

Safeguarding and Welfare Requirement: Child Protection

The safeguarding policy and procedures must include an explanation of the action to be taken in the event of an allegation being made against a member of staff, and cover the use of mobile phones and cameras in the setting.

7.2 Physical Contact and Intervention

All staff working at Cobham Community Pre-school are expected to help the children in their care to take responsibility for their own behaviour. Cobham Community Pre-school aims to achieve this by using a combination of approaches which include:

- Positive role modelling by the staff
- Ensuring there is an adequate range of activities that are interesting and challenging to individual children as well as groups of children
- Having boundaries in place that are appropriate to the age and development of the children and having expectations which are achievable and can be enforced
- Providing positive feedback to the children, using this method before boundaries or expectations are broken or unfulfilled

For further details, please refer to the policy on Managing Positive Behaviour.

Definitions of Physical Contact

These are three main types of physical handling;

1. **Positive Handling** aids children with guidance such as how to hold a paintbrush, providing emotional support such as an arm around a distressed child and physical care such as first aid and toileting. Staff must always exercise appropriate care when using touch as there are some children for whom touch may be inappropriate. The staff will be aware of those children in their care for whom this is applicable.
2. **Physical Intervention** is a means to provide appropriate ways to ensuring children's safety, to include mechanical and environmental means such as locked doors.
3. **Restrictive Physical Intervention** is when a member of staff uses physical force intentionally to restrict a child's movements against his or her will, i.e. such as holding a hand to guide the child away from harm, Physical Intervention to stop a child injuring themselves or others or causing damage to property and if there is a suspicion that they may be about to do any of the above.

Use of Restrictive Physical Handling

Restrictive Physical Handling should only ever be used to restore safety both for the child and for those around him or her. It must never be used out of anger, as a punishment or as an alternative to less intrusive measures as discussed at the commencement of this policy. Restrictive Physical Handling will only be used if it is thought to be in the child's best interest. The child's needs are paramount.

We aim to do all we can to avoid using any restrictive physical intervention when dealing with a child whose behaviour is inappropriate. We are aware that there are very occasional times when a child's behaviour presents a particular challenge and that a child may require physical handling if:

- Someone is hurting themselves or others
- Someone is damaging property
- There is a suspicion that, although injury, damage or other crime has not yet happened, it is about to happen
- The child is trying to leave the site and will be at risk if he / she does so (or if the child is trying to leave a group on an offsite outing).

If a child is demonstrating the above behaviour staff must approach him or her in a calm manner giving him or her every chance to calm down. The child must be given time and space to calm down, this may require moving the rest of the group away to another area thus removing the 'audience' and also any feeling of embarrassment. The child should be reassured that feeling angry is okay but being physical towards others or him / herself is not.

We have a duty of care towards all of the children in our setting. When children are in danger of hurting themselves, others or causing significant damage to property, staff have a responsibility to intervene. In most cases this will involve an attempt to divert the child to another activity or a simple instruction to 'stop!' They will use a range of approaches such as humour, distraction, relocation and offering choices as a direct alternative to restrictive physical intervention. These alternatives will be chosen after a risk assessment which considers;

- The risks presented by the child's behaviour
- The potential targets of such risk
- Preventative and responsive strategies to manage these risks

Before using any Restrictive Physical Intervention the staff will consider whether the situation will be made worse by this decision. If this is the case staff must make the area safe and call for assistance from another member of staff.

However if it is judged as necessary staff, who have received guidance / training on physical handling and behaviour management training, may use restrictive physical intervention. If it is an emergency any member of staff may use restrictive physical handling to do their best to prevent immediate harm to the child or another person. Any person using Restrictive Physical Intervention should do the following:

- Use the minimum force and as short as time as necessary
- Use an amount of force in proportion to the circumstances
- Alert a colleague of a distressed child as soon as he / she is aware of the situation thus not having to manage the situation unaided
- Keep calm at all times

- Talk to the child giving him or her every opportunity to calm down
- As soon as the child is calm release him or her carefully

Unless the situation is an emergency with immediate danger to the child or others you must discuss it with the manager or, if she is unavailable, a senior member of staff. The manager or senior member of staff will decide the best possible solution only advising physical intervention when other possibilities have been exhausted. Before physical intervention takes place the manager will consider the most appropriate member of staff to intervene, this may be the staff member who knows the child best.

The member of staff chosen to retrain the child should:

- Aim for side by side contact with the child. Avoid positioning yourself in front (to reduce the risk of being kicked) or behind (to reduce the risk of allegations of sexual misconduct) the child.
- Aim for no gap between adults and child's body, when you are side by side. This minimises the risk of impact or damage
- Aim to keep your back as straight as possible
- Beware in particular of head positioning, to avoid head butts from the child
- Hold the child by long bones, i.e. avoid grasping at joints where pain and damage are more likely
- Ensure there is no restriction to the child's ability to breathe. In particular, this means avoiding holding a child around the chest cavity or stomach
- Avoid lifting the child

After an incident

- Once the child is carefully released do not question them immediately. Restrictive physical intervention is distressing to the child and he or she must be given support afterwards without recrimination.
- Check the child for physical injury, if possible, without causing further distress
- Support will be given to all adults involved
- Restrictive physical intervention is recorded in the restrictive physical intervention record book. This must be completed within 24 hours of the intervention taking place. You will need to provide accurate information if you do not complete it yourself. Parents should be given a copy of this form and a copy should be placed in the safeguarding file.
- Where possible the child's parents will be notified by phone or in person when they collect their child. However the incident will not be discussed in front of the child. He or she should not be embarrassed or made an example of.
- It is important that you repair any damage done to your relationship with the child. If necessary seek advice from your manager for assistance

If this is the second incident we will form an individual behaviour plan to help support the child which will outline the following;

- An understanding of what the child is trying to achieve or communicate through his or her behaviour.
- How the environment can be adapted to better meet the child's needs
- How the child can be taught and encouraged to use new more appropriate behaviours
- How the child can be rewarded when he or she makes progress
- How staff respond when a child's behaviour is challenging (responsive strategies)

If the child has an existing plan in place to help with his or her behaviour it must be reviewed and assessed to identify how it needs to be modified, if necessary. When initiating a plan or reviewing an existing plan to support a child who we know is likely to require some restrictive physical intervention we will take into account as many different viewpoints as possible. In particular, we will involve the child's parents / carers and any visiting support staff e.g. SEN Advisory Team, speech and language therapist, health visitors and social workers. The outcome of any meetings will be recorded and shared with the child's parent / carers to confirm their knowledge of our planned approach. These plans will be viewed at least once every four to six months, or more frequently if there are changes to the child's circumstances.

Documentation and Support

The manager will monitor all recorded incidents of the use of restrictive physical intervention and so be able to identify any trends, by doing this we will be able to develop our ability to meet children's needs without the use of restrictive physical intervention.

Complaints Procedure

Parents can refer to our complaints policy and procedure if they have concerns about the use of physical intervention.