BRITISH INTERNATIONAL SCHOOL
HANOI
A NORD ANGLIA EDUCATION SCHOOL

CHILD PROTECTION AND SAFEGUARDING POLICY

Rationale

An effective whole-school child protection policy is one that provides clear direction about expected codes of behaviour in dealing with child protection issues. An effective policy also makes explicit the school's commitment to the development of good practice and sound internal school procedures. This ensures that child protection concerns and referrals may be handled sensitively, professionally and in ways which support the needs of the child.

Introduction

The health, safety and well-being of all our children are of paramount importance to all the adults who work in the school. The Vietnamese Government is a signatory of the UN convention on the Rights of the Child and as such our children have the right to protection, regardless of age, gender, race, culture or disability. They have a right to be safe in our school.
In our school we respect our children. The atmosphere within our school is one that encourages all children to do their best. We provide opportunities that enable our children to take and make decisions for themselves.
Our teaching of personal, social and health education and citizenship, (which follows the National Curriculum for England), helps to develop appropriate attitudes in our children and makes them aware of the impact of their decisions on others. We also teach them how to recognise different risks in different situations, and how to behave in response to them. We give opportunities for children to discuss problems or concerns with an adult as part of our pastoral programme.

Aims and objectives

This policy ensures that all teaching and non-teaching staff in our school are clear about the actions necessary with regard to a child protection issue. Its aims are:

Prevention

Ensuring we practice safe recruitment in checking the suitability of our staff and volunteers who work with children.

Empowerment

Raising awareness of child protection issues and equipping children with the skills needed to keep them safe.

Protection

Developing then implementing procedures for identifying and reporting cases or suspected cases of abuse.

Support

Supporting pupils who have been abused and establishing a safe environment in which children can learn and develop.

Framework

The school does not operate in isolation. In order to protect children from harm the school will act in accordance with the following legislation and guidance, as far as is reasonably possible, within the context of our host country:

- Decree No.71 Detailing and Guiding a number of Articles of the Law on Child Protection, Care and Education 2011 (Vietnam)
- The Children Act 2004 (UK)

- DfES guidance Safeguarding Children and Safer Recruitment in Education (2006)
- HM Government 'Working Together to Safeguard Children' (2006)

Roles and Responsibilities

All adults working with or on behalf of the children have a responsibility to safeguard and promote the welfare of children. There are however key people within the school who have specific responsibilities under child protection procedures. These are listed in **Appendix 4.**

The Designated Senior Person (DSP) is responsible to the Principal. They:

- Give advice and support to all members of staff
- Ensure that all procedures are in place
- Ensure that appropriate training is provided to all staff
- Decide which members of staff need to be informed about children considered to be at risk.
- Ensure that the school effectively monitors children about whom there are concerns
- Ensure that accurate records relating to individual children are kept separate from the academic file in a secure place.

The development of appropriate procedures and the monitoring of good practice are the responsibilities of the Principal. The Head of Primary/Secondary is responsible for ensuring this policy is effectively carried out.

School Procedures - What to do if you suspect child abuse

If any member of staff is concerned about a child, he or she must inform the Designated Senior Person (or if they are unavailable, Head of Primary/Secondary).

Information regarding the concerns must be recorded and referred by the member of staff on the same day. The recording must be a clear, factual account of the observations.

A pro-forma is available as **Appendix 1** to this policy.

- Where it is believed that a child is suffering from, or is at risk of significant harm, we will follow the procedures set out in Dealing with a Disclosure and Appendix 2 to this document.
- Staff are kept informed of the procedures and, where appropriate, any children involved in child protection issues by the DSP or Head of Primary/Secondary.
- If it was felt that the child was in need of protection, we would discuss with parents but only if this did not increase the risk to the child or prejudice further enquiries
- Procedures to follow when the DSP is notified of the concern about the welfare or Safety of a child
- When a case of concern is brought to the DSP, they will share all matters of concern with the Head of Primary/Secondary and Principal. A decision of action will be taken together.
- If after investigation it is felt the student is at risk of significant harm then the Principal may take the decision to contact the Regional DOET Office or the Local Police if the student is Vietnamese. If the student is a child of expatriate parents then the Principal may take the decision to contact the appropriate Consulate/Embassy.

