



Cranmere Primary School

Physical contact and intervention with pupils (including intimate care.)

Policy reviewed: Autumn 2014

Next review: Autumn 2015

INTRODUCTION

All staff at Cranmere are aware that their employment imposes on them a general duty of care. It is necessary therefore to maintain an acceptable level of safety at all times. The physical proximity of staff and children necessitates daily physical contact, for the purposes of providing care, instruction, therapy, guidance and restraint.

PHYSICAL INTERVENTION TO MANAGE BEHAVIOUR

Since the behaviour of children can occasionally become unsafe, physical intervention may be required which, inevitably, is a high-risk activity. Written guidelines cannot anticipate every situation: the sound judgement of staff at all times therefore remains crucial. It is, however, the intention that this guidance offers both children and staff a level of protection.

Adults have a duty to safeguard the health, welfare and safety of children in their care. The law recognises circumstances when the use of reasonable physical intervention will not amount to an offence. Examples would include the use of reasonable physical intervention to prevent a crime or physical injury to the child or others.

It should be emphasised that whether an act of physical intervention falls within the law will depend very much on the circumstances of the particular case.

Surrey County Council will support any member of staff who has physical contact or who has used appropriate physical intervention with children provided:

(a) any physical contact was in the context of Section (ii) below;

OR

(b) any physical intervention was used as a last resort; and

(i) the level of physical force used was related to the seriousness of behaviour, its potential consequences and the size, strength, gender, maturity and physical ability/disability of the child, and was the minimum necessary to secure control;

(ii) the behaviour concerned involved:

- personal injury or risk of personal injury to the young person or other people
- serious damage to criminal offence being committed or action
- the likelihood of a criminal offence being committed
- a breakdown in the ability to maintain good order and discipline

(iii) strenuous attempts to de-escalate the situation prior to the use of physical intervention were made;

(iv) in emergency situations, the action taken was consistent with ALL of the above points except (iii) above.

PHYSICAL CONTACT, TOUCHING AND HOLDING CHILDREN

Any form of physical contact should be a conscious, self-aware, reasonable and justifiable act. Staff must seek to make their intention explicit to the child.

It is appropriate for teachers and other staff to use touch with children in their care in a positive and professional manner.

Particularly with younger children, touching them is inevitable and can give welcome reassurance or comfort to the child. However, staff must bear in mind that even perfectly innocent actions can sometimes be misconstrued and must therefore conduct themselves accordingly.

Staff should respond to children in a way that gives expression to an appropriate level of care, and to provide comfort to ease a child's distress. However, it is recognised that staff need to protect against physical contact being misinterpreted by the child.

Although a child with special needs may frequently be held for a number of reasons not directly concerned with control, there are occasions when control can be maintained by holding a child in a manner which does not carry the force of physical restraint. The main factor separating the holding from physical restraint is the degree of force applied, the intention of the action and how the child perceives the action. It is appropriate to use such physical prompts and guidance when positive verbal prompting has been unsuccessful.

GUIDELINES FOR GOOD PRACTICE IN PHYSICAL CONTACT

CARING RESPONSES

(a) *Greetings* - Handshake, hand on hand, arm, or shoulder and responding to a child's spontaneous hug.

(b) *Personal and Intimate Care* - * Washing hands/face, brushing/combing hair
cleaning wounds on head/limbs

* Assistance with toileting, clothing, cleaning and general washing and drying for the very young and

as appropriate for some pupils with special needs, with due respect for personal privacy and dignity.

* Assistance with mobility for some pupils as required

SUPPORTIVE RESPONSES

- (a) Accident Prevention
- * Holding forearms or elbows, eg to support balance
 - * Supporting body, head and limbs for disabled young people to meet individual need
 - * Support by staff trained in acceptable methods within a specified subject such as gymnastics and swimming
 - * Adjusting equipment and outer clothing
- (b) Skill promotion
- * Correcting hand, finger, arm and body position in the use of instruments, tools and implements
 - * Correcting body position in the acquisition of a sporting skill, e.g. holding a racket or performing a headstand in gymnastics
 - * Preventing inappropriate body movements and facilitating appropriate ones for some pupils with special needs
 - * Physical prompting techniques in modelling behaviour

THERAPEUTIC RESPONSES

- (a) Comforting Contact
- * Holding hands, hands on shoulders, arms around shoulders
- (b) Therapeutic contact
- * Physiotherapy

Non-Acceptable Responses

Avoid Contact with parts of the body other than shoulders, arms and hands in all but exceptional circumstances

e.g. staff working with physically disabled pupils or when intimate care, changing and assisting with toileting are required.

Avoid

Contact when a pupil is in a reactive emotional state unless essential for reasons of safety.

Avoid any contact when alone with a child unless it is clearly relevant:

- (a) to teach a skill, e.g. individual instrumental tuition;
OR
- (b) to the need for dignity of a disabled pupil, e.g. when helping with toileting

REMEMBER

The way our behaviour is experienced and interpreted may not match our intentions however well meaning! Children should always be helped to understand the purpose of physical contact.

For further information please refer to *SCC Guidelines*
'Physical contact - intervention with young people'