Safe Touch Policy

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Contents

This policy outlines the principles and procedures for the use of safe, supportive touch and physical contact in our school. It applies to all staff and is designed to safeguard learners and staff while promoting positive relationships and emotional wellbeing. It reflects the values of TIS (Trauma Informed Schools) and PRICE (Protecting Rights in a Caring Environment), and complies and should be read in conjunction with:

- DfE Guidance on Reasonable Force (2025)
- KCSIE 2025
- SPT Moving and Handling Policy September 2024
- Doubletrees Behaviour and Relationship Policy

This policy is informed by:

- Education and Inspections Act 2006
- Children Act 1989
- Sexual Offences Act 2003
- Equality Act 2010
- DfE Guidance on Reasonable Force (2025)
- Keeping Children Safe in Education (2025)
- SPT Moving and Handling Policy (2024)

Key Principles

To ensure a clear understanding of

- when physical reassurance is appropriate.
- appropriate language and positioning.
- the principles of PRICE and TIS

Definitions

- **Physical Contact**: Non-restrictive touch used for reassurance or guidance (e.g. holding hands, brief side hug, on body communication).
- **Non-Restrictive Physical Intervention**: Guiding or prompting without restricting movement.
- **Restrictive Physical Intervention (RPI):** Restrictive intervention used to prevent harm, restrict movement, or manage risk. This could be a verbal command.
- **Safe Touch:** Safe Touch refers to the use of intentional, supportive physical contact by staff to promote learner's emotional wellbeing, regulation, health and safety or personal care.

Appropriate Uses of Safe Touch

Touch may be used in the following contexts:
Emotional Support

- Comforting a distressed or overwhelmed child or young person.
- Providing reassurance during a moment of anxiety or dysregulation.
- The child or young person has a known need for physical reassurance as part of their emotional regulation strategy, and it is part of their pre-agreed plan.
- The child initiates or clearly welcomes the contact (e.g. reaching out for a hand or side hug).

Educational Support

- Guiding hand-over-hand or hand-under-hand during learning activities.
- Demonstrating exercises or techniques in physical education, including swimming and rebound therapy.
- Positive touch sessions

Communication

- Gaining attention through a light touch (e.g., on the shoulder).
- Supporting non-verbal communication for children with profound needs (Tassels).

Play and Regulation

- Engaging in attachment play activities (e.g., sensory integration or physical games).
- Offering calming touch techniques (e.g., weighted pressure or proprioceptive activities).

Sensory and Therapeutic Intervention

- Physiotherapy or Occupational Therapy plans
- SERPS (Sensory, Engagement and Regulation Passport)
- Positive touch activities (including massage, TAC PAC/ story massage)

Health, Safety and Personal Care

- Administering first aid or medical interventions.
- Assisting in personal care as outlined in the Intimate Care Policy.
- Assisting with or carrying out Moving and Handling procedures, in line with Moving and Handling Policies and training.
- Carrying out delegated health care tasks; in line with training and competency checks. *

**Individual Health care plans and NHS training guidance for delegated tasks should be followed. Staff should seek further clarity if guidance or training conflicts with school policies.*

! Always consider the child/young person's individual needs, preferences, and trauma history. What is reassuring for one child may be triggering for another.
Learners should be asked for consent. Autonomy should be encouraged both verbally and non-verbally. Staff should look for responses and respect learner wishes.

How Should Staff Position Themselves?

Both PRICE and trauma-informed guidance recommend:

- Side-on positioning: Stand or kneel beside the child rather than in front.

- Side hug or gentle shoulder squeeze: These are considered non-intrusive and calming.
- Avoid frontal contact or towering over: This can feel overwhelming or threatening.
- Stay at the child's level: Lower yourself to reduce power imbalance.

**During a delegated health task or Moving and Handling manoeuvre always follow the specific guidance written in the care plan or moving and handling risk assessment.* Be trauma aware.

What Language and communication is Appropriate?

Use calm, affirming, and non-directive language:

- "I'm here if you need me."
- "Would you like a hand to feel safe?"
- "It's okay to feel upset. I'm right here."
- "Can I sit next to you?"
- Positive body language and facial expressions

Avoid:

- Commands or ultimatums ("Calm down now!")
- Language that implies blame or shame
- Physical contact without verbal consent or cues
- Too much verbal language as this may increase dysregulation.
- Confrontational body language and facial expressions.