When to be concerned

Staff should be concerned about a student if he or she:-

- has any injury which is not typical of the bumps and scrapes normally associated with children's injuries.
- regularly has unexplained injuries.
- frequently has injuries (even when apparently reasonable explanations are given).

- confused or conflicting explanations are given on how injuries were sustained.
- exhibits significant changes in behaviour, performance or attitude.
- indulges in sexual behaviour which is unusually explicit and/or inappropriate to his or her age.
- discloses an experience in which he or she may have been significantly harmed.

Training and Support

Appropriate staff will have access to Child Protection training that is appropriate to their role. This includes training in procedures to follow, signs to note and appropriate record keeping. It is important that all staff teaching have access to appropriate training in order that they are able to react appropriately if an incident should occur.
All staff are trained to recognise and respond to situations where a child may be considered to be at risk. New staff will be trained as appropriate at the start of the academic year.

The Designated Senior Person should be trained to UK multi agency level 2 or equivalent. An on-line UK Safeguarding Children Level 1 training programme will be available for teaching staff. All teachers and teaching assistants receive in-house training.
Appropriate local support staff will also receive appropriate in-house training.
Support is available for all staff who have concerns or queries about Child Protection from the Principal and DSP.

Dealing with a Disclosure

Receive

If a student discloses that he or she has been abused in some way, the member of staff should:-

- listen to what is being said without displaying shock or disbelief
- accept what is being said
- allow the child to talk freely
- reassure the child but not make promises which it might not be possible to keep.
- not promise confidentiality
- reassure him or her that what has happened is not his or her fault
- stress that it was the right thing to tell
- listen, rather than ask direct questions
- ask open questions rather than leading questions
- not criticise the alleged perpetrator
- explain what has to be done next and who has to be told

Record

When a student has made a disclosure the member of staff should:-

- ensure any immediate medical needs are dealt with
- make brief notes as soon as possible after the conversation
- not destroy the original notes in case they are needed by another extermal agency
- record the date time, and place and any noticeable non-verbal behaviour and the words used by the child

- (may decide to) draw a diagram to indicate the position of any bruising or other injury
- record statements and observations rather than interpretations or assumptions.

Refer

After receiving and recording, the member of staff should:-

- inform the Designated Senior Person
- pass on the records and information
- not ask the child to repeat what they have already disclosed

Support

Dealing with a disclosure from a child, and a Child Protection case in general, is likely to be a stressful experience. The member of staff should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Person or Head of Primary/Secondary.

Professional Confidentiality

Confidentiality is an issue which needs to be discussed and fully understood by all those working with children, particularly in the context of Child Protection. The only purpose of confidentiality in this respect is to benefit the child.
Children's desire, need and right to speak in confidence to others about things which concern them should be respected. In order to deal with the matter honestly, and to avoid collusion, it is important to tell the child who you will need to pass information onto. Listen to the child, be sympathetic and tell the child you are pleased they have told you, this should help the child feel safe.

Information will then be shared with the DSP and the Head of Primary/Secondary. Depending on the exact nature of the concern, they would then decide whether to contact the appropriate authorities.
An exchange of relevant information between professionals is essential in order to safeguard children. The safety of the child is always the paramount consideration

Records and Monitoring

Well kept records are essential to good Child Protection practice. The school is clear about the need to record any concerns held about a child or children within our school, the status of such records and when these records should be passed over to other agencies.
These records are stored in a secure location, separate from any Educational records and are not accessible to everyone in school.
THE DSP should also keep a CP Diary as this will allow the school to chart timescales.
If a child with Child Protection concerns leaves the school or transfers, then the Principal will discuss whether it is appropriate to pass on our files and the method for doing this.

