

Policy Name: Physical Contact and Intervention Policy

Last updated:	December 2024
Date of next review:	December 2026
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Dissemination of the policy:	Staff, Parents, Website

Aim

The purpose of this policy is to clarify and explain the circumstances where physical contact with pupils may be appropriate or necessary.

Physical contact (PC) or physical intervention (PI) can be used positively to reinforce self-image and relationships, or in less positive contexts, as a means of control. There may also be instances, in an emergency, where physical contact is necessary for First Aid or Hygiene purposes.

This policy applies to all staff. It does not differentiate between Managers, Teachers, and Support Staff.

It is important that we have a policy about physical contact. All members of staff who have contact with pupils must clearly understand the options and strategies open to them. Staff, parents and pupils all need to be aware of the options and strategies that may be employed in various circumstances.

1. Principles of Good Practice

Gloucestershire County Council (GCC) views the use of PI as part of a broad range of interventions with the main focus being on preventative approaches where no force is involved. Wherever possible, the use of force should be avoided. In extreme cases, when the use of reasonable force is necessary, it must be used in a way that maintains the dignity and safety of all concerned. It should only be used to prevent personal injury to the pupil, other pupils or an adult or to prevent serious damage to property. This type of intervention is 'Restrictive Physical Intervention'.

Positive behaviour management and the use of a range of preventative measures are always preferable. The long-term aim of staff supporting pupils whose behaviour is considered challenging, must be to enable those young people to manage their behaviour with greater independence and to present themselves in a more socially acceptable way. Central to the GCC policy and practice on the use of physical interventions is the expectation that physical intervention:

- Should only be used in the best interest of the young person or the young people
- Should only be used after all preventative measures have been explored

- Should only be used as a last resort
- Should never be punitive
- Should be reasonable, proportional and necessary

Planned and emergency interventions should be based on previous knowledge of the young person's likely behaviour, should use reasonable force for the shortest period of time and should be preventative in the intent. The use of force can be regarded as reasonable only if the circumstances of the incident warrant it.

1.1 Positive Behaviour Management Strategies

Gloucestershire Hospital Education Service (GHES) will minimise the likelihood of incidents requiring intervention by:

- Ensuring appropriate staffing levels.
- Ensuring staff have access to young people's Safe Learning Plans and prior relevant history where appropriate.
- Using planning which is responsive to identified individual needs.
- Taking steps to diffuse the early stages of behavioural difficulty wherever possible.
- Reviewing incidents to inform future practice.

2. Assessing and Managing Risk

Risk assessment and management will avoid unreasonable risks, employ strategies to reduce or prevent anticipated risks, and limit the risk involved in responding to unavoidable events and emergency situations.

3. Positive Physical Contact

3.1 Positive handling with a clear purpose – touching

The quality of a child's relationship with significant adults is vital to their healthy development and emotional health and wellbeing. To provide the best support to pupils this sometimes means positive physical touch is necessary, especially taking into account the varying needs of our pupils who need positive physical touch as part of their physiotherapy or positive and preventative strategies.

Some pupils, who require emotional support from school, may have been subject to trauma or distress or may not have had a positive start in life. It is with this in mind that staff seek to respond to children's developmental needs by using, where appropriate, safe touch.

GHES takes into account the extensive neurobiological research and studies relating to attachment theory and child development that identify safe touch as a positive contribution to brain development, mental health and the development of social skills.

We have adopted an informed, evidence-based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning. Our policy rests on the belief that every member of staff needs to know the difference between appropriate and inappropriate touch. Staff will demonstrate a clear understanding of the difference.

We consider two different types of touch and physical contact that may be used, these are:

1. Casual / Informal / Incidental Touch – Staff use touch with pupils as part of a normal relationship, for example, providing comfort, giving reassurance and congratulating. The benefit of this action is often proactive and can prevent a situation from escalating.
2. General Reparative Touch – This is used by staff working with pupils who are having difficulties with their emotions. Healthy emotional development requires safe touch as a means of calming, soothing and containing distress for a frightened, angry or sad pupil. Touch used to regulate a pupil's emotions, triggers the release of the calming chemical oxytocin in the body.

There may be some pupils who for personal or cultural reasons find touching unwelcome. Staff should develop an awareness of individual circumstance and react accordingly. However, staff should not be inhibited if immediate safety situations demand a physical response.

Staff must always remain conscious of the physical context of their actions. Even perfectly innocent actions can be misconstrued. Touching should never take place in conditions which are private or in areas to which there is no open access. If physical contact takes place, which the staff or pupil believe may be unwelcome or misconstrued, this contact should be reported to the DSL and the circumstances recorded on CPOMS for further enquiry.

3.2 Positive handling with a clear purpose – handling

Staff should always be made aware of pupils for whom any physical contact could be an unwelcome issue.

For their own protection, staff should report and record any incident in which they made physical contact leading to adverse reaction from a pupil, or contact made by a pupil with which the member of staff is not comfortable.

This will lead to a pupil Safe Learning Plan or a review of an existing one.

3.3 Contact for First Aid or Hygiene Purposes

Emergency Treatment may be required at any time and staff should never feel constrained from acting immediately to prevent harm even where this involves intimate body contact.

4. Restrictive Intervention (RPI)

RPI is the term used to describe interventions where the use of force to control a person's behaviour is employed using bodily contact.

See: DfE Guidance on Use of Reasonable Force July 2013

<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>

4.1 Action in self-defence or in an emergency

Everyone has the right to defend him or herself against an attack provided they do not use a disproportionate amount of force to do so.

In an emergency situation, for example if a pupil were at immediate risk of injury or at the point of inflicting injury on someone else, any member of staff would be entitled to intervene.

4.2 Planned Physical Intervention where there is identified Special Educational Need.

Planned physical intervention strategies should be, where necessary, agreed in advance with the team working with the young person, those with parental responsibility, and the young person.

They should be recorded as part of documentation setting out the broader strategy for addressing the young person's particular needs, and signed by staff and parents.

Examples of planned physical interventions:

- Pupil who is medically weak is supported by a member of staff during movement programme
- Parent agrees to an Support Plan outcome or Safe Learning Plan action to increase an autistic child's acceptance of light touch on their shoulders and head.
- Pupil with partial sight is led by elbow

5. Incident Procedure

5.1 Reporting and Recording Incidents

The use of Restrictive Physical Intervention, whether planned or unplanned (emergency) must always be reported immediately to the DSL and a written report should be entered onto CPOMS.

A detailed written report must be compiled where there has been injury, damage, or force or restraint has been used. Incident reports should also be completed where there has been verbal or physical abuse, or for 'near-miss' situations where serious risk has occurred. This procedure is not applicable for minor or trivial incidents.

The report will be an accurate record, minimising misunderstandings and providing a helpful record should there be a complaint. Signature by the staff involved and, where possible, signature of a witness is recommended.

The report must be completed in the Accident / Incident File and copied to the pupil file and the incident noted on the student log / case action record using CPOMS.

Staff may find it helpful to seek advice from a senior colleague or a representative of their professional association when compiling a report. They should keep a copy of the report. Parents will be informed of any such incident and given the opportunity to discuss it. In addition, staff may find it helpful to seek debriefing and post-incident support for all involved.

5.2 Complaints

Complaints from a parent regarding the use of force by a member of staff could lead to an investigation, either under disciplinary procedures or by the Police and Social Services department under Child Protection and Safeguarding policies.

Next review: December 2026 unless interim updates are needed.