St Francis of Assisi Catholic Primary School

Touch Policy

September 2026

Introduction

At St. Francis of Assisi Catholic Primary School we are aware of the importance of touch to children's learning and emotional well-being. From the moment we are born, we use our sense of touch to find out about the world around us. Touch plays a significant role in our early understanding of our surroundings, but touch also enables us to feel secure and cared for.

As part of our duty of care to the children, there may be times when they need comforting or reassuring, or in a minority of circumstances, to remove a risk to other children, members of staff, or property.

We may also need to physically touch, guide or prompt pupils if they require personal care, assistance with writing, eating, dressing etc.

It is important for staff and parents to have a clear understanding of the school's guidelines for physical contact.

Please note that although we have a touch policy and believe that contingent touch can be a positive experience for the children that we care for, this does not mean that staff have to touch children, and it should be realised that some children will not want to be touched.

Hugging

At our school, we encourage staff who are using touch for comfort to use a 'school hug'. This is a sideways-on hug, with the adult putting their hands on the children's shoulders. This discourages 'front on' hugging, and the adult's hands on the shoulder limits the ability of the child to turn towards the adult. This can be done either standing or sitting.

Hand-Holding

We recognise that children sometimes enjoy being able to hold hands with adults around them.
This is perfectly acceptable when the hand holding is compliant.
However, if the handholding is being used by an adult as a method of control to move children, this can become a restraint. Therefore, we encourage the use of the 'school hand-hold'. This can be done by the adult holding their arm out, and the child is encouraged to wrap their hand around the adult's lower arm. The adult's other hand can then be placed over the child's for a little security if it is required.
In summary, it is generally deemed appropriate to touch others on the upper arm, which would appear to be regarded as a neutral zone in most cultures.

Lap-Sitting

At our schools we actively discourage lap-sitting. Children should be taught to seek comfort/attention through other means, for example the school hand hold or hug. If a child attempts to sit on the lap of a member of staff, we ask them to sit next to us instead.
At times, children may be in such a crisis or distress that they hold you in a way which is not described as above (e.g. 'front on' or hug/lap sitting'). If this should happen, a senior member of staff must be informed and a record of this should be kept. This enables the school to monitor the amount of times this is occurring in order to help them decide whether this is a 'controlling' behaviour on the part of the child, or whether the child is displaying distressed behaviour regularly.

Intimate Care

Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure,
(E.g. the administration of an epipen.)
Staff training will be provided where it is deemed necessary/appropriate e.g. Prick test for diabetics.
The issue of intimate care is a sensitive one and requires that all staff are respectful of the child's needs.
The child's dignity should always be preserved with a high level of privacy, choice and control. All staff should have a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

St. Francis of Assisi School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Our approach to best practice

The management of all children with intimate care needs is carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance. The school will work closely with parents with regards to meeting the child's needs sensitively and with respect. Intimate care needs are discussed with parents at the new parents meeting before the child starts school.
Staff who provide intimate care are aware of best practice.
Apparatus will be provided to assist with children who need special arrangements, following assessment from physiotherapist/ occupational therapist as required.
The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities.
Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves.
Individual intimate care plans will be drawn up with staff and parents for particular children as appropriate to suit the circumstances of the child.
Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted.
Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Child Protection/Safeguarding

School safeguarding procedures will be adhered to.
All children will be taught personal safety skills carefully matched to their level of development and understanding.
If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. they must immediately report concerns to the DSP (Head teacher) or deputy designated person for safeguarding
If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules may be altered until the issues are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed.

Health and Safety
The following advice/strategies are some suggestions as possible ways to actively promote inclusion and the welfare of pupils.

