

6.2 Child Care Practice Policies

Physical Intervention Policy

Policy Statement

At Cringleford Crackerjacks we treat all children as individuals and aim to help every child within our care to take responsibility for their own behaviour. Our approach to the physical handling of children is underpinned by our staff teams' in depth understanding of early childhood development. At Cringleford Crackerjacks we understand that it is essential to always consider a child's level of understanding and development and personal needs when considering how to approach that child.

Positive behaviour within our setting is achieved through a combination of approaches, in partnership with the parent/carer, which include:

- Positive role modelling
- Planning a range of interesting and challenging activities
- Setting and enforcing appropriate boundaries and expectations
- Providing positive feedback

However, there may be occasional times when a child's behaviour presents particular challenges that may require physical handling. This policy sets out expectations for the use of physical handling.

Definitions of physical handling

Positive Handling (touch)

Forming close relationships with children in their early years is essential to enable children to develop and grow as confident individuals with a real understanding of social responsibility and self esteem. We acknowledge that touch is a necessary and desirable part of the development, emotional well being, care and education of all young children. We see touch as an everyday act of communication by physical means and this policy demonstrates what that might look like. To facilitate this all children have a named Key Person who will develop a genuine bond and offer a settled close relationship.

The positive use of touch is a normal part of human interaction and the developmental age, emotional and communication needs of the individual child are recognised as being far more important than actual age. We understand that younger children will need more physical contact than older pre-school children nearing school entry and our day to day practice will be reflective of that.

Touch is appropriate for:

- Giving guidance to children (such as how to hold a paintbrush , or when climbing)
- Providing emotional support – i.e comfort and reassurance (such as placing an arm around a distressed child).
- Physical/intimate care (such as first aid or toileting).

Staff must however exercise appropriate care when using touch. There are some children for whom touch would be inappropriate such as those with a history of physical or sexual abuse.

Parents are not permitted to attend to the toileting needs of a child, other than their own, whilst on the pre-school premises.

Although, we believe physical contact is central to warm, personal relationships and to the good quality care of young children we also believe that good quality practice encompasses a full understanding of child protection and this is reflected in our safeguarding policies and practice. All members of our staff are appropriately qualified and checks are carried out through the Disclosure and Barring Service prior to a member of staff commencing employment.

Physical Intervention

Physical intervention includes mechanical and environmental means such as gates or locked doors. The following means are used to help ensure the safety of all the children and adults at Crackerjacks.

Doors

There is a yellow door between the office and the pre-school room which is fitted with a high handle to prevent children from leaving the safety of the main pre-school area unaccompanied. This door together with the outer orange door is wedged open at the beginning and end of each session to allow parents to enter. There are occasions when the Manager, or in her absence, the Deputy Manager makes the decision to leave one or both of these doors closed at the beginning or end of a session. This decision has been made taking into consideration effective staff deployment and the developmental stage of the children within the room to ensure the safety of all the children in the session. Under no circumstances should any members of staff, parents or carers wedge open these doors without prior consultation with either the Manager or Deputy Manager in her absence.

Main entrance

The main entrance to the community area is kept locked. This is to ensure everyone's safety. A member of staff will open this door at the beginning and end of each session. If a parent or carer wishes to gain access to the community area prior to the start or end of a session, there is an intercom

buzzer located outside the main door. A member of staff will answer the intercom and once the identity of the caller has been established, they will release the door lock. Parents and carers are asked to keep this main entrance door closed at all times and only allow access themselves to other parents or carers of the current children at Crackerjacks.

Door to the outside area

At Crackerjacks the children are allowed supervised access to the outdoor area during session opening times. This door remains closed until it is considered safe by all members of staff to allow the children access to the garden and the door should remain closed until the room leader authorises its opening.

Restrictive physical intervention

This is when a member of staff uses physical force intentionally to restrict a child's movement against his or her will reducing any risk to the child, other children or adults in the immediate area. In most cases this will be through the use of the adult's body rather than mechanical or environmental methods. This guidance refers mainly to the use of restrictive bodily physical intervention.

Principles for the use of restrictive physical handling

- Our staff have a duty of care towards all the children in the setting. When it is felt that a child is in danger of hurting themselves, others or of causing significant damage to property, staff have a responsibility to intervene. In most cases this involves an attempt to divert the child to another activity or a simple instruction to 'stop!'. However, if it is judged necessary, staff may use restrictive physical intervention.
- This will only be used as a last resort and when it is deemed the safety and wellbeing of the child or the children and adults around them is felt to be compromised.
- On the very rare occasion that such a strategy is employed, staff will ensure that as little restrictive force as necessary is used and only for as short a period of time as possible.
- In order to minimise the emotional impact upon the child, the use of such a strategy will normally be employed by a member of staff who knows the child very well and who has received Step On behaviour management training.
- Restrictive physical intervention can only be used by non-members of staff to prevent immediate physical danger. Such individuals would

usually be expected to ask for the assistance of the room leader, unless by so doing, there is an obvious risk to the child/children and adults in the vicinity.

