



## Thameside Primary School: Touch Policy

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## Contents

Purpose	3
Scope	3
Guiding Principles	3
Why do we use touch?	3
How do we use touch?	3
Positive handling	5
Key principles for staff	5
Inappropriate touch	6
Responses to inappropriate touch or concerns	7
Restrictive Physical Interventions	7
Statutory duties regarding Restrictive Physical Interventions	7
Touch plans	8
Touch plans for children requiring planned restrictive physical intervention	8
Personal Emergency Evacuation Plans (PEEPs)	9
Safe working practice	9
Appendix N/A	

<b>Policy reviewed by:</b>	Charlotte Harkins
<b>Key Changes:</b>	<p>Add that policy now aligns with new guidance on ‘Restrictive Interventions, including use of reasonable force in schools’</p> <p>Removed section on guiding and escorting</p> <p>Added new section on Restrictive Physical Interventions</p> <p>Added new section on Statutory duties regarding Restrictive Physical Interventions</p> <p>Added information on Touch Plans for children requiring planned Restrictive Physical Intervention</p>



## **Purpose**

A carefully crafted Touch Policy is essential for safeguarding students, respecting boundaries, and providing clear guidelines for staff. This policy aligns with the statutory guidelines from the Department for Education (DfE), respecting the areas highlighted in "Keeping Children Safe in Education (KCSIE)", and is informed by Ofsted's expectations for safeguarding within educational settings. This policy also includes aligns with "Restrictive Interventions, including use of reasonable force, in schools", DfE, effective April 2026.

Staff are able to physically guide, touch or prompt children in appropriate ways at the appropriate times. It is extremely important that you have read and understood this guidance to appreciate the reasons why we may choose to hold/touch children and the appropriate ways in which we do so.

## **Scope**

This policy applies to all staff, volunteers, and visitors interacting with children at Thameside. It includes physical contact between staff and children and outlines when and how touch is appropriate, based on the developmental needs and emotional well-being of the child.

## **Guiding Principles:**

1. Child Safety and Well-Being: The primary consideration is always the safety and well-being of the child.
2. Professional Boundaries: Physical contact must always be appropriate, respectful, and take into account the individual child's needs, context, and comfort level.
3. Non-Discrimination: All children, regardless of gender, race, disability, or background, are treated equally and with respect. The same standards of touch apply to all students.
4. Transparency and Accountability: Any concerns regarding inappropriate touch must be reported immediately according to the school's safeguarding procedures.

## **Why do we use touch?**

We may choose to hold children for a variety of reasons but in general terms we would normally do so for either comfort or reward. We may also need to physically touch, guide or prompt children if they require personal care, assistance with writing, eating, dressing etc.

## **How do we use touch?**

### **Hugging**

At Thameside, we use a 'Side Hug'. This is a sideways on hug, with the adult putting their hands on the child's shoulders. This discourages 'front on' hugging, and the adult's hands on the shoulders limits the ability of the child to turn themselves into you. This can be done either standing or sitting.



### Hand holding – Offering an arm

We recognise that children sometimes enjoy being able to hold hands with adults around them. Handholding at Thameside is perfectly acceptable when the hand holding is compliant. However, if the hand holding is being used by an adult as a method of control to move children - without their compliance - this can become a restrictive physical intervention. Therefore, in most instances, we encourage the use of 'Offering an arm'. This is 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 extra security, if it is required.



#### Offering an arm

- Hip in
- Head away
- Sideways stance
- Arm is offered
- Child accepts the invite
- Draw elbow in for extra security

### Lap sitting

At Thameside Primary we actively discourage lap-sitting. Children should be taught to seek comfort/attention through other means, for example the 'Side Hug' or 'Offering an arm'. If a child attempts to sit on your lap, explain to them that this is not what we do here, and ask them to sit next to you if it is appropriate.