1. **Children wearing nappies/soiling**

- All children are admitted to school, regardless of whether they are still wearing nappies.
- Where a child is using nappies there will be a signed agreement with the parents outlining who will usually be responsible for changing the child and when and where this will be carried out.
- This agreement allows us and the parents to be aware of all the issues surrounding this task right from the outset.
- A record will be kept of when changing took place and who carried it out.
- If the child refuses to be changed the parent must be informed.
- Nappies and wipes from healthy children can be double bagged or put into nappy sacks and placed into domestic waste bins.
- Staff should always wear medical gloves when dealing with a child who is bleeding or soiled or when changing children who have soiled, and an apron if appropriate.
- Soiled clothes will generally be sent home in a sealed plastic bag.
- Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed.
- This bag should then be placed immediately into domestic waste bins.
- The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste.
- Staff should be aware of the school's Health and Safety policy

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2. **Changing facilities**

- At all times the dignity and privacy of the child will be of paramount concern.
- An area, made private by the use of a screen, is acceptable
- The area must not be situated in a thoroughfare
- A changing mat may need to be used on the floor when a child is to be changed. (This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause possible back injury.)
- It may be appropriate to clean children up in the 'Area' toilets or the disabled toilet
- Sensitivity to where a child is changed/cleaned and safety of the member of staff must be considered.

3. **Equipment Provision**

- Parents are expected to provide nappies if their child is still wearing them.
- The parent should also provide disposal bags, wipes, changing mat etc.
- Parents may be asked to provide clean clothes in the case of a child who soils themselves regularly
- Schools are responsible for providing medical gloves, plastic aprons, a bin and liners to dispose of any waste.

4. **Special needs**

- Children with special needs have the same rights to safety and privacy when receiving intimate care.
- Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the organisation should be easily understood and recorded.

- Guidance should be given to safeguard children and education staff with regard to situations which may lend themselves to allegations of abuse (Physical contact, first aid, showers/ changing clothes, out of school activities etc.)

5. Physical Contact

- All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.
- Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. All arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny.
- Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.
- Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse.
- Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

6. Highly Recommended Tips

- Hands always very visible
- Talk the child through what you are doing
- Always check that what you are going to do is acceptable to the child and they know why you are doing it.
- Keep children to your side at all times
- Deter children from sitting on your lap.
- Tell someone where you are going and why
- Keep doors open and talk to people outside
- Make sure someone knows you are in a room alone with a child or call another adult to be with you.

7. First Aid and intimate care

- Staff who administer first aid should ensure wherever possible that another adult or other children are present
- The pupil's dignity must always be considered and where contact of a more intimate nature is required, another member of staff should be in the vicinity and should be made aware of the task being undertaken.
- Regular requirements of an intimate nature should be planned for.
- The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.
- The above guidelines for changing a child must be followed.

8. Physical Education and other skills coaching

- Staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment.
- Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.

- Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.
- Currently, at St. Francis, children come to school in PE kit on those days when they have PE. Therefore, there are no longer opportunities for staff to notice bruises or marks whilst children change. As a result, staff need to remain especially vigilant at all times. Should staff see any marks, bruising or scars during changing, the guidelines in the child protection policy should be followed.
- During swimming or times where children are changing for events such as school plays, any physical contact or visually intrusive behaviour should be avoided when children are in a state of undress.
- Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present.

9. Out of school trips, clubs etc.

- Adults should take particular care when supervising pupils in the less formal atmosphere of a school trip or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of the adult/adults responsible will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's/establishment's policy and all LEA Guidance regarding out of school activities.

Handling

Any Restrictive Handling of children must follow Government guidelines and the Trust's Restrictive Intervention Policy, found on the Trust's website.

At our school we aim to

- Create a calm, purposeful environment where staff and parents feel secure
- Encourage positive behaviour
- Have consistent strategies to manage unacceptable behaviour

There will be rare occasions when the children have to be safely handled. Typically, this is when children with a high level of personal stress, a dangerous lack of self-control and a desire to challenge or threaten are diverted from harming themselves or others, or from seriously damaging property, or need to be protected from the likelihood of them doing so.

Where a child is about to do something where there is a clear potential for the above, then staff should safely prevent him/her from doing so. This may include removing a pupil from a potentially harmful situation into a calmer environment. It may be necessary to remove the audience in order to isolate the incident.

Control is:

- The positive use of persuasion and dissuasion
- Physical presence
- Being around
- Prevention of absconding
- Positive physical handling

1. Persuasion, Dissuasion and Distraction

Persuasion and dissuasion is where staff focus the discussions with children with the aim of persuading them towards or dissuading them from an intended course of action.