Supporting Students at Risk

The school recognises that children who are abused or who witness violence may find it difficult to develop a sense of self-worth and to view the world in a positive way. The school may be the only stable, secure and predictable element in the lives of children at risk. Whilst at school, their behaviour may still be challenging and defiant and there may even be moves to consider suspension or exclusion from school.
It is also recognised that some children who have experienced abuse may in turn abuse others. This requires a considered, sensitive approach in order that the child can receive appropriate help and support.

The school will endeavour to support students through:

- the curriculum, to encourage self esteem and self motivation.

- the school ethos, which promotes a positive, supportive and secure environment and which gives all pupils and adults a sense of being respected and valued.
- the implementation of school behaviour policies.
- a consistent approach, which recognises and separates the cause of behaviour from that which the child displays. This is vital to ensure that all children are supported within the school setting.
- a commitment to develop productive, supportive relationships with parents.
- the development and support of a responsive and knowledgeable staff group trained to respond appropriately in child protection situations.
- offering the support of the Counsellor.

Safe Recruitment

All staff must submit legalised copies of a criminal record check from their home country. In addition they must also provide copies from recent countries they have worked in. References, including the most recent employer, must state that there are no known reasons for the applicant not to work with children.

Allegations Involving School Staff

Teachers and staff are placed in a responsible and vulnerable position and have a right to expect any allegations against them to be investigated professionally and impartially.
In all cases where there is reason to suspect a member of staff may have abused a child or young person in his/her care, the details of the suspicions should be immediately reported to the designated person and the Principal who should then contact the Principal. Following their discussion, a joint decision is then taken as to the next appropriate course of action.
Where the Principal or DSP is the alleged abuser, the referrer should contact the Principal directly.

January 2016

APPENDICES

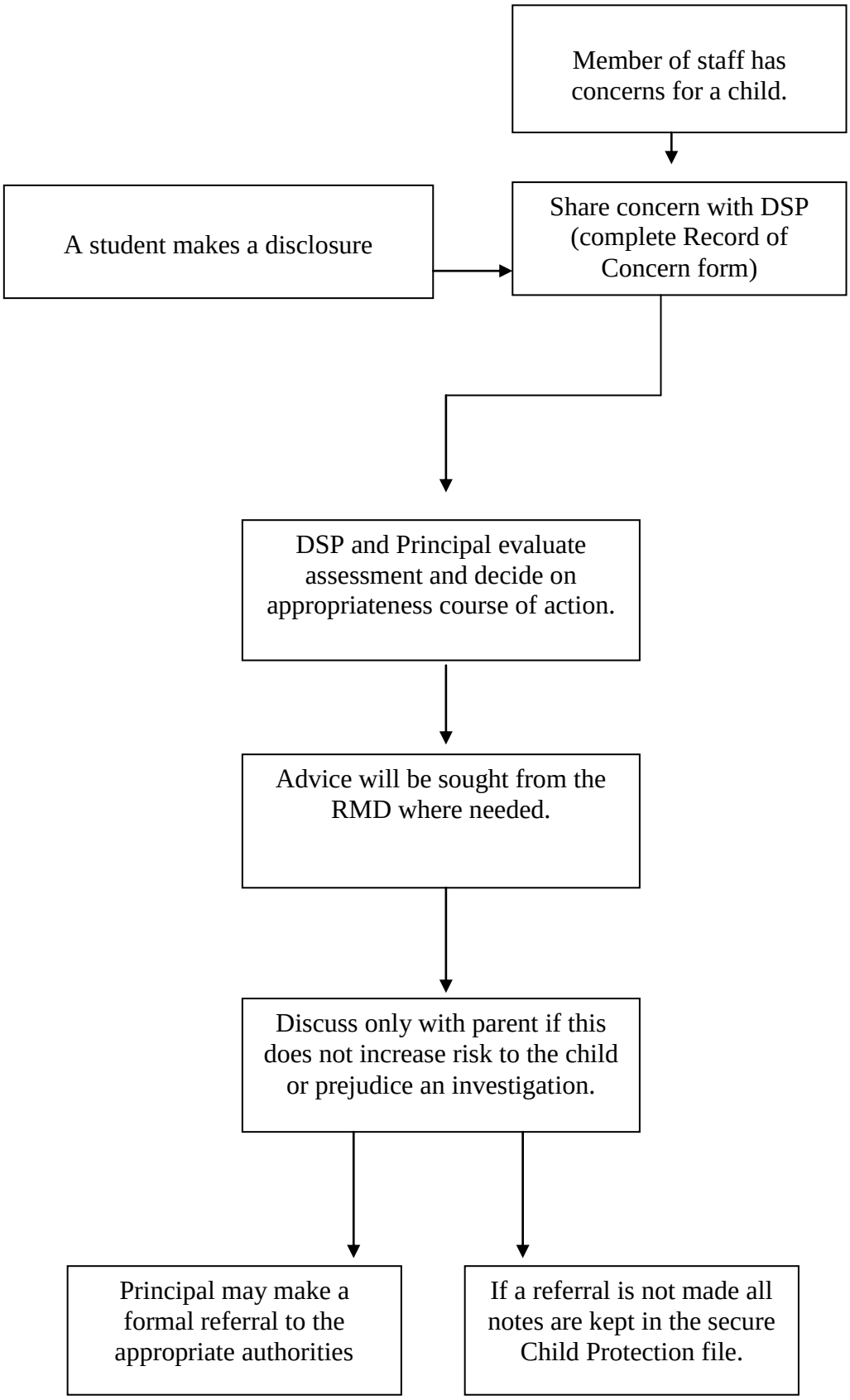
APPENDIX 1 - Confidential Record of Concern

