Is political correctness getting in the way of good child care? asks **Janet Goodall**

The Comforting Touch

'*People were bringing little children to Jesus to have him touch them, but the disciples rebuked them*' (Mark 10:13). Most people know that tiny babies thrive better for personal contact. Ill and dying people are often comforted by a hug or handclasp. Intensive medical care is no longer like Thai dancing - high in skill but low in touch. Aural and tactile stimulation is routine even for unconscious patients. Yet in educational and other professional settings, the idea of touching a child has become so loaded with anxiety. Why?

Today, would Jesus be allowed to express his tender feelings for children without some busybody reporting him? Would his ministry need to be vetted before he could meet and greet any of them? Mark's Gospel tells us that people brought their little children to Jesus especially 'to have him touch them'. He did not disappoint them. No doubt some had special needs which no-one else cared about. Jesus frequently touched and healed untouchables, an example for Christians ever since.

Publicity surrounding isolated cases of child abuse by professionals has contributed to serious over-reaction.[1] A researcher from Manchester (UK) has found care workers reluctant to put a plaster on a child's hurt knee. One mother objected to playgroup staff wiping the soiled bottom of her three year old. Fear and suspicion are spoiling trustful relationships between adults. It is leaving the children for whom they all genuinely care deprived of sympathetic contact. Some could feel rejected and unloved - which is itself a form of child abuse.

Public confidence would improve if it were more widely known that the trustworthiness of those who work with children must now be officially documented. Childcare workers have to undergo checks before they can be employed. There is ever increasing vigilance designed to debar any with a questionable past record. Moreover, most young children themselves have instincts that help them know when adult actions are comforting or uncomfortable. Most will make their concerns known. If parental opposition persists there might be a deeper reason for it than is always apparent (see box).

Necessary discomfort, as for the gentle bathing of a scraped knee, is unlikely to be greeted favourably by the owner of the knee. A simple explanation, of the dangers of rust, for example, and afterwards commending the child for being brave in the face of the pain involved, should communicate kindly intent. In turn it will affect the pain threshold. A family member may or may not be more demonstrative, but for a nursery nurse or teacher to hold a hurt child's hand or offer a comforting hug is unlikely to be misinterpreted either by the child or an impartial observer. Any misunderstanding should be calmly and patiently cleared up in person. A health worker might need to point out that a child who has just endured a venepuncture, for example, will indeed be left feeling abused unless the professional's body language is allowed to express sympathy as well as the sometimes cold comfort of mere words.

Sadly, Mark reports how the disciples themselves tried to thwart the Lord's compassionate, healing touch for children. Jesus indignantly told them that the eagerness to trust him, which was being shown by carers and children alike, was the kind of faith needed to gain a passport into his kingdom. The disciples' antipathy was acting on the families much as the threat of deportation affects genuine asylum seekers. No wonder he was upset. (Mark 10: 13-15)

As his followers, we must not allow political correctness or officious officialdom to deflect from properly appropriate child care. Complaints should be met with grace, backed by sweet reason. Carers have been given legal authority as well as having moral responsibility to conduct their care properly, but implicit in this is to speak up fearlessly for the voiceless. Children are not just bodies to be given professional treatment at arm's length. Proper care of the whole person reaches beyond the technical and, as with our Lord, involves a healing touch and comforting word - even when others hold back. Obvious compassion and frank, though sympathetic, discussion can change fear and suspicion to trust. Commonsense must not be allowed to remain the least common of the senses.

Parental Opposition and its Roots

The widowed mother of a chronically sick primary school child became hostile towards all treatments being offered, whether invasive or oral, and abusive to the staff trying to give them. The child picked up the atmosphere and was outspokenly uncooperative, especially about intravenous therapy. The request for transfer to another doctor was not immediately acted upon as it was clear that the problem would be transferred, too. Instead, doctor and mother sat down together for such a homely chat that the woman suddenly said, 'Do you know, doctor, I have just realised that you're a human being like myself.' She then told how, as a small girl, she had sustained a bad cut at play and was then held down forcibly by nurses whilst, ignoring her screams, the doctor stitched up the wound, apparently without local anesthetic and certainly without any memorable warning or comfort. Not unreasonably, she had been antipathetic towards both professions ever since, antipathy made worse by the death of her husband and the child's need for constant medical surveillance. With barricades lowered, she accepted a fresh explanation of the illness and the inescapable need for the proffered treatment. Being a forthright woman, she conveyed this to her daughter who was quick to observe the changed attitude. This, together with the customary anesthetic cream for venepunctures and the unflagging support of her medical team, helped her (for *most* of the time...) to become a calmer and much more cooperative little girl.

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1. Piper H, Smith H. Touch in Educational and Child Care Settings: Dilemmas and Responses. *British Educational Research Journal* 2003; 29 (6): 879-894