Growing and Achieving Excellence, Inspired by Faith

St Joseph's Catholic Primary School

'With God in our hearts, we learn and grow together on our journey through life.'

Physical Contact Policy

Because of the nature of the children in our care, their age, maturity and backgrounds, we endeavor to support children in a variety of different ways. We wish to help children feel wanted and valued at all times in the school.
Many of our children either do not understand, or are still learning to understand the appropriateness of physical contact. Children look to us for approval and are testing out responses all the time.

Staff must be careful not to make a child feel rejected if they have been over-demonstrative physically.

It is often appropriate for children to be given some physical contact and comfort, but this must always be offered with the following caution:

1. Always ensure there are other adults or responsible children around.
2. Never show favor to individual children.
3. Never touch a child in the area between the waist and mid-thigh or near the chest**, unless you are examining an injury. If the child has complained of an injury in this area, please have an additional adult present.
4. Never touch a child in a way that could be misinterpreted as being anything other than friendly appropriate adult-child support.
5. When a child tries to get closer than appropriate, the message should always be along the lines of, “I like you and I enjoy being with you, but I would rather you held my arm/hand like this”.
6. Some very active children sometimes calm down and focus on a lesson when having a gentle stroke e.g. on the back of the neck. In this case such a support mechanism must be written into the child’s Care Plan.
7. Cuddles should be short and side by side. An adult should never initiate a cuddle.

If a child initiates a ‘face to face’ cuddle, professional judgment should be used to ensure this is no longer than appropriate for the child and the circumstance in which it was given. Awareness of a child’s home situation and current well-being should be taken into account.

8. Never kiss a child, and do not encourage children to kiss adults other than their parents.
9. A child should only sit on an adult’s knee for a very short time and for a specific reason such as following an injury, and not too close to the body. If a child may need to sit on a member of staff’s knee for longer term support, this must be written into the child’s Care Plan.
10. Tickling is not appropriate.
11. For children within Foundation Stage, appropriate relationships are still being established, and there is a greater need for a more nurturing environment where it may be more appropriate for closer physical contact during some activities. The above cautions still apply, except that sitting on a knee, or longer cuddles may be more acceptable until the child is established and confident in school.

12. Where children require help with changing or toileting, the dignity of the child must be maintained at all times. If a child has wet or soiled themselves, the child should be encouraged and supported to change themselves independently. In both of these instances, an adult may be required to support the process verbally (not physically except in Early Years where help will be likely be required), particularly in the case of younger children. Some children may have an individual Care plan which specifically details the care of the child and all staff will be made aware of this plan. Great care must be taken to ensure that all physical contact is specifically and only for the purpose of the operation being carried out.
13. In case of a severe injury or fall, a trained first aider should be called before any decision to handle or move the child is made. If a child has fallen or has a less severe injury, then the child may need to be moved for safety purposes.
14. Application of medicine i.e. Sun tan lotion or eczema cream should be made by the child themselves and not an adult with support in Foundation stage.

**Exceptions would be made in a physical Intervention using trained staff.

Appropriate touches include:

- Hand shakes
- Shoulder hugs
- Linked arms
- Holding hands during playtimes or outings
- Trained staff only to use physical restraint

Children's Response to Touch

Staff must always be aware that all children interpret and react to touch in different ways. Some children are over-demonstrative and try to demand a great deal of affection and physical contact, whilst others shy away from or have a dislike of physical contact. We must never assume that a child will accept a touch that is meant as a friendly gesture.

There may be children in our care who have backgrounds where there has been inappropriate physical contact, or even emotional, physical or sexual abuse. These children will be confused about adult-child contact and will need very sensitive support and care. Wherever there is physical contact, this must be seriously considered.

Child Protection

Wherever a member of staff feels uncomfortable about the way in which a child is using or abusing physical contact, this must be immediately discussed with a Senior member of staff and recorded on a Cause for Concern form. This may need to be taken further into the Child Protection arena.

Further details are available from the school Nominated Teachers (Laura Devlin, Lorraine Flower).

Where children make impulsive emotional approaches such as "I love you", never reject or let down, but always respond positively by such as, "That must mean that

you like me a lot, and I like you as well. I am especially pleased with you when you do your best work…".
If this type of approach becomes inappropriate, or regular, seek advice from a senior member of staff.

Emergency Procedures for Physical Intervention

Although the school has a general policy of 'No Physical Contact' there may be the occasional time when all other avenues have been explored.
Teachers have a 'duty of care' to all pupils. If a pupil is becoming a danger to him/her self or others, we cannot do nothing. Obviously our first line of approach will be verbal, using a variety of de-escalation techniques, interventions and instructions.
Where these have not worked, there may be the need to intervene physically to stop someone putting themselves or others in danger. Examples of these could be:

- A child running towards a busy road
- An angry child about to hurt someone
- A serious fight
- A child damaging school property

Where this might happen the intervention must be using minimal force, and only enough to stop the incident.
Regard must be made to The Education Act 1996 (Circular 10/98).
The child(ren) must be made aware of what is going to happen if the situation does not stop.
In an escalating or dangerous situation, reasonable, calm and considered responses could be:

- Blocking a pupil's path
- Holding, pushing or pulling away from the incident
- Leading by the arm
- Guiding pupil away with hand in centre of the back
- For younger children showing more physical aggression it may be necessary to remove them physically to a quieter/less public area to enable them time to process their feelings and reach a calm state of mind.

Such an incident must be reported fully in writing to the headteacher at the first opportunity, preferably the same day and never more than 24 hours after the incident using the record of physical restraint form (appendix 1).

Appendix 1

Record of Physical Restraint

Date:		**Name of person reporting the incident**	

	Name	**Class**	**Gender (M/F)**	**Ethnicity**	**Age**	**SEND (Y/N)**	**SEND Support (Y/N)**	**EHCP (Y/N)**
Child 1								
Child 2								
Child 3								
Child 4								

Time		**Location**	

Adult witness 1		**Child Witness 1**	
Adult witness 2		**Child Witness 2**	
Adult witness 3		**Child Witness 3**	
Adult witness 4		**Child Witness 4**	

How was the incident triggered?		**What behaviours did you observe?**	

How did the incident progress?		**What behaviours did you observe?**	
What steps were taken to defuse the situation?		**What was the outcome of each step?**	
Describe the amount of force used.			
How was the force applied?		**How long was the force applied for?**	
Suggested strategies for assessing risk for the future?	● ● ● ● ● ● ●		