Name of student:	Form/Class:
Date:	
Nature of Concern: What prompted this record? (Please include dates, times, incidents, discussions, observations, behaviours)	
Notes: Information that could explain child's behaviour/situation	
Does the concern fall into one of the following categories? Neglect ☐ Sexual Abuse ☐ Physical Abuse ☐ Emotional Abuse ☐ Signed (Member of staff)	
Has this information been passed to Designated Senior Person for Child Protection and Principal?	
Further Action:	

The Designated Senior Person is available to support any child protection concern if needed. When completed this form should be handed to the Designated Person and the Head of Campus by hand. It will then be securely stored in the confidential Child Protection file.

APPENDIX 2

Procedures to follow if a member of staff is concerned about the welfare or safety of a child



APPENDIX 3

Signs and symptoms of abuse

1.1. The first indication that a child is being abused is not necessarily the presence of severe injury. Concerns that a child is being abused may be aroused by the sight of bruises or marks on a child's body or by remarks made by a child, his/her parents or friends. They may also be aroused by observation of a child's behaviour or reactions, from awareness that a family is under stress and may need help with caring for the children or from a number of other factors.

While the situation may not seem initially to be serious it is worth remembering that prompt help to a family in trouble may prevent minor abuse escalating into something more serious. Anyone who is worried that a child may be at risk should discuss their concern with the Designated Senior Person who may seek advice and/or refer the matter as soon as possible.

The following is not a comprehensive or definitive list, but it does provide a guide to the more common non-accidental injuries and, taken in conjunction with the skin map, indicates situations in which more expert advice should be sought.

1.2 **Bruises**

a. Symmetrical bruised eyes are rarely accidental, although they may occur where there is a fracture of the head or nose and blood seeps from the injury site to settle in the loose tissue around the eye. A single bruised eye may be the result of an accident or abuse.
Careful consideration is required whenever there is an injury around the eye. It should be noted whether the lids are swollen and tender and if there is damage to the eye itself.

b. Bruising around the mouth (especially in small babies).

c. Grasp marks on arms - or chest of a small child.

d. Finger marks (e.g. you may see 3-4 small bruises on one side of the face and one on the other).

e. Symmetrical bruising (especially on the ears),

f. Outline bruising (e.g. belt marks, handprints).

g. Linear bruising (especially on the buttocks or back).

h. Bruising on soft tissue with no obvious explanation.

i. Different age bruising (especially in the same area, e.g. buttocks).