## **Positive handling**

There are necessary, purposeful occasions when staff will have cause to have physical contact with individuals for a variety of reasons, for example:

- **Comfort and Reassurance:** In moments of distress, crying, or upset, gentle physical contact like a hand on the shoulder or back or side hug can be reassuring if the student welcomes it.
- **First Aid and Medical Attention:** When administering first aid or supporting a child with medical needs, touch is necessary and must be handled with care, ensuring the child's dignity is respected.
- **Physical Assistance:** Assisting children with special needs, young children, or those with disabilities may require physical contact, such as helping with mobility, dressing, or accessing materials.
- **Play and Education:** Physical contact during supervised games, sports, or physical education (e.g., high-fives, guiding movement) should always be appropriate to the activity and must never be forceful or prolonged.

## **Key principles for staff:**

- **Seek Consent:** Always seek verbal or non-verbal consent from the child before initiating touch, ensuring they feel comfortable with the interaction.
- **Be Age-Appropriate:** Consider the age and developmental stage of the child; older children may feel more self-conscious about physical contact.
- **Respect Boundaries:** If a child pulls away or shows discomfort, stop immediately and respect their personal boundaries.
- **Avoid Private Situations:** Physical contact should be avoided in private, one-on-one situations. Whenever possible, ensure that physical contact occurs in view of other staff or children.
- **Respond to Specific Needs:** Be aware of children who may have experienced trauma or have specific needs, and adjust your interactions accordingly.
- **Physical intervention should be in the child's best interest and should be conscious of the need to differentiate the attachment to staff from the attachment to key adults such as parents or siblings. Therefore, staff should not be asking children for hugs/cuddles and if children request a hug/cuddle, they should be reminded that 'hugs are for home' (unless this is specifically noted on their touch plan).**
- **Staff are to maintain professionalism in the workplace and model the fact that 'hugs are for home' and not hug each other in front of the children.**
- **If a child needs physically comforting, staff will use a side hug.**
- **Children should never be carried – in doing so, there is elevated risk of injury to the child and the adult.**
- **Staff will only use restrictive physical intervention if the child is putting themselves or other in danger and there is no other reasonable option. This should never be done to move children up or down stairs.**
- **Staff will not use physical intervention to physically separate or 'peel' a child from their parent. However, a distraction, 'side hug' or offer a hand or arm could be used to encourage children to separate from their parents.**

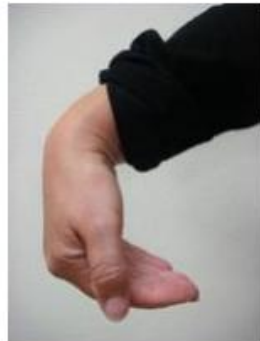
- Staff will ensure that children are taught to ask their peers for consent before they take part in touch based activities such as peer massage.
- Physical contact with children should use either an 'open mitten' or a 'closed mitten'.

### Open mitten



- Fingers together
- Thumb away from fingers
- Palms parallel to floor
- The hand should remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising.

### Closed mitten



- Flat hand
- Fingers and thumbs together
- The hand should remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising.

### Inappropriate Touch

Touch is deemed inappropriate when it violates a child's personal boundaries, is unnecessary, or has the potential to cause emotional, psychological, or physical harm. The following are examples of inappropriate touch:

- Touching intimate body parts or engaging in any action that could be interpreted as sexual in nature.
- Forceful or aggressive physical contact, such as grabbing, pushing, or hitting.
- Prolonged or unwanted physical contact, even if intended as comfort or affection.
- Touching a child in any way when angry or frustrated.



### **Response to Inappropriate Touch or Concerns:**

- Any concerns or complaints about inappropriate touch must be reported immediately to the designated safeguarding lead (DSL) in line with the school's safeguarding and child protection policy.
- If a staff member witnesses or suspects inappropriate physical contact, they should report the incident using the school's incident reporting system.
- All allegations of inappropriate contact will be investigated thoroughly, ensuring the safety and protection of both students and staff members.

