improvements in sociability (Escalona, Field, Singer-Strunck, Cullen and Hartshorn, 2001).

Massage therapy is a structured way of giving increased amounts of physical contact, a packaged set of techniques that can give a sense of security to the practitioner that
the developmental uses of physical contact are totally evidence-based. Piper and Smith (2003) discuss the fear that with the rise of such techniques touch can (yet again perhaps) become ‘technical’ instead of ‘natural’. I share this reservation, but I would also make the point that if you are a practitioner who is worried about what people might think about your use of touch with pupils, and calling it massage therapy or something makes everybody feel better, then that is better than not touching.

Recent advances in neurological research, are, as far as I understand it, threatening to reshape some of our conceptions of learning. Of particular interest here, for instance, is the likelihood that the complex and dynamic experiences of interactions in babyhood result not just in the learning of new skills and behaviours, but also literally in the development of brain ‘hardware’ in terms of ‘neural connectivity’ (Golman, 2006). Thus, with physical contact as an essential aspect of these activities, there is the prospective essentiality of touch experience in early learning and particularly in communication learning. Panksepp (1998) makes a similar point in relation to play, that in evolution, ‘touch may have established a neural framework for the emergence of play’. I am not the only one to make the point that much of the most important and complex human learning takes place during play or play-type activities (Hewett, 2006). Such a scientific prospect seems to tie in with the first-hand experience of carrying out Intensive Interaction activities with people who seem to be the most communicatively difficult to reach. Once having learnt the routines of being a communicator, the learner does not seem to lose them or forget them. This seems to be the case even when the activities and practice are no longer available – though the person may be a little rusty.

I am giving way to a great desire to conclude this section by quoting heavily from Finnegan (2002) who is an anthropologist by trade, now Emeritus Professor in the faculty of Social Sciences at the Open University. She writes about human communication in a comprehensive yet, for me, appropriately vivid way. If you wish to read one book that will help you feel informed on human communication matters, make it this one.

So, in practice

I hope I have made the point that there is sufficient evidence to suggest (at the least) that not giving physical contact to pupils who have profound and multiple learning difficulties is going to be worse for them than giving it. Perhaps also there is little evidence or likelihood that giving it will in any way be harmful for them – particularly if practitioners are thoughtful, sensitive and observant.

I have discussed these issues and much of what is related in the previous section during many workshop sessions on Intensive Interaction with practitioners all over the UK. My experience indicates that most people, upon reading the previous section, would nod thoughtfully, finding that what we know, or partially know, in this science relates meaningfully to their own experiences of being human and to what they deeply ‘know’.

Nearly all of the members of staff I ever meet who work with people who have severe, or profound and multiple learning difficulties or/and autism are pretty good people. By this I mean they have chosen to come into this work, and then chosen to stay in it. This, despite routinely dealing with every known form of human excreta, and perhaps also being regularly scratched, bitten, slapped, kicked, screamed at, head-butted, etc. I don’t want to get too ‘new age’ here, but my observation is that these members of staff love their young people in the widest and most wholesome sense of human spiritual love. Most of these members of staff want to give physical contact to the young people that they are working with. It seems to me they have a ‘knowingness’ that holding, stroking, massaging, patting, embracing can be, not just ‘aah, nice for him’, but developmentally good, informing learning processes.

However, many of them do not give these experiences, perhaps because they are in a workplace or a classroom where it is explicitly forbidden to give touch, or it is frowned upon and implicitly forbidden, or there is a general sense of anxiety around abuse issues that has not been formulated into any kind of policy but it is just there, or there is a pervasive and damaging atmosphere of giving regard to chronological age first and foremost. It is likely, therefore, that they will also not allow the young people opportunities to touch each other.

Johnson (2000) describes the ‘moral panic’ of no touch policies becoming more prevalent. However, I must emphasize that in my estimation there is absolutely no national pattern to this; it is increasingly a more common experience to go to schools and adult establishments where all of these issues have been addressed and there are sensible and humane policies, safeguards, and patterns of work in place.
I do not attempt to utterly dismiss concerns about using touch in classrooms. There are good reasons for being concerned about potential difficulties and complexities. Also, in my view, a concerned practitioner is more likely to be a thoughtful practitioner. Later, I will offer positive approaches to recognizing and addressing such concerns, while not putting them entirely to one side. First, I’ll briefly résumé what I have heard are, or I believe to be, the main reasons for ‘no touching’.

1. Britishness.
2. Fear of allegations of abuse, other people misconstruing what the member of staff is doing.
3. Belief that touching is abuse.
4. Management/workplace rule – it has been expressly forbidden (I’ve never seen a written policy).
5. Word of mouth anxiety that there is a workplace rule.
6. Fear of causing sexual arousal with people who are physically mature.
7. Belief that it is illegal under the Children Act (believe me, I have heard this quite a few times).
8. Spill-over anxiety from accounts of very real difficulties in mainstream education.
9. Neglect/lack of understanding that touching is beneficial to a developing human being.
10. General crude belief in notions of age-appropriateness being more influential than recognition of the need to be developmentally appropriate.

Clearly, I cannot possibly deal with all of these difficulties in detail in the space that remains, but I will try to make some helpful observations before moving on to some sort of generally helpful résumé.

I am not being flippant in my mention of Britishness. Any of us who come, like myself, from a white English, Anglo-Saxonish, home-counties sort of culture and have travelled to other cultures in any way extensively, may realize that other cultures are mostly different from us about touching (apparently with the exception of Finland). Mine is one of the least ‘touchy’ cultures in the world. There is the famous and elegant café observation that demonstrates this. Jourard (1966) observed two people in cafés around the world. In San Juan, Puerto Rico, they touched each other more than 180 times in the observation period, in Paris 110, Gainsville Florida, 2, London, 0 times. I feel this inevitably has a bearing on our natural behaviour at work.

I would estimate that this state of affairs is gradually changing and my people are being influenced by contact with the rest of the world. However, I cannot but recognize that having an anxiety about touching other people is simply general among the people I grew up with.

I have written extensively about age-appropriateness previously (Nind and Hewett, 1994, 1996, 2005). I will simply précis here by stating that of course the chronological age of a person is one of the aspects of the person to be addressed in our education and care. However, we must not allow this issue to become paramount over the need to give regard to where the person is ‘at’ developmentally, psychologically, emotionally and communicatively. Additionally, people of whatever age can want or need physical stimulation and support.

I think there are two items on the list above that I do not need to address. The other items are all areas of concern that merit attention and consideration, but I will do that by recommending a general response, starting with a question. Does your workplace or team have a document like this one?

**Use of physical contact in work with people who have learning difficulties – guidelines for safeguards**

- **Know why you do it**
  Be knowledgeable on the purposes of using physical contact by discussion, thought and by reading the pertinent psychological and developmental literature.

- **Have consent from the person**
  Obey the usual conventions concerning making physical contact with another person. If you rarely get consent to touch, then go back a few stages and work toward obtaining willingly given consent. At the very least, physical contact may be necessary to carry out basic care.

- **Be prepared to discuss and explain your practices**
  First and foremost by being knowledgeable, as above.

- **Document – have it acknowledged in the school curriculum document or workplace brochure**
  The culture and working practices of the school or other workplace are acknowledged in the curriculum document or workplace brochure and this will include explanation of the use of physical contact and the purposes of it.

- **Document – have it acknowledged in any individual programme for the person**
  Be assertive. If you are certain that use of physical content is fulfilling the person’s needs educationally or developmentally, then state this in the documentation drawn up to support work with that person.

- **Have good teamwork, both organizational and emotional**
  Teamworking practices should literally facilitate staff working together in teams so that staff or students are rarely alone. The teamworking ethos should also include good discussions among staff concerning the emotional aspects of the work, including crucially, orientations toward the issue of use of physical contact.

- **Use of physical contact should be discussed openly and regularly**
  There should be no sense of furtiveness or ‘hidden curriculum’. This important aspect of teaching technique should tangibly be a matter of open discussion and study.
• Have others present where possible
The most basic safeguard for staff and students is to have other staff present in the room when in situations where physical contact is likely to be taking place.

The answer is probably ‘no’. So take this one please, try it, use it, develop it. I’ve been giving out these guidelines for safeguards for a number of years now. Most of the members of staff I discuss it with seem reassured simply by the prospect of having it. The teams I know who have it literally in place in their work as a living, breathing document say that they feel a lot more confident about what they are doing and why. It is usually observed that the two most significant factors are (a) documentation, writing down what you believe, what you know and why you are doing what you are doing, (b) discussion, engendering a quality of openness on these issues. I have had it related to me that it is particularly gratifying to hand over the general and individual pupil documentation when questioned by inspectors.

I offer below also an excerpt from a document I have drafted in discussion with an Intensive Interaction Coordinator team and which it is intended will comprise part of a more general paper for their organization. The intent of the paper is to make clear that members of staff do routinely use touch and outline the reasons for this. Part of my reasoning with this one is that in special education work we have for years been liberally touching pupils for many of these (quite legitimate) reasons and for the whole time it is particularly gratifying to hand over the general and individual pupil documentation when questioned by inspectors.

All staff must be aware of these potential hazards
• With students at or beyond puberty, members of staff must operate maximum sensitivity to physical contact being misunderstood or misconstrued and triggering sexual arousal. Members of staff should use maximum tuning-in and sensitivity to all feedback signals from the student.
• As far as is possible, staff must give maximum regard to the student’s right to give consent to physical contact (there can be exceptions to this in our practice).
• Students may sometimes indulge in touches to intimate areas of a member of staff’s body when there is no sexual intent or understanding. It is legitimate and advisable for the member of staff to withdraw from or cease to touch, but not advisable to give significant negative feedback at that moment – feedback which may be reinforcing.
• Students may sometimes become sexually aroused during personal care – consider carefully whether to continue at these moments and what the alternatives may be.

What does this mean in practice?
Members of staff may routinely touch students in order to:
• reinforce other communication, e.g., hand on shoulder while speaking;
• give physical support and guidance;
• give reassurance – communicate security and comfort;
• physically intervene and manage negative behaviours;
• play, interact;
• role model positive use of touch;
• respond non-verbally;
• direct or physically prompt;
• give personal care;
• give physical cues for participation or understanding;
• aid protection in hazardous situations;
• give therapy, e.g., massage, physiotherapy;
• function as the main form of communication;
• respond to students’ use of physical contact for communication and making social connections;
• reward and affirm;
• give them the opportunity of choice to lead the communication;
• communicate affection, warmth, a sense of mutuality etc., and enable the student to learn understanding of these things and the ability to communicate them;
• deliberately and most sensitively teach some students who do not want or like touch, the enjoyment and benefit of physical contact;
• give graphic experience of the tempo of life and physical activity enjoyed by another person – e.g., member of staff communicates calm and stillness through physical contact.

My recently growing perception is that various schools and establishments in adult services are starting to produce guidelines in this area, often along the lines set out above. Examples can be found on-line. Many, many other establishments and services need to be encouraged and motivated to follow such examples.

Conclusion
It is a reality that there can be difficulties sometimes with the complexities of physical contact in our work. However, those difficulties can be addressed in a sensible way by teams working properly together. Moreover, the difficulties should properly be addressed on a person-by-person basis, not by ‘one size fits all rules’. The alternative, that it will be better to withhold or simply neglect touch because it can sometimes give rise to difficulties and complications, seems to me to be not feasible. I hope that the last section gives some technical and practical advice in this area.

The main reality, it seems to me, is that the problems associated with not making available human experience through touch are much greater. The benefits for a young person
who has multiple disabilities are likely to be in communication learning, a sense of connectedness with the world and other people around her/him, a sense of psychological and emotional well-being and, most probably, improved and enhanced quality of life in all routines of the day.

You never really do a piece of writing totally on your own. Thank you to Lin Hall, Ali Dolan and Ann Garden for the work we did together on ‘Empathic Handling’ principles. Thanks also to the extensive discussions and guideline drafting with the Intensive Interaction Coordinators team at the National Centre for Young People with Epilepsy: Margaret Corke, Carol Jones, Jacci Kellett, Ellen Winter, Miranda-Jane Barker. As ever, I must mention the years of thought and discussion with Melanie Nind.

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Correspondence

Dave Hewett
Interact
100 Station Road
Puckridge
Email: daveinteract@hotmail.com