N.B.

i. Most falls or accidents produce one bruise on a single surface - usually on a bony protuberance. A child who falls downstairs generally has only one or two bruises. Bruising in accidents is usually on the front of the body as children generally fall forwards. In addition, there may be marks on their hands if they have tried to break their fall.

ii. Bruising may be difficult to see on the skin of a mixed-race or non-white skinned child. Mongolian blue spots may be mistaken for bruising. There are purplish-blue skin markings most commonly on the backs of children whose parents are non-white.

iii. The following are uncommon sites for accidental bruising:

a) back of legs, buttocks (except, occasionally along the bony protuberances of the spine)

b) mouth, cheeks, behind the ear

c) stomach, chest

d) under the arm

e) genital, rectal area

f) neck.

1.3 **Bites**

These can leave clear impressions of the teeth. Human bites are oval or crescent shaped. If the distance is more than 3cm across, they must have been caused by an adult or older child with permanent teeth.

1.4 **Burns / scalds**

It can be very difficult to distinguish between accident and non-accidental burns. However as a general rule of thumb, burns or scalds with clear outlines are suspicious, as are burns of uniform depth over a larger area and also splash marks above the main burn area (caused by hot liquid being thrown).

Remember also:

a. a responsible adult checks the temperature of the bath before a child gets in,

b. a child is unlikely to sit down voluntarily in too hot a bath and cannot accidentally scald its bottom without also scalding its feet,

c. a child getting into too hot water of its own accord will struggle to get out again and there will be splash marks,

d. small, round burns may be cigarette burns (but may be friction burns, and accident, if along the bony protuberances of the spine).

1.5 **Scars**

ay have scars, but notice should be taken of an exceptionally large number of differing age scars (especially if coupled with current bruising), unusual shaped scars (e.g. round ones from possible cigarette burns), or of large scars that are from burns or lacerations that did not receive medical treatment.

1.6 **Fractures**

These should be suspected if there is pain, swelling and discoloration over a bone or joint. The most common non-accidental fractures are to the long bones, i.e. arms, legs and ribs. It is very rare for a child under one year to sustain a fracture accidentally. Fractures also cause pain, and it is difficult for a parent to be unaware that a child has been hurt.

1.7 **Skin Map**

The skin map (attached) identifies common sites on the body for accidental and non-accident injury.

1.8 **General Points**

Some bruises and marks may seem insignificant by themselves but repeated injuries, even of a very minor nature, may be symptomatic of a family in crisis and, if no action is taken, the child may be injured more seriously.

Any school is entitled to expect a parent to tell them if there is anything wrong with a child. If this is made clear from the start it can become an accepted part of routine and therefore be less difficult to comment on an injury that may look suspicious. Parents will usually be asked for an explanation of any injury (as long as is does not put the child at additional risk) that is observed and consideration given to the feasibility of the explanation, whether it is appropriate to the child's age and whether it was dealt with suitably. If there is any doubt, the parents should be told the matter will have to be taken further. It is important, at this stage, not to accuse the parents (if it really was an accident, they will guilty enough anyway), but to involve them in any action taken (e.g. medical examination).

1.9 **Emotional abuse**

Emotional abuse may take the form of failure to meet a child's need for affection, attention and stimulation (even though good physical care may be provided) or there may be constant verbal abuse, rejection, scape-goating, threats of violence or attempts to frighten the child.

Conversely, some parents may be so over-protective and possessive that they prevent normal, social contact or normal physical activity. Both states can be difficult to document or evaluate, but may have crippling long-term effects on a child's development. Children suffering from emotional abuse may exhibit these behavioural symptoms:

a. excessively clingy or attention seeking behaviour

b. low self-esteem

c. apathy

d. be fearful or withdrawn

e. constantly seek to please

f. be over ready to relate to anyone, even strangers.

Where emotional abuse is suspected, it is important to seek help for the child.

1.10 **Neglect and delay in growth (failure to thrive)**

Neglect includes not only poor physical care and inattention to the child's basic needs, e.g. for regular feeding, cleanliness and clothing, but also a failure to provide the necessary stimulation to sustain behavioural and emotional development. Warning signs include:

a. poor growth for which no medical cause is found, with a dramatic improvement on a normal diet away from home,

b. unkempt, dirty appearance,

c. medical needs of child unmet - failure to seek medical advice for illness, severe untreated nappy rash, missed immunisations,

d. developmental delay,

e. lack of social responsiveness,

f. self-stimulating behaviours such as head banging or rocking,

g. repeated failure to prevent (accidental) injury.