### **Restrictive Physical Interventions:**

Staff are permitted to use restrictive physical interventions, including reasonable force, ONLY when:

- There is a real and serious risk (examples include a pupil harming themselves, a pupil harming another person, serious damage to property or serious disorder or unsafe behaviour).
- The minimum force used should be for the shortest time possible – all force must be necessary, proportionate and lawful, with staff releasing holds or reducing restrictions as soon as it is safe.
- Staff need to use reasonable force to conduct lawful searches (when legally permitted)
- Staff need to remove a pupil from a situation to maintain safety – this includes guiding or escorting pupils away when they cannot safely remain where they are.
- De-escalation and prevention strategies have been used first – positive behaviour strategies should always be used to avoid physical intervention wherever possible.

### **Statutory duties regarding Restrictive Physical Interventions:**

Schools must make a full written record of each significant incident where force is used. This includes seclusion (placing a child in a room/area they cannot leave, which can only ever be used as a safety measure) or self-seclusion (child placing themselves in a room alone and not allowing anyone to enter).

After any event, school staff will:

- Check for injuries
- Offer emotional support
- Carry out all appropriate follow-up actions

Restrictive physical interventions are monitored by Designated Safeguarding Leaders as a minimum of once every two weeks, but as these interventions are reported on the day they occur, this is often more frequent. School governors are informed on a termly basis. All school leaders are committed to analysing patterns to prevent future incidents wherever possible.

All incidents of restrictive physical interventions (including seclusion) are reported verbally to parents the same day, with written details of the incident provided within 48 hours (sooner if possible). Incidents are also reported to the Local Authority via the online accident reporting system.



**Touch Plans**

This policy is the plan for most children at Thameside. However, some children **need** a differentiated plan for touch e.g. those who require the use of a handling belt\* or pupils with higher levels of sensory needs. Touch Plans are completed for children by the Assistant Head for Inclusion or SENDCos and are to be used consistently by staff who are in contact with that child. They are regularly reviewed. Touch plans may be written to be read alongside Physiotherapy or Occupational Therapy plans where appropriate, e.g. in the case of a physical disability.

**Individual Touch Plan – Child’s name**

Child’s photo

The touch I may need:	How I will communicate this:	When I might need this:

**What is a handling belt?**

\***Handling belts** are designed to be worn to facilitate safer transfers and movement of children who have medical disabilities.

**Touch plans for children requiring planned restrictive physical intervention:**

Some children at Thameside, most commonly those receiving the highest levels of Special Educational Needs support, may need planned restrictive physical interventions – for example, blocking a pupil from accessing a certain area where there is a known trigger. In these cases, children with complex SEND will have bespoke touch plans in place, agreed with parents in advance, with a recording system on the back to inform parents the same day of any occurrences, and a space for parents to sign to acknowledge each incident. Please note that these bespoke touch plans will be in place for long enough for staff to address the underlying issues and provide education and support, at which point the touch plan will be reviewed. In all cases, prevention and de-escalation strategies take priority and should be used first.



## Individual Touch Plan – Pupil A

Possible behaviour requiring restrictive intervention response:

Restrictive intervention type:	The touch I may need:	How I will communicate this:	When I might need this:
1. Non-contact restraint			
2. Reasonable force			
3. Seclusion			

Possible behaviours requiring other adult support / touch:

The touch I may need:	How I will communicate this:	When I might need this:

## Record of Restrictive Interventions – Pupil A

Date	Time	Restrictive intervention type	Staff Signature	Parent signature

### Personal Emergency Evacuation Plans (PEEPs)

Some children at Thameside require PEEPs in order to ensure their safe evacuation from the building in the event of a fire. For some children this is because of a physical disability, for some because of a medical condition and for some because of a Special Educational Need. PEEPs will note the type of touch required in an emergency evacuation, e.g. leading by the hand for children with slower processing.

### Safe Working Practice

At times, children may be in such crisis or distress that they hold you in a way that is not described as above (e.g. front on hug / lap sitting). If this should happen, please ensure that you have informed a senior member of staff to protect yourself. You may be asked to make a note of this. This will be in order to record and monitor the amount of times the child is doing this to staff to identify whether this is a 'controlling' behaviour, or whether the child is displaying distressed behaviour regularly.

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

Parents / carers will be made aware of this policy when their child is admitted to this school.



If staff have any questions or would like further discussion regarding this policy, please speak to a member of the SLT.

**C Harkins**