When will restrictive intervention be used?

- Restrictive intervention will be used when:

A child is injuring themselves or others.

A child is damaging property.

There is suspicion that although injury or damage has not yet happened, it is at immediate risk of occurring.

A child is attempting to leave the pre-school site and it is judged the child would be at risk.

During off-site activities, a child is placing themselves or others in immediate danger or it is likely that the child's actions could result in danger to themselves or others.

What kind of restrictive intervention may be used?

If restrictive is deemed necessary:

- Staff will aim for side-side contact with the child.
- Staff will aim to avoid approaching the child from behind.
- Staff will aim to avoid any gap between themselves and the child.
- Staff will aim to keep their back as straight as possible.
- Staff will aim to hold a child by their long bones, avoiding a child's joints.
- Staff will aim to avoid lifting the child, unless the staff member feels this is the most effective way and the least distressing way of dealing with the incident for the child.

(see Appendix: summary guidance for staff on the use of physical intervention.)

Planning

Staff will inform the setting Manager as soon as possible and by the end of the session following an incident where restrictive physical intervention has been used.

The incident will be recorded on an Incident Report Form (see appendix 2) and parents will be informed as soon as possible and within 24 hours of such an incident. They will be given a copy of the Incident Report Form.

The key member of staff will bring the incident to the attention of the staff team at the weekly staff meeting and the staff team will decide whether it is necessary to write a risk assessment (see appendix 3) which will be used to

write a behaviour plan for a particular child. This behaviour plan will be shared with the parents and the Early Years Adviser

Reviewing

It can be distressing for all those involved when an incident of restrictive physical intervention is necessary.

For the child: staff will take the time to talk to the child about the incident and where possible the child's views will be recorded within the child's learning journal.

For the member of staff: members of staff will be given the opportunity to talk through the incident with the staff team or in confidence with the setting Manager should they prefer. They will also be given the opportunity to access any available, additional training which they feel may be beneficial to them in the event of a future incident.

Monitoring

The Physical Handling Policy at Cringleford Crackerjacks will be reviewed at no more than 12 monthly intervals. The Manager will be responsible for reviewing the policy with all members of staff, before passing to the Management Committee for approval. The use of restrictive physical intervention will be monitored termly in order to help identify any trends and therefore help develop the setting's ability to meet the needs of children without using restrictive physical intervention.

Complaints

The use of physical intervention can lead to allegations of inappropriate or excessive use. In the event of a child, staff member, parent or visitor raising a concern, this will be dealt with in accordance with the settings Complaints Procedure.

This policy was adopted at a meeting of

Held on

Date to be reviewed

Signed by the Registered Person

Signed by the Manager

Summary guidance for staff on the use of physical intervention

Introduction

This guidance for staff is a summary of our setting's detailed policy on the use of physical intervention. Where staff are in any doubt about the use of physical intervention, they should refer to the full policy.

This summary guidance refers to the use of restrictive physical intervention (restraint) which we define as 'when a member of staff uses force intentionally to restrict a child's movement against his or her 'will'. Staff should not feel inhibited from providing physical intervention under other circumstances, such as providing physical support or emotional comfort where such support is professionally appropriate. The use of such support must be consistent with our Child Protection Policy.

Who can restrain? Under what circumstances can restraint be used?

Everyone has a right to use reasonable force to prevent actual or potential injury to people or damage to property (Common law power). Injury to people can include situations where a child's behaviour is putting him or herself at risk. In all situations, staff should always aim to use a less intrusive technique (such as issuing direct instructions, clearing the space of danger or seeking additional support) unless they judge that using such a technique is likely to make the situation worse.

Restraint should never be used as a substitute for good behaviour management, or should it be employed in an angry, frustrated, threatening or punishing manner.

Although all staff have a duty of care to take appropriate steps in a dangerous situation, this does not mean that they have to use restraint if they judge that their attempts to do so are likely to escalate the situation. They may instead issue a direction to stop, call for additional assistance or take appropriate action to make the environment as safe as possible (e.g. by clearing the room of children).

Where it is anticipated that an individual child's behaviour makes it likely that they may be restrained, a risk assessment and intervention plan should be developed and implemented.

What type of restraint can be used?

Any use of restrictive physical intervention should be consistent with the principle of reasonable force. This means it needs to be in proportion to

the