1.11 **Parental responses and history**

There are certain parental responses which should cause concern (especially if the child has bruising or otherwise seems in need of medical attention). These include:

a. an unexplained delay in seeking medical treatment which is obviously needed, or seeking it at an inappropriate time, e.g. late at night,

b. denial, or lack of awareness of any injury to the child: unwillingness to take responsibility to protect a child from injury however caused,

c. the explanation given is not compatible with the injury, or the child is said to have acted in a way that is inappropriate to its age or developmental level, or several differing explanations may be given (note that the child or other members of the family may support the explanations, however improbable),

d. a third party, e.g. another child, may be blamed for the injury,

e. there is a reluctance to give information or failure to mention previous injuries known to have occurred,

f. attention is sought for problems unrelated to the injury, or the injury is not even mentioned,

g. consent for further medical investigation is refused,

h. the parents cannot be found or the adult with the child is drunk or violent,

i. in the past there may have been frequent attendance at clinics, surgeries, or accident and emergency departments with minor injuries or trivial complaints. Such constant attendance may have represented a 'cry for help' which, if ignored, may be followed by more serious injury.

If you are in any doubt or think a child might be at risk - consult your DSP for Child Protection.

SEXUAL ABUSE

2.1 **Child sexual abuse**

2.1.1 In recent years there has been an increasing recognition that children are involved in sexual practices by adults to a far greater extent than had previously been realised. It has become apparent that these activities, which are usually kept very secret, are detrimental to children, both in the short and in the long term. As adults use their authority over the child to gain his/her co-operation, the practice has been termed Child Sexual Abuse (or CSA for short).

2.1.2 Both boys and girls of all ages are abused and the abuse may carry on for several years before it comes to light.

2.2 **Recognition**

2.1.2 Sexual abuse often presents itself in a veiled way. Although some child victims have obvious genital injuries, a sexually transmitted disease or are pregnant, relatively few show such a florid picture.

2.2.2 Recognition of sexual abuse generally follows either a direct statement from the child (or, very occasionally, from the abuser), or more often, suspicion based on the child's circumstances, behaviour, or physical symptoms or signs.

2.2.3 The following lists of commonly observed indicators are not exhaustive and there may be situations where none of them is present, even though a child is known to have been abused sexually. Suspicion increases when several features are present together.

2.3 **Physical manifestations**

a. Vaginal bleeding in pre-pubescent girls.

b. Genital lacerations or bruising.

c. Sexually transmitted disease.

d. Abnormal dilation of vagina, anus or urethra.

e. Pregnancy (especially in younger girls or when identity of the father is uncertain).

f. Itching, redness, soreness or unexplained bleeding from vagina or anus.

g. Pain on passing urine, recurrent urinary tract infections.

h. Faecal soiling or retention.

i.

2.4 **Emotional and behavioural manifestations**

a. Behaviour with sexual overtones:

explicit or frequent sexual preoccupations in talk and play, sexually provocative relationships with adults, hinting at sexual activity through words, play or drawings, sexual activity between two young people may be a sign that one of them or both have been victims of abuse.

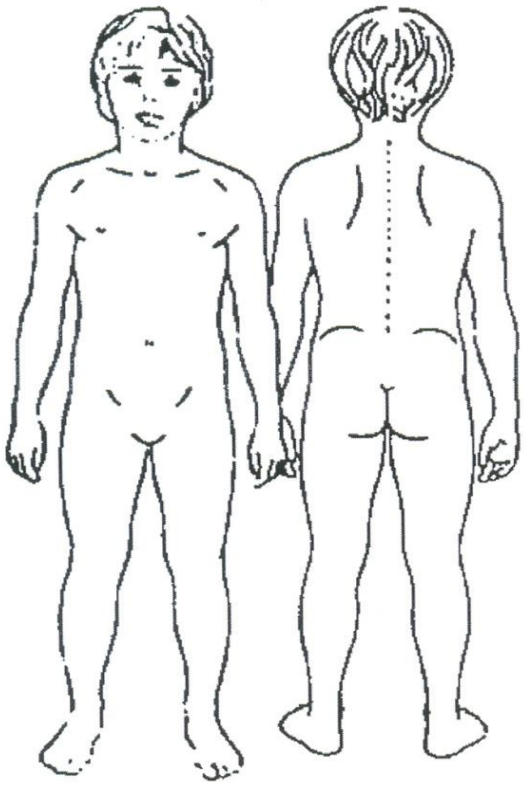
b. General:

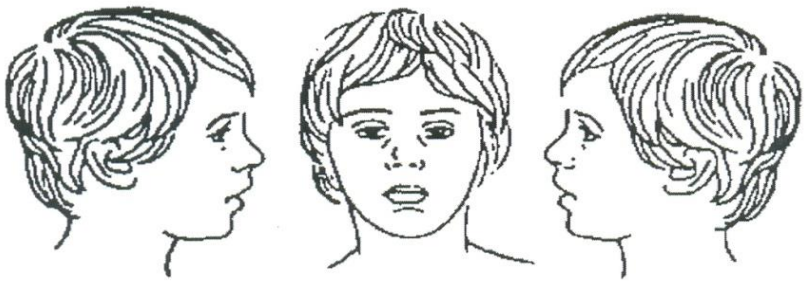
withdrawn, fearful or aggressive behaviour to peers or adults, running away from home, suicide attempts and self-mutilation, child psychiatric problems, including behaviour problems, withdrawal, onset of wetting or soiling, severe sleep disturbances, inappropriate displays of affection between fathers/daughters, mothers/sons, e.g. flirtatious or seductive behaviour, very possessive fathers who appear over involved with their daughters, learning problems or poor concentration (N.B. for some sexually abused children school may be a haven: they arrive early, are reluctant to leave and perform well), marked reluctance to participate in physical activity or to change clothes for P.E., etc.

2.5 **Family factors**

2.5.1 There are no typically sexually abusing families but there are some family circumstances that are more likely to be associated with CSA. These include families where the child has a poor relationship with parents, especially the mother; where parents, especially mothers, are unavailable - through absence or illness; and families where there is a stepfather.

2.5.2 Most known abusers are men, although some women do sexually abuse children or may passively condone it. Most child victims are sexually abused by someone they know - either a member of their family or someone well known to them or their family. The children are likely to have been put under considerable pressure not to reveal what has been happening, and many children feel guilty and responsible about their involvement.





Any suspicion that a child is being sexually abused must be taken seriously. Doubts should be shared with the DSP.

APPENDIX 4

DEFINITIONS

Abuse and Neglect

Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family, an institutional setting or, more rarely, by a stranger.

Physical Abuse

Physical abuse involves causing physical harm to a child.

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as fabricated or induced illness, factitious illness by proxy or Munchausen syndrome by proxy. There are three main ways of the carer of a child fabricating or inducing illness in a child:

- fabrication of signs and symptoms. This may include fabrication of past medical history:
- fabrication of signs and symptoms, and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents:
- induction of illness by a variety of means.

Emotional Abuse

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involved forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

APPENDIX 5

Key Contacts

Role	Name	Contact
Designated Senior Person for Child Protection (DSP) - Primary	**Rebecca Carroll**	**0988156539**
Designated Senior Person for Child Protection (DSP) – Secondary	**Tim Webb**	**0917752969**
Principal	**Sue Hill**	**090 814 4456**

Other Key Contacts

Role	Name	Contact
Regional Managing Director	**Shaun Williams**	**090 301 5787**
Business Director	**Lan Doan**	**0983471271**

APPENDIX 6

Physical Intervention Guidelines

Background

Staff need to be aware that their employment imposes upon them a duty of care in order to maintain an acceptable level of safety. Physical restraint is a form of control which BIS teaching staff are permitted to employ when all other alternatives have failed and staff believe it is their duty of care to intervene and/or where the urgency of the situation does not allow for other methods to be employed.

