

### 1. Physical Contact and Reasonable Force

There are occasions when it is entirely appropriate for other adults to have some physical contact with the child or young person with whom they are working. However, it is crucial that in all circumstances, adults should only touch children in ways which are appropriate to their professional or agreed role and responsibilities. Reference should be made to the DfE Guidance – Use of Reasonable Force (reviewed July 2015) and the school Physical Contact & Reasonable Force Policy (July 2018). School staff have a power to use force and lawful use of the power will provide a defence to any related criminal prosecution or other legal action. Suspension should not be an automatic response when a member of staff has been accused of using excessive force. Senior school leaders should support their staff when they use this power. This is non-statutory advice from the Department for Education. It is intended to provide clarification on the use of force to help school staff feel more confident about using this power when they feel it is necessary and to make clear the responsibilities of Principals and the Academy Council in respect of this power. This document should be read in conjunction with this policy.

The general culture of 'limited touch' should be adapted, where appropriate, to the individual requirements of each child. Children and young people with special needs may require more physical contact to assist their every-day learning. The arrangements should be understood and agreed by all concerned, justified in terms of the child's/young person's needs, consistently applied and open to scrutiny.

Not all children and young people feel comfortable about physical contact and adults should not make the assumption that it is acceptable practice to use touch as a means of communication. Permission should be sought from a child or young person before physical contact is made. Where the child is very young, there should be a discussion with the parent or carer about what physical contact is acceptable and/or necessary.

When physical contact is made with a child this should be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, gender, ethnicity and background. It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one child in one set of circumstances may be inappropriate in another, or with a different child. Adults, nevertheless, should use their professional judgement at all times, observe and take note of the child's reaction or feelings and, so far as is possible, use a level of contact and/or form of communication which is acceptable to the child for the minimum time necessary. Where a child seeks or initiates inappropriate physical contact with an adult, the situation should be handled sensitively and care taken to ensure that contact is not exploited in any way. Careful consideration must be given to the needs of the child and advice and support given to the adult concerned.

It is recognised that some children who have experienced abuse may seek inappropriate physical contact. Adults should be particularly aware of this when it is known that a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to some actions being misinterpreted. In all circumstances where a child or young person initiates inappropriate physical contact, it is the responsibility of the adult to sensitively deter the child and help them understand the importance of personal boundaries. Such circumstances must always be reported and discussed with a senior manager and the parent/carer.

### 2. Other Activities that require Physical Contact

Adults who work in certain settings, for example, sports, drama or outdoor activities, will have to initiate some physical contact with children, for example, to demonstrate technique in the use of a particular piece of equipment, adjust posture, or perhaps to support a child so they can perform an activity safely or prevent injury. Such activities should be carried out in accordance with existing codes of conduct, regulations and best practice. Physical contact should take place only when it is necessary in relation to a particular activity. It should take place in a safe and open environment i.e. one easily observed by others and last for the minimum time necessary. Contact should be relevant to their age or understanding and adults should remain sensitive to any discomfort expressed verbally or non-verbally by the child.

Guidance and protocols around safe and appropriate physical contact are provided by national organisations, for example, sports governing bodies or major arts organisations, or the employing organisation and should be understood and applied consistently. Any incidents of physical contact that cause concern or fall outside of these protocols and guidance should be reported to the senior manager and parent or carer. It is good practice if all parties clearly understand at the outset what physical contact is necessary and appropriate in undertaking specific activities. Keeping parents/carers, children and young people informed of the extent and nature of any physical contact may also prevent allegations of misconduct or abuse arising.

### **3. Behaviour Management**

All children and young people have a right to be treated with respect and dignity, even in those circumstances where they display difficult or challenging behaviour.

Adults should not use any form of degrading treatment to punish a child. The use of sarcasm, demeaning or insensitive comments towards children and young people is not acceptable in any situation. Any sanctions or rewards used should be part of a behaviour management policy, which is widely publicised and regularly reviewed.

Where children display difficult or challenging behaviour, adults must follow the behaviour policy outlined by their place of work, and use strategies appropriate to the circumstance and situation. The use of physical intervention can only be justified in exceptional circumstances and must be used as a last resort when other behaviour management strategies have failed. 'Time out' and 'seclusion' are examples of strategies that should be carefully defined so that their use does not constitute a criminal offence. For example, putting a child or young person in a room and holding the door closed may be deemed a restriction of liberty and subsequently constitute a criminal offence.

Where a child has specific needs in respect of particularly challenging behaviour, a positive handling plan may be drawn up and agreed by all parties. Only in these circumstances should an adult deviate from the behaviour management policy of the organisation.

### **4. Use of Control and Physical Intervention**

There are circumstances in which adults working with children displaying extreme behaviours can legitimately intervene by using either non-restrictive or restrictive physical interventions. This is a complex area and adults and organisations must have regard to government guidance and legislation in the development and implementation of their own policies and practice. The use of physical intervention should, wherever possible, be avoided. It should only be used to manage a child or young person's behaviour if it is necessary to prevent personal injury to the child, other children or an adult, to prevent serious damage to property or in what would reasonably be regarded as exceptional circumstances. When physical intervention is used it should be undertaken in such a way that maintains the safety and dignity of all concerned.

The scale and nature of any physical intervention must be proportionate to both the behaviour of the individual to be controlled and the nature of the harm they may cause. The minimum necessary force should be used and the techniques deployed in line with recommended policy and practice.

The duty of care, which applies to all adults and organisations working with children and young people, requires that reasonable measures be taken to prevent children being harmed.