Age-Appropriate Strategies when transitioning learners from one area to another

Support strategies should be developmentally appropriate and based on individual needs, dynamic risk assessments and planned strategies documented in individual well-being plan:

- EYFS & Lower School: Use visual/sensory cues, verbal prompts, and proximity support. Holding hands or PRICE Walk & Talk (wisp) or side hug techniques are appropriate for safety (e.g. near roads). Reins or harness may be used if risk assessed as necessary. There may be exceptions where a young child requires a lift or carry for a brief amount of time to support them to regulate or to transition. This should always be for the shortest amount of time. Parents must be informed as to why this decision was made. Whenever possible, a member of the senior leadership team should be present, and it is mutually agreed that the maneuver is in the child's best interest.
- Middle School: Use visual/sensory cues, verbal prompts, and proximity support. A learner may link a staff members arm if they require emotional support during transitions. Physical contact **only in emergencies or as part of a planned intervention**. Restrictive physical contact includes the use of a harness or an approved PRICE technique eg Walk and Talk or Single embrace.
- Upper School: Promote independence. Use visual/sensory cues, verbal instructions and shadowing. Physical contact **only in emergencies or as part of a planned intervention**. Restrictive physical contact includes the use of a harness or an approved PRICE technique eg Walk and Talk or Single embrace.

Physical Intervention

Planned Physical Intervention: Use of Equipment

Restrictive equipment may be used under supervision and/or with occupational therapy recommendation. Examples include:

- Harnesses and reins (e.g., Crelling, Hobble-de-hoo, backpack reins
- Specially adapted wheelchairs, seats and equipment.
- Moving and Handling belts
- Weighted blankets and sensory OT equipment

All equipment use must be documented in individual plans (well being, moving and handling, SERP) and reviewed annually alongside parents. Learners must be supervised and monitored for distress.

Unplanned or ad hoc Restrictive Physical Intervention

RPI will only be used when

- A child is at risk of harming themselves or others.
- Behaviour poses a serious risk to property or school safety.
- Preventing a child from entering unsafe environments.
- Medical incident or medical emergency

Only staff trained in RPI techniques should intervene, except in emergencies. Involve **at least** two trained adults where possible. Maintain compassion and respect for the child's dignity.

PRICE Planned vs Emergency Physical Contact

Planned Physical Contact (To support regulation/ Level 1 or Level 2 Behaviour): Documented in a Positive Behaviour Support Plan or Well-being Plan. Shared with parents/carers and reviewed regularly. Specific incidents do not need to be recorded as RPI as they are planned, agreed and documented. However, staff should continue to be mindful to reduce physical contact as much as possible.

Emergency Physical Contact (Level 3 Behaviour OR Medical emergency): Used only when there is an immediate risk to safety of the learner or others, or significant damage to property. Behaviour incidents must be recorded and reported as RPI in line with the Behaviour Policy and statutory guidance. Medical incidents must be recorded on CPOMs.

Staff Responsibilities

- Use physical contact only when necessary and appropriate to the learner's age and risk assessment.
- Seek consent where possible, especially with older learners.
- Promote independence and dignity at all times.
- Avoid lone working without means to call for support.
- Conduct dynamic risk assessments.
- Understand individual triggers and preferences. Refer to Well-being plans.
- Follow PRICE training principles: least restrictive, proportionate, and time-limited.
- All planned PRICE Phased 1 interventions, including Walk and talk and Up and Go are to be recorded on individual well-being plans and shared with parents. Plans must be reviewed with parents at least annually. (Level 1 and Level 2 Behaviour Incidents)

- Follow moving and handling risk assessments when supporting a learners with moving and handling needs.
- All incidents of Phase 2 Holds must be recorded and logged in line with the school's Behaviour and Relationship policy and statutory guidance. Incidents and debriefs are recorded on CPOMS and details of the intervention are clearly communicated to parents. (Level 3 Behaviour Incidents).
- Review and update individual plans regularly.
- Risk assessments for PRICE holds will be shared with staff during training sessions. It is individual staff responsibility to ensure they have read and understand the risk assessment; and raise with the onsite PRICE trainers if they would like further guidance or support.
- Reflective Practice: Staff must assess their own motivations and remain self-aware to ensure touch is always appropriate and necessary.

Post incident support

Prioritising repairing the relationship is crucial after a restrictive intervention is a vital step in trauma-aware practice. It helps restore trust, emotional safety, and connection, which may have been disrupted during the intervention. By calmly acknowledging the child's experience, validating their feelings, and offering reassurance, adults support the child's ability to process the event and reduce the risk of long-term emotional harm. This reflective moment also models healthy communication and reinforces the child's sense of dignity and belonging.