Very often, just the presence of an adult can be an effective tool in calming a potentially problematic moment. Using a confident but non-threatening presence can communicate a safe and secure environment. This can reinforce authority and concern. It may restrict children's movement but it is limited to standing close to or in front of a child, or standing temporarily in the way of a child. Sometimes, distraction might be the best way of preventing a situation from escalating. When adults use distraction

techniques, this does not mean that the child is 'getting away with bad behaviour'; merely, that in the moment, this strategy is the most appropriate way for the situation to become controlled.

2. Physical Diversion

Physical diversion differs from physical positive handling in the degree of force used. It may be, for example, holding a hand, placing a hand on the forearm or putting an arm around a shoulder. Physical diversion is a means of reflecting a child from destructive or disruptive behaviour. It includes little force but serves to reinforce staff attempts to reason. It is important that the member of staff has an established relationship with the child.

3. Prevention of Absconding

When a child is intent on leaving the building or school grounds without permission, staff have to consider whether or not a physical intervention should be exercised. Any increase in the degree of safe handling needs careful consideration in the context of the child's age and needs.

As a general rule, if the child is still in the building or in the school grounds, attempts should be made to discourage absconding. This is not to restrict the child's liberty, but to protect the child as outlined in the principles above.

Careful consideration must be given before pursuing children outside the school premises. Assessment must be made in terms of 'appropriate and justifiable action' and will always include the age and size of the child, their understanding and the relationship between the member of staff and the child.

4. Physical Positive Handling

Physical handling is the positive use of minimum force to divert a child from harming himself/herself, others or from seriously damaging property. It is used rarely, as a last resort or where any other course of action would be likely to fail.

All actions taken must conform to Norfolk Steps training. At St Francis the SENDCo is a trained trainer in Steps and has responsibility for ensuring that relevant staff receive regular training.

- **Staff**

  Individual members of staff cannot be required to use physical restraint. However, teaching and non-teaching staff work 'in loco parentis' and should always operate with an appropriate 'Duty of Care'.

  The school must provide training for all staff authorised by the head teacher to use reasonable positive physical interventions with pupils and a list is retained of all those trained and authorised.

  No member of staff will be expected to undertake the use of positive physical intervention without appropriate training.

  Staff should always have regard to their own safety. There is no expectation that staff should go alone into potentially dangerous situations. Wherever possible, intervention should be undertaken by two or more members of staff. Where the member of staff is handling a child of the opposite sex, a member of staff of the same sex as the child should be present from the earliest possible moment.

  The Head Teacher will ensure that there is appropriate support for staff following an incident.

- **Principles**

  Give the child clear warning – offer an escape route from the situation.

  Once the physical intervention is necessary, it should happen quickly, smoothly and confidently, employing Step On/ Step Up strategies. The extent of force used should be no more than necessary to control the situation.

Once things begin to calm, it can be coupled with significant changes in restraint. This should be on staff terms, not when demanded by the child.

- **Recording and Reporting**
  Where positive handling strategies and or/ physical control has been used, a record of the incident must be kept on CPOMs. These records should be completed as soon after the incident as possible, by all staff involved.
  Incidents involving positive handling must be reported to the child's parents/carers as soon as is practical after the event. Information about major incidents is also shared with Governors and the Local Authority.

- **Complaints**
  The availability of a clear policy about reasonable force and early involvement of parents should reduce the likelihood of complaints.
  Any complaints about staff will be investigated according to relevant procedures e.g. Safeguarding, Staff Disciplinary Procedures. The member of staff will be kept informed of any action taken.

- **Positive Handling Plans**
  Where appropriate, Positive Handling Plans are written for individual children and where applicable these should be in addition to any Pastoral Support Plans/LSPs.
  Risk Assessments need to be completed against each child when positive handling strategies may need to be used, in the context of the identified target behaviour(s) and environments in which they occur. The assessment should identify the benefits and risks associated with the strategies being proposed.