Individual health and care plans (IHCPs) drawn up in consultation with parents/carers and, where appropriate, the child should set out the strategies and techniques to be used and those, which should be avoided. Risk assessments should be carried out where it is foreseeable that restrictive physical intervention may be required.

In all cases where physical intervention is employed the incident and subsequent actions should be documented and reported. This should include written and signed accounts of all those involved, including the child or young person. The parents/carers should be informed the same day.

### **5. Children and Young People in Distress**

There are some settings, where adults are involved in managing significant or regular occurrences of distress and emotional upset in children, for example in mental health services, residential care provision etc. In these circumstances professional guidance should be followed and adults should be aware of what is and what is not acceptable behaviour when comforting a child or diffusing a situation. This is particularly important when working on a one-to-one basis. For all other adults working with children there will be occasions when a distressed child needs comfort and reassurance and this may involve physical contact. Young children, in particular, may need immediate physical comfort, for example

after a fall, separation from parent, etc. Adults should use their professional judgement to comfort or reassure a child in an age-appropriate way whilst maintaining clear professional boundaries. Where an adult has a particular concern about the need to provide this type of care and reassurance, or is concerned that an action may be misinterpreted, this should be reported and discussed with a senior manager and parents/carers.

## **6. Intimate Care**

Some job responsibilities necessitate intimate physical contact with children on a regular basis, for example, assisting young children with toileting, providing intimate care for children with disabilities or in the provision of medical care. The nature, circumstances and context of such contact should comply with professional codes of practice or guidance and/or be part of a formally agreed plan, which is regularly reviewed. The additional vulnerabilities that may arise from a physical or learning disability should be taken into account and be recorded as part of an agreed care plan. The emotional responses of any child to intimate care should be carefully and sensitively observed, and where necessary, any concerns passed to senior managers and/or parents/carers.

All children have a right to safety, privacy and dignity when contact of a physical or intimate nature is required and depending on their abilities, age and maturity should be encouraged to act as independently as possible. The views of the child should be actively sought, wherever possible, when drawing up and reviewing formal arrangements. As with all individual arrangements for intimate care needs, agreements between the child, parents/carers and the organisation must be negotiated and recorded.

## **7. Personal Care**

Children and young people are entitled to respect and privacy at all times and especially when in a state of undress, changing clothes, showering or undertaking any form of personal care. There are occasions where there will be a need for an appropriate level of supervision in order to safeguard young people and/or satisfy health and safety considerations. This supervision should be appropriate to the needs and age of the young people concerned and sensitive to the potential for embarrassment.

Adults need to be vigilant about their own behaviour, ensure they follow agreed guidelines and be mindful of the needs of the children and young people with whom they work.

## **8. First Aid and Administration of Medication**

Health and Safety legislation places duties on all employers to ensure appropriate health and safety policies and equipment are in place and an appropriate person is appointed to take charge of first-aid arrangements. It is expected that adults working with children and young people should be aware of basic first aid techniques. It is not, however, a contractual requirement and whilst adults may volunteer to undertake such tasks, they should be suitably trained and qualified before administering first aid and/or any agreed medication.

When administering first aid, wherever possible, adults should ensure that another adult is aware of the action being taken. Parents should always be informed when first aid has been administered.

In circumstances where children need medication regularly, a health care plan should be established to ensure the safety and protection of children and the adults who are working with them. Depending upon the age and understanding of the child, they should where appropriate, be encouraged to self-administer medication or treatment including, for example any ointment, use of inhalers. If a member of staff is concerned or uncertain about the amount or type of medication being given to a child/young person, this should be discussed with the appropriate senior colleague at the earliest opportunity.

There should be due regard to current guidance. As of September 2014, the Academy Council must make arrangements to support students at school with medical conditions.

## **9. One to One Situations**

All organisations working with or on behalf of children and young people should consider one to one situations when drawing up their policies.

It is not realistic to state that one to one situations should never take place. It is however, appropriate to state that where there is a need, agreed with a senior manager and/or parents/carers, for an adult to be alone with a child or young person, certain procedures and explicit safeguards must be in place. This also applies to those adults who do not

work as part of an agency or organisation but owe a duty of care to the child or young person because of the nature of their work.

Adults should be offered training and guidance for the use of any areas of the workplace, which may place themselves or children in vulnerable situations. This would include those situations where adults work directly with children and young people in unsupervised settings and/or isolated areas within community settings or in street-based projects for example.

One to one situations have the potential to make child/young person more vulnerable to harm by those who seek to exploit their position of trust. Adults working in one to one settings with children and young people may also be more vulnerable to unjust or unfounded allegations being made against them. Both possibilities should be recognised so that when one to one situations are unavoidable, reasonable and sensible precautions are taken. Every attempt should be made to ensure the safety and security of children and young people and the adults who work with them.

There are occasions where managers will need to undertake a risk assessment in relation to the specific nature and implications of one to one work. These assessments should take into account the individual needs of the child/young person and the individual worker and any arrangements should be reviewed on a regular basis.

Meetings with children and young people outside agreed working arrangements should not take place without the agreement of senior managers and parents or carers.

This policy should be read alongside other school policies:

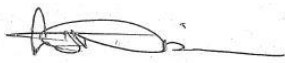
Safeguarding and Child Protection Policy

Whistleblowing Policy

Behaviour Policy

Policy Review:

Signed by:



(Principal)

Signed by:



(Chair of Academy Council)

Date: 9<sup>th</sup> December 2021

Next Review Date: December 2024