Staff Training Requirements

All staff receive comprehensive training to ensure safe, appropriate, and effective use of touch. A guidance poster is displayed across the school for staff to refer to. (See appendix A)

Moving and Handling trainers deliver training based on individual roles. Staff are trained using a RAG rated system and the level of training reflects the needs of the learners they support. Learners with physical disabilities have a Moving and Handling Risk Assessment and a personalised 'passport'.

PRICE training is delivered annually and tailored to the needs of the children. There are three PRICE training groups*:
1) Phase 1 holds
2) Phase 2 holds
3) Small children techniques
(*See appendix for further information)

Appendix A

Safe Physical Reassurance of Learners

When Is Physical Reassurance Appropriate?

Physical reassurance may be appropriate when:

- A child is visibly distressed, dysregulated, or overwhelmed.
- The child has a known need for physical reassurance as part of their emotional regulation strategy.
- The child initiates or clearly welcomes the contact (e.g. reaching out for a hand or hug).
- It is part of a pre-agreed support plan or behaviour strategy.

❗ Always consider the child's individual needs, preferences, and history. What is reassuring for one child may be triggering for another.

How Should Staff Position Themselves?

Both PRICE and trauma-informed guidance recommend:

- Side-on positioning: Stand or kneel beside the child rather than in front.
- Side hug or gentle shoulder squeeze: These are considered non-intrusive and calming.
- Avoid frontal contact: This can feel overwhelming or threatening.
- Stay at the child's level: Lower yourself to reduce power imbalance.

What Language Is Appropriate?

Use calm, affirming, and non-directive language:

- "I'm here if you need me."
- "Would you like a hand to feel safe?"
- "It's okay to feel upset. I'm right here."
- "Can I sit next to you?"

Avoid:

- Commands or ultimatums ("Calm down now!")
- Language that implies blame or shame
- Physical contact without verbal consent or cues

Key Principles from PRICE and Trauma-Informed Practice

Principles from both PRICE Training and Trauma Informed Schools UK:
Touch as support: Encouraged when non-restrictive and emotionally attuned.
Positioning: Side-on, respectful of space, avoid restraint unless necessary.
Language: Calm, person-centred, supportive.
Training: Emphasises emotional safety, proactive strategies, and relational connection

Appendix B

PRICE training modules delivered at Doubletrees

All Staff: Delivered annually

Theory
Values & Ethics
Understanding and Making Sense of Challenging Behaviour
Structuring the Care Environment
De-escalation & Defusion
Restraint Related Risk
Reducing Restrictive Practices

Oak, Juniper, Hazel staff: Delivered Annually (Group 1)

Prevention and Breakaway Technique	Small Children Techniques
T-stance	Walk & Talk (Wisp) (Technique - NOT a hold)
Defensive Stance	Comfort Embrace
Bite Prevention (wave)	Seated Comfort Embrace
Clothing grab	Up & Go
Wipeaway	Side hug

Cedar, Holly, Sycamore Staff: Delivered Annually (Group 2)

Prevention and breakaway Technique	Phase 1 Techniques and Holds
T-Stance	Walk & Talk/ Walk & Talk (Wisp) (Technique - NOT a hold)
Defensive Stance	Single Embrace
Clothing grab (single handed)	Adapted Embrace
Wipeaway	Comfort Embrace/ Seated Comfort Embrace
Bite Prevention (wave)	Up & Go
	Side hug

Maple, Willow, Elm and Cherry Staff: Delivered Annually (Group 3)

Prevention and breakaway Technique	Phase 1 Techniques and Holds

T-Stance	Single Embrace (Hold)
Defensive Stance	Adapted Embrace (Hold)
Clothing grab (single handed)	Walk & Talk (Technique - NOT a hold)
Wipeaway	
Bite Prevention (Wave)	

Selected staff: Including on call staff and the senior leadership team: Delivered Annually (Group 4)

Prevention and Breakaways	Phase 1 Holds	Phase 2 Holds
Wipe away	Adapted Embrace	Figure of four
Wrist grab	Single Embrace	Standing double embrace
Hair grab	Walk and Talk (Technique - NOT a hold)	Shoulder embrace *
Sleeve grab		
Bite prevention (Wave)		
T-Stance		
Defensive stance		

If a class team require additional or bespoke training based on learner need, this can be delivered by trainers.

Appendix C – Technique recap

(see attached)