Since conduct can on occasions become dangerous, physical intervention may be required which inevitably is a high risk activity. Written guidelines cannot anticipate every situation; the judgment of staff at all times remains critical.

Staff should not therefore hesitate to act in an emergency, and will be supported by their Head of Primary/Secondary and the Principal provided they follow these guidelines:

a) *The purpose of the physical intervention was to avert an immediate danger of injury to any person, or an immediate danger to the property of any person.*

AND

b) *no more force was used than was reasonably necessary in the circumstances.*

Physical Intervention Recommendations

The recommended approaches at BIS are as follows:

Talk and warn

Whenever and wherever possible, situations involving potential conflict or confrontations should be talked through. Students obviously have to be in a receptive state for this approach to be successful.

Holding for security and to reduce anxiety where there is a potential risk of injury to him/herself or others

There may be situations when holding defuses or pre-empts an escalation to a more violent confrontation.

Intervention when a student presents an immediate risk of injury to him/herself or others

It will sometimes be necessary to intervene if a student is out of control and his/her behaviour poses a real risk to him/herself or others. In some circumstances this may involve the combined efforts of more than one member of staff.

Audience Control

It will generally be helpful to remove the audience or, if this is not possible, to remove the student in question from the audience. Under no circumstances should this result in the student being taken into a closed room by a single member of staff.

Risk Evaluation

In order that the restrain of a student should calm the situation, not lead to greater injury or an escalation of violence, the following factors need to be taken into account in evaluating the risks involved and in determining the techniques to be employed on any particular occasion:

- The age and relative physiques and known medical conditions of both the adult restrainer and the student.
- The relative genders of staff and student
- The presence of a second teacher, available to assist, supervise and become involved in intervention.
- Spectacles, jewellery and clothing being worn by the student or member of staff.
- The restrainer's capacity to act calmly.
- The location of the incident and the potential for the restraint to be carried out safely.
- The presence of any weapons

Methods of Handling

Any method of handling employed must use the minimum force necessary for the minimum amount of time and must meet the following criteria:

- Handling must not involve hitting the student.
- Handling must not involve deliberately inflicting pain on the student (eg. cannot involve joint locks or finger holds).
- Handling must not restrict the child or young person's breathing (so, for example, must not involve throat or neck holds or pressing the student's face into soft furnishings).
- Staff must avoid touching the genital area, the buttocks or the breasts of the student.
- Handling must avoid the adult putting their full weight upon the student's spine or abdominal area.

During any incident of restraint teachers must seek as far as possible to:

- Seek to lower the child or young person's level of arousal during the restraint by continually offering verbal reassurance.
- Cause the minimum level of restriction of movement of limbs consistent with the danger of injury.
- Wherever a group of staff are involved, they should consider working together as a team, with one member taking the lead.
- Not to employ another student to assist in a restraint episode.
- Experience has shown that moving of students during an incident of restraint can prove problematic and is generally to be avoided. It is only justifiable when remaining in the original location would be more physically dangerous.

FOLLOW-UP ACTION

Recording

Incidents of Physical Restraint must be logged with the Principal.
An account must be made by the member of staff concerned who should sign and date it. The report must include:

- Details of when and where the incident took place (a sketch plan might be helpful).
- Circumstances and significant factors which led to the incident.
- The duration and nature of any physical restraint used.
- The names of students and staff involved and of all witnesses.
- A description of any injury sustained by students or staff and subsequent medical attention.
- A description of any action taken after the incident.

Statements

Statements may need to be taken from witnesses. It will be necessary to take such statements as soon as possible.

Management Considerations

All incidents involving the physical restraint of a student must be discussed as soon as possible with the Principal with a senior member of staff present. All senior staff involved must record details of their involvement at every stage, together with details of all follow-up action. At an appropriate time the student and staff involved should have an opportunity to discuss the matter with a relevant member of the senior staff. In principle, the Principal should share the written report with the student, whose view of the incident should be recorded. Parents should always be informed of what has happened to the student.