Southerly Point Co-operative Multi-Academy Trust

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PHYSICAL INTERVENTION POLICY

Equality Impact Assessment

The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken.*	✓
The EIA has not identified any conflict with the Trust's co-operative values and the Church Schools' values.	✓
Adjust the policy to remove barriers identified by the EIA or better promote equality.	✓

*Inclusive of protected characteristics

Provenance	**Date**
Working Party	**Jan 2018**
HR checks	
Union Consultation	**May 2018**
Staff Consultation	**Oct 2020**
Trustees' Ratification	**Oct 2020**
Implementation	**Nov 2020**

Review Date
October 2020: No changes
October 2021: No changes
October 2022: Change to review date only
January 2023

To be read in conjunction with:	**Managing Medical Conditions** **Safeguarding and Child Protection** **SEND** **Staff Code of Conduct**

Southerly Point Co-operative Multi-Academy Trust
PHYSICAL INTERVENTION POLICY

Team Teach Trained Staff: **Andrew Oates**
Rachel Virgo

1. Aim

To provide guidance and clarity on situations where physical intervention is allowable in our schools. This includes 'Safe Touch', Medical Intervention, Reasonable Force and Restraint.

Reasonable Force and Restraint

Our Physical Intervention policy complies with the DFE Guidance 'The Use of Reasonable Force Advice for Headteachers, Staff and Governing Bodies' July 2013. The guidance states that staff may only use 'reasonable' force, meaning no more force than is needed to prevent pupils from hurting themselves or others, damaging property or from causing disorder**. It is always unlawful to use force as a punishment.**

If reasonable force is necessary, reasonable adjustments for children with disabilities or special educational needs will be made.

Any use of force or restraint should be recorded and signed by a witness. The parent/carer will be informed of the incident. Appropriate reviews and support will take place for both pupils and staff.
Staff who are likely to need to use physical intervention must be appropriately trained but this does not preclude staff who have not been trained to intervene in a situation which requires restraint. (See above)

Where it is foreseeable, because of the known needs of a pupil, that situations are likely to occur which may result in the need to restrain, there should be a risk assessment in place, with de-escalation strategies outlined. This risk assessment should be drawn up in consultation with parents and signed by them. Parents need to understand that the school has a duty of care to all pupils and adults in the school and the risk assessment will only include reasonable measures to keep their child and others safe.

In primary settings, sometimes it is necessary to use a physical intervention to enable the parent to leave their child at school – this should be discussed with the parent as above.

All plans should be kept under review. A review should take place at least termly and may be more frequent if behaviours warrant a change of plan.

2. Safe Touch for Well-Being

There will be times when the appropriate response to a child is a 'safe touch'. However, this should not be used as the norm. Other forms of soothing should be employed as the first instance:

- slowing the pace of one's voice
- lowering the voice, breathing more deeply
- matching the pitch and volume of the child and then regulating it down, talking slowly and firmly and quietly in an unhurried and unflustered way

The developmentally appropriate and therapeutic use of safe touch is defined by situations in which abstinence would actually be inhumane, unkind and potentially psychologically or neuro-biologically damaging. Examples include the beneficial use of touch in comforting of a child who is in an acute state of distress and/or out of control or comforting a child who has had an accident.

The nature of such touch should be brief, gentle contact on open or clothed parts of the body: hands, arms, shoulders, head, or hair. Any such touch should be in full view of another adult. No adult should use touch when alone with a child.

The policy rests on the belief that each member of staff must appreciate the difference between appropriate and inappropriate touch and will need to demonstrate a clear understanding of the difference, acknowledging both the damaging and unnecessary uses of touch in an educational context. Touch is not to be used as an ill thought out or impulsive act of reassurance or as a means to compliance.

3. Unsafe Touch

At no point and under no circumstance should a staff member use touch to satisfy their own need for physical contact or reassurance. Staff need to show awareness of touch that is invasive or which could be confusing, traumatising or experienced as erotising in any way whatsoever.

Staff must be particularly sensitive to pupils who are demonstrating that they are not comfortable with touch, even if it appears to be appropriate to the member of staff. It is vital for a member of staff to think about what they may represent to a particular child. A child's history may also influence who represents a 'safe' adult to them. Additionally, some children may be used to experiencing different levels or types of touch as part of their cultural upbringing.

Should any such touch be used, it would be deemed as a most serious breach of the Code of Conduct, warranting the highest level of disciplinary action.

4. Medical Intervention

In medical situations, such as accidents or treatment, some physical contact may be necessary.

Wherever possible, this should be undertaken by a first aider. Contact should be limited to the extent required to assess injuries or illness and to administer treatment. The patient should be told what physical contact will happen and why.

If the intervention requires first aid on the body or upper legs or requires the removal of clothing [eg. tights], this should be in the presence of another member of staff - except where delaying the response to locate another member of staff would result in further injury or would place the child in danger.