



Physical touch policy

Last review: October 2025

Next review: October 2026

This is a public document

At Mud Pie Explorers we treat all children with dignity and respect. Part of this means keeping physical contact to a minimum. Any physical contact that occurs with a child is in response to their needs at the time, is of limited duration and appropriate to their age, stage of development and ability. We gain verbal consent from the child or at least give a warning (immediate danger does not apply) before physical contact as it shows respect, helps to build trust and teaches body autonomy.

Times when physical contact may be necessary

Some types of physical touch are necessary as a part of our service provision, for example:

- administering First Aid
- teaching tool use
- supporting the use of fire strikers (including tying hair back)
- providing assistance with cooking
- supporting traveling around the environment (e.g. a hand up a slippery hill) or holding hands to accompany a child to an activity area if they are not such a confident walker or struggle physically with uneven terrain.
- to provide warmth during cold weather during a sitting activity e.g. a warming hug during snack time
- holding a child's hand to guide them to an activity to show them that it is there (if they have limited receptive understanding, then just verbally telling them will not be enough. Some less-mobile children are unlikely to wander off and explore on their own accord and may get cold if just sitting in the same spot so need to be guided).
- Holding hands to cross the road
- When playing games like 'tag' when contact is made on the arm or back. We use a tap action or a prop such as a scarf to grab instead; we never tackle or wrestle with a child and we do not get involved in rough and tumble play with children. We make children aware of how we can be touched/tagged before the beginning of the game and model

bodily autonomy, e.g. "My body is happy to be tagged on the arm or back but not my head."

- When working with younger children or children with limited verbal communication skills sometimes we may steer them to other areas of the environment for reasons of safety or in periods of transition. This will be with a hand on the shoulder, arm or back.
- Immediate danger; minimising the risk of injury to the child in question, another child, a team member or member of the public
- Support getting onto a swing, using a knee stool or similar - we do not lift children
- emotional support (see below)

Emotional support

If a child is upset or seeking connection it is reasonable for team members to offer comfort and reassurance in the form of physical contact. This may include hugs, hand holding, squeezing, or allowing a child to sit on your lap. Kisses and tickles are never permitted. We come down to the child's level for hugs rather than lifting them up. In all cases the following need to apply:

- the child is using their body language to communicate they want physical contact
- it is developmentally appropriate for them to do so
- you have said "are you asking for a hug/ to hold my hand?" and they have communicated that they do (if it is possible for them to do so)

When we provide emotional support we share the information with our team member(s) in the session and with the parent/ carer. This means everyone can take care of the child's needs and also are aware that physical contact has occurred.

Holding babies

Parents/carers in family groups may occasionally ask us to hold a baby who attends with an older sibling. We want to help foster community in these groups, and sometimes having another adult holding their baby helps them to support their other child. If possible, we will redirect to ask another parent in the group to hold the baby instead, e.g. "I'm sorry I actually need to go do ____ but maybe [another parent] could help hold the baby, if you're happy for them to do that?" If no one else is available or willing and it seems appropriate then team members can hold babies for a limited time until their parent or another adult is free to take them. We will continue to behave professionally and do not kiss babies.

Consent

Unless it is a matter of urgent safety/immediate danger, consent will be obtained before any physical contact. We always explain to a child the reason why contact is necessary and what form it will take. For example, "can I stand behind you and hold your hands to show you how to use the fire starter?".

If a child says "no" we listen and respect that unless in cases of immediate danger. We then support the child in the moment. The teaching here is "my body, my choice."

Consent goes both ways and we model that our adult bodies also need warning before being touched, “my body wasn’t expecting you to do that, please ask before you do that next time - I’m happy for you to ask me to hold my hand anytime”. It can be very powerful for children to hear adults’ healthy boundaries and it can be a great conversation starter “my body doesn’t like shocks, does your body like it when it is shocked?”.

For low/ non-verbal children we can gain consent through body language - head nod in response to being asked if they want a hug, reaching out, etc.

Personal care

We never provide personal care, we never touch children in their pants area.

Enrolment forms state that we do not provide personal care and that children need to be able to toilet independently if attending our sessions without a parent/ carer.

