

Safe Touch Policy

Policy Owner:	Vikki Alden- Headteacher
Local accountable officer:	Emily Johnston – Assistant Head and DSL
Queries to:	Emily Johnston – Assistant Head and DSL
Date created:	November 2025
Date of last review:	
Date of next review:	November 2027

Contents

Background	2
Introduction	2
Legal Framework.....	2
Definitions.....	3
Reasonable Force.....	3
Restrictive Intervention	3
Restraint / Supportive Holding	3
Safe Touch.....	3
Guiding Principles	3
The Role of Safe Touch	3
Unsafe or Inappropriate Touch.....	4
Use of Reasonable Force.....	5
Restrictive Interventions / Supportive Holding	5
Pupils with SEND.....	6
Staff Training and Responsibilities.....	6

Recording and Reporting	7
Post-Incident Support	7
Monitoring and Oversight.....	7
Complaints and Allegations	8

Background

Brunel School is a nurturing and empowering secondary SEMH (Social, Emotional, and Mental Health) school. Our mission is to cultivate an environment where every pupil can flourish academically, emotionally, and socially, guided by the values of Integrity, Love, Availability, Inclusion, Compassion, Safeguarding, and Aspiration.

At Brunel School our **Safe Touch and Physical Intervention Policy** reflects our understanding of the complex needs of all our learners and how this affects their ability to self – regulate and manage their behaviour positively in order to engage with their learning. We believe that all behaviour is a form of communication and the expression of underlying needs. It is not possible to support pupil’s behaviour without identifying, understanding, and addressing these needs, breaking down their barriers to learning – not just academically but emotionally and socially

Introduction

Brunel School is committed to providing a safe, nurturing, and trauma-informed environment where pupils’ physical and emotional well-being is prioritised. Safe, attuned relationships between staff and pupils underpin our approach to learning, behaviour, and regulation.

This policy outlines our principles and procedures for the use of safe touch, physical intervention and restrictive physical intervention. It brings together statutory guidance, trauma-informed practice, and the developmental needs of our pupils.

Our aims are to:

- Ensure safety, dignity, and respect for all pupils and staff
- Promote proactive, relational, and preventative approaches to behaviour
- Support children’s emotional regulation using attuned, safe, and appropriate touch
- Ensure lawful, proportionate, and well-recorded use of physical intervention when necessary

This policy sits alongside our Child Protection & Safeguarding Policy and Behaviour and Relationships Policy.

Legal Framework

The policy is underpinned by:

- Education and Inspections Act 2006 (Sections 93 & 93A)
- Human Rights Act 1998
- Equality Act 2010

- Health and Safety at Work Act 1974
- DfE **Use of Reasonable Force and Other Restrictive Interventions in Schools** (2025)
- DfE *Behaviour and Discipline in Schools* (2014, updated 2016)
- DfE *Use of Reasonable Force* (2015)

The DfE is clear that *schools must not operate a no-touch policy*, as safe touch may be essential for care, reassurance, and emotional regulation.

Definitions

Aligned with DfE 2025 guidance:

Reasonable Force

Physical contact to control or restrain movement using the minimum force necessary for the shortest possible time.

Restrictive Intervention

Any action—planned or reactive—that restricts a pupil’s liberty or movement. This may include seclusion, equipment, or physical contact.

Restraint / Supportive Holding

Direct physical contact used to prevent, restrict, or subdue movement to avoid harm. In trauma-informed practice, “supportive holding” is used to regulate a child who is unsafe and unable to self-regulate.

Safe Touch

Attuned, regulated, and developmentally appropriate physical contact that supports connection, learning, communication, or co-regulation.

Guiding Principles

Brunel School practice is guided by the following:

- Physical intervention is always a **last resort**
- Least restrictive intervention used for the **shortest duration**
- All interactions prioritise **dignity, respect, compassion, and safety**
- Safe touch is used **only in the child's best interest**
- Staff must be trained and supported to use relational, preventative approaches
- Staff must never use touch to meet **their own emotional needs**

The Role of Safe Touch

Safe touch is essential to healthy child development, secure relationships, and emotional regulation. Research demonstrates that appropriate, contingent touch can:

- Reduce stress responses (e.g., cortisol)

- Support co-regulation and emotional soothing
- Strengthen attachment and sense of safety
- Improve focus, learning, and attention

Safe touch may be used:

- To comfort or soothe a distressed or dysregulated pupil
- For guidance or direction (e.g., holding a hand when walking)
- During modelling or teaching of physical skills (PE, music, therapy programmes)
- As part of sensory or therapeutic input recommended by professionals
- In personal care tasks (in line with the Intimate Care Policy)

Safe touch may include:

- A hand on shoulder for reassurance
- Holding a pupil's hand for safety
- Offering a side-hug if appropriate and welcomed
- Hand-over-hand support in learning activities

Staff must always consider:

- The purpose of the touch
- The child's preferences, trauma history, sensory needs, and developmental stage
- Cultural and gender considerations
- Whether the pupil is comfortable with the contact

Unsafe or Inappropriate Touch

The following is **never permitted**:

- Touch used as punishment or to cause pain
- Touch that meets an **adult's** emotional needs
- Touch that is sexualised, invasive, confusing, or disrespectful
- Kissing pupils
- Touching pupils' genitals, chest, or bottom (except during intimate care tasks)
- Any touch a pupil experiences as unwelcome (unless essential for safety)
- Touch that replicates aspects of past trauma

Staff must be alert to pupils who are:

- Touch-defensive
- Have sensory processing differences

- Have experienced trauma associated with touch

Use of Reasonable Force

All staff have a legal power to use reasonable force to:

- Prevent injury to the pupil or others
- Prevent damage to property
- Prevent a criminal offence
- Maintain good order and discipline

Reasonable force:

- Must be proportionate and necessary
- Must be used only when safer alternatives have failed or are unsafe
- Must be recorded promptly

Staff are trained in **PRICE** (Protecting Rights In a Caring Environment).

Restrictive Interventions / Supportive Holding

Restrictive intervention is used **only to prevent immediate harm**.

Supportive holding may be appropriate when:

- A child is in significant emotional distress
- The child lacks capacity to self-regulate
- There is immediate risk of harm
- De-escalation strategies have not worked or are not viable

Supportive holding must:

- Be done by trained staff with the best relationship with the child
- Be compassionate, calm, and attuned
- Be monitored and reduced as the child calms
- Never be used to assert dominance or gain compliance
- Never occur with only one adult present unless risk of waiting is greater

Avoid supportive holding when:

- The child is stronger/bigger than the adults present
- Only one adult is available
- The adult is emotionally dysregulated
- There is a safer alternative available

Pupils with SEND

Pupils with SEND may require personalised approaches. Staff must:

- Understand individual triggers and communication needs
- Use reasonable adjustments and sensory-based strategies
- Develop proactive plans with parents/carers and professionals
- Review plans after incidents or changes in need

Examples of proactive strategies:

- Adjusting sensory environment
- Visual timetables and non-verbal communication
- Access to safe spaces or sensory breaks
- Using calming objects or activities

Staff Training and Responsibilities

- All staff must understand this policy.
- All permanent Brunel School staff are trained in **Team Teach**, a holistic, trauma-informed approach that prioritises **95% de-escalation** and emphasises positive, non-restrictive strategies.
- Team Teach training includes:
 - Verbal and non-verbal de-escalation
 - Safe, appropriate positive touch (e.g., hand on shoulder for reassurance)
 - Strategies for supporting dysregulated pupils
 - Medically risk-assessed restrictive physical interventions (RPIs) for use only as a last resort
- Where Team Teach methods are used for a specific child, these must be reflected in their **Individual Support Plan (ISP)** and shared with relevant staff.
- Staff must recognise that certain types of touch or regulation strategies may not be helpful for some pupils; ISPs must reflect individual needs.
- Staff must always use the **least restrictive intervention** that is reasonable, proportionate, and necessary.
- All RPIs must be recorded in detail on the school's safeguarding system and stored in line with statutory requirements. Parents/carers must be informed.
- Staff trained in RPIs must attend regular refresher training.
- Reflective, restorative debriefs must occur after any intervention—both for the child and involved staff.

- Staff are encouraged to seek support from Brunel's Wellbeing Team following an RPI, including witnesses.

Recording and Reporting

All significant incidents involving physical intervention must be:

- Recorded in writing **as soon as possible** on Arbor
- Reported to parents/carers unless it increases risk
- Reviewed by senior leaders

Records must include:

- Names and roles of everyone involved
- Date, time, and location
- Sequence of events
- Rationale for intervention
- Type and duration of intervention
- Any injuries or medical attention
- Post-incident actions and support

Non-force restrictive interventions (e.g., blocking a doorway) should also be recorded.

Post-Incident Support

Following an incident, Brunel School will:

- Offer emotional and medical support to pupils and staff
- Provide a timely debrief
- Facilitate relational repair between the pupil and adults involved
- Support peers who witnessed the event

Incident reviews focus on understanding, learning, and improving future practice.

Monitoring and Oversight

Senior leaders will monitor patterns, frequency, and context of incidents to:

- Identify triggers and inform proactive planning
- Ensure equitable and proportionate use of intervention
- Review the effectiveness of behaviour plans
- Identify training needs

The Trust is responsible for oversight, quality assurance, and compliance.

Complaints and Allegations

Complaints relating to the use of touch or physical intervention will be managed in line with Brunel School's Complaints Policy and Safeguarding procedures.

Any allegation involving unsafe or inappropriate touch will be treated as a safeguarding concern and managed according to statutory guidance.