

## A modest proposal to help looked after children

by Colin Maginn

With growing concern for children and young people's overuse of screen time and lack of activity, there is a national health issue with the increase in the number of overweight children. The UK Government is not responsible for telling parents what to do with their children, however, as the legal 'parent' for the nearly eighty thousand children and young people in public care, it is the Government's responsibility to ensure that each of these children has a healthy diet. To achieve this while addressing the obesity problem, the Government should ensure each young person in care have their nourishment requirements assessed based on their levels of activity, age, development, size and so on.

To control the many random and idiosyncratic variables around obesity, food could be scientifically produced as colour-coded food pellets. Green pellets would contain all the nutrition and fibre from the '5 a day' vegetable requirements. Yellow pellets for daily protein needs and light orange pellets for essential carbohydrates. Of course, all of the food pellets would contain vitamins and would be consumed with water, (sugary soft drinks would be banned) but for variety both fizzy and still water, with or without ice, would be made available to all looked after children. The production and distribution of the food pellets would lead to considerable savings while ensuring that all the children in care would be well-nourished, physically healthy and have ideal body mass indexes.

Already, some readers may have anxieties about this approach as it appears mechanistic and even unkind to deprive children of the joys to be had from the smells of freshly baked bread or the amazing sweet mix of ice cream covered in warm caramel sauce, melting on the tongue. Lost too would be the esteem-building pleasure experienced by young people discovering the delights of cooking a meal or the quiet appreciation of having a special meal prepared for them. In short, a meal of pellets would lack the human touch.

### Another missing touch

The absence of physical human touch is no satirical matter especially when the current focus on safeguarding children and young people in public care has resulted in cold professional boundaries and 'no-touch' guidelines. The absence of human touch for a maltreated child is likely to strike at their emotional core. While a child would see the care system offering food pellets as a ridiculous April fool prank, they routinely have to accept a 'no-touch' care system. Sadly, as any psychologist would confirm, it is likely that they would view the absence of touch as their fault, leaving them feeling 'untouchable' and even more devastating for a child, they may think of themselves as unlovable.

Parents instinctively use touch in their everyday contact with their children. Humans are highly social and from birth to old age, touch plays a central role in the formation and maintenance of relationships. In human interactions, it has long been recognised that touch is fundamental in enhancing social bonding, showing empathy, demonstrating agreement, offering comfort, sharing success and achievement and acknowledging sadness. Touch is the first sensation to develop in embryo and the last to fade in old age. In the case of children, affective touch is a powerful medium for conveying empathy, for example when acknowledging that a child has been successful, or is anxious, frightened or upset.

The idea that touch is as important as food was reported in 1945 when René Spitz<sup>1</sup> noticed a high death rate in hospitalised infants who received only brief or no touch from nurses. Spitz wrote that food and sanitary conditions alone were insufficient for survival, and that interpersonal touch should be regarded as a biological necessity. Later Harry Harlow's (1958<sup>2</sup>) now well-known but controversial work with young rhesus monkeys showed that they preferred a 'cloth mother' that provided comfort and warmth to a 'wire mother' that provided food. Both studies confirm what we already know instinctively, however, when it comes to children in public care, these instincts and historical insights have been lost.

Scientific studies using fMRI scanning, have shown that affective touch turns out to be even more complex than expected. Positive human touch has both neurobiological and psychological beneficial outcomes for the receiver and the giver. Paula Trotter's research (Trotter et al 2016<sup>3</sup>) shows that lack of touch in childhood is a significant predictor of adult depression. As Ralph Pawling (2017<sup>4</sup>) and his colleagues put it: '.. tactile interactions are rewarding, buffer physiological and psychological responses to stress and ultimately enhance well-being.' They go on to explain that '...nerve fibres called C-Tactile afferents (CTs), ..respond optimally to slowly moving, gentle touch.. '. The detailed scientific proof shows that even gently stroking a person's arm can reduce cortisol levels, help distressed people to become calm and regulated and benefit people who are depressed.

Children in public care are no different from other children, they also need ongoing positive helpful touch for normal brain development. It is a fundamental human need and is necessary for healthy social, emotional, cognitive and physical development.