Sometimes we work with children who require personal care. This will be undertaken by parents/ carers or team members from partner organisations.

Lifting/ carrying children

We do not lift or carry children, unless to avert danger. Sometimes we work with children that need to be lifted or carried. This will be undertaken by parents/ carers or team members from partner organisations.

If a child is finding a transition difficult and starts dropping to the floor, then we use personalized strategies to support e.g. waiting, distraction, use of visuals/photos/motivating transitional objects.

If the group needs to keep moving, but the child continues to refuse to move: for example, traveling along a pavement next to a busy road, one team member stays with the child while the other walks the group to the closest safe space, avoiding leaving the child and team member totally alone but keeping everyone as safe as possible. Team members with the child must call either the school (if specialist provision) or child’s adult to come and collect them immediately.

Immediate danger

The threat must be immediate or imminent. This means that you must believe that serious physical harm or death could occur within a short time.

Review date	Details of Change

Feb 2022	Policy written (NC)
Sept 22	LL added "Kisses are never permitted."
Feb 23	<p>Added "holding hands to cross the road" to the list of times where physical contact may be necessary.</p> <p>Changed "We do not lift or carry children, unless it is "minimising the risk of injury to the child in question, another child, a team member or member of the public". " to "We do not lift or carry children. Sometimes we work with children that need to be lifted or carried. This will be undertaken by parents/ carers or team members from partner organisations. " (NC)</p>
Feb 23 LL	<p>Added:</p> <ul style="list-style-type: none"> • We gain verbal consent from the child or at least give a warning (immediate danger does not apply) before physical contact as it shows respect, helps to build trust and teaches body autonomy. • (including tying hair back) • If a child says No, we listen and respect that unless in cases of immediate danger. We then support the child in the moment. • "My body, my choice"! • Consent goes both ways and we model that our adult bodies also need warning before being touched, "my body wasn't expecting you to do that, please ask before you do that next time". It can be very powerful for children to hear adults' healthy boundaries and it can be a great conversation starter "my body doesn't like shocks, does your body like it when it is shocked?". • If the group needs to keep moving, but the child continues to refuse to move: for example, traveling along a pavement next to a busy road, one team member stays with the child while the other walks the group to the closest safe space. Team members with the child must call either the school (if specialist provision) or child's adult to come and collect them immediately. • Immediate danger: The threat must be immediate or imminent. This means that you must believe that serious physical harm or death could occur within a short time.

	<p>Changed:</p> <p>“when playing games like ‘tag’ when contact is made on the arm or back. We do not get involved in rough and tumble play with children.”</p> <p>To:</p> <p>“when playing games like ‘tag’ when contact is made on the arm or back. We use a tap action or a prop such as a scarf to grab instead; we never tackle or wrestle with a child and we do not get involved in rough and tumble play with children. No bulldog style games.”</p> <p>Added:</p> <p>Immediate danger The threat must be immediate or imminent. This means that you must believe that serious physical harm or death could occur within a short time.</p>
July 2024 CG	Removed suggestion of gentle rubbing of the back to provide warmth
Oct 2025 CG	<p>Added: We make children aware of how we can be touched/tagged before the beginning of the game and model bodily autonomy, e.g. “My body is happy to be tagged on the arm or back but not my head.”</p> <p>Removed: no bulldog style games (adequate covered by ‘no rough and tumble play’).</p> <p>Added: Support getting onto a swing, using a knee stool or similar - we do not lift children</p> <p>Changed “emotionally distressed” to “upset or seeking connection”</p> <p>Added: This may include hugs, hand holding, squeezing, or allowing a child to sit on your lap. Kisses and tickles are never permitted. We come down to the child’s level for hugs rather than lifting them up.</p> <p>Added: For low/ non-verbal children we can gain consent through body language - head nod in response to being asked if they want a hug, reaching out, etc.</p> <p>Added section on Holding babies</p>

	Added: one team member stays with the child while the other walks the group to the closest safe space, avoiding leaving the child and team member totally alone but keeping everyone as safe as possible.
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