Awareness of abuse has alerted us to the need for caution to ensure that children are safe from harmful touch. Safe boundaries need to be established which respect privacy and to protect children from touch which is sexual, overfamiliar or any touch which is intended to hurt, hit or cause pain. The absence of touch is harmful too, especially if the person withholding helpful touch is 'the person in the parenting role'. The absence of touch from those 'In loco parentis' should also be a safeguarding issue (see table one below).

There is a need for clarification to address the confusion experienced by many teachers, residential and foster carers, indeed most adults who spend time with children. Looked after children, like all children, need 'helpful touch' whether it's to show affection, provide comfort and empathy, recognise extra effort or success, give confidence or provide reassurance. Children and young people do need protection from harmful touch and nasty people, less obvious is the need for protection from adults in the parenting role who opt for the clinical soul-destroying absence of touch.

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<sup>1</sup> Spitz, R. (1945). 'Hospitalism: An inquiry into the genesis of psychiatric conditions in early childhood.' *Psychoanalytic Study of the Child*, 1, 53–74.

<sup>2</sup> Harlow, H. F. (1958). The nature of love. *American Psychologist*, 13(12), 673–685.

<sup>3</sup> Paula Diane Trotter, Francis McGlone, Shane McKie, Martyn McFarquhar, Rebecca Elliott, Susannah Claire Walker and John Francis William Deakin (2016) 'Effects of acute tryptophan depletion on central processing of CT-targeted and discriminatory touch in humans' *European Journal of Neuroscience* Vol. 44, pp. 2072–2083, 2016

<sup>4</sup> Ralph Pawling, Peter R. Cannon, Francis P. McGlone, Susannah C. Walker (2017) 'C-tactile afferent stimulating touch carries a positive affective value' *PLoS ONE* 12(3): e0173457. doi:10.1371/journal.pone.0173457

## A quick guide to touch

Helpful touch	Harmful touch	Absent touch
<ul style="list-style-type: none"> <li>• Supportive or reassuring</li> <li>• Offering comfort</li> <li>• Shows acceptance and approval</li> <li>• Light stroking touch can reduce cortisol levels in people who are depressed</li> <li>• Touch can help an upset child to be calm and regulated</li> <li>• A hug can be used to celebrate success</li> </ul>	<ul style="list-style-type: none"> <li>• Hitting or hurting</li> <li>• Overfamiliar or sexual</li> <li>• Controlling or restraining</li> <li>• Rough handling</li> <li>• Can trigger the fight, flight or freeze response</li> <li>• Causes an increase in the level of cortisol</li> <li>• Can lead to impulsive, irrational, defensive behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• The absence, or withholding, of touch, impairs the child's emotional development.</li> <li>• Professional anxiety surrounding touch deprives children of a basic human need.</li> <li>• Withholding touch can confuse: the child would not understand why they are 'untouchable'.</li> </ul>

**Table one:**  
**A 'traffic light' table showing what touch to use (in green)**  
**and what to avoid (in red)**

This article was inspired by **Lemn Sissay's Ted Talk 'When all you need is a hug: personal experiences of the UK care system'** in which he talks about the 'emotional violence' of not being touched or hugged as a 12-year-old boy in a children's home:

<https://www.youtube.com/watch?v=B88dCHJ9Rvg>

### **Author's note on the current pandemic**

It may seem odd to publish an article advocating helpful touch, during a pandemic when the advice is to maintain 2-meter social distance. However, we were researching this material more than a year ago as the neuroscience was confirming Lemn Sissay's insights, we decided to update our advice and training for those in the parenting role for children in public care. While the training materials were updated quickly, the first draft of the article was not ready until January 2020 at that time when UK Chief Medical Officers considered our risk level from COVID-19, as low. The article had already been accepted for publication by the time the World Health Organisation (WHO) declared it a pandemic.

Helpful touch is an important basic human need but during this public health emergency, look after yourself and those close to you and make sure that you are following current guidance to ensure safe care practices for you, your family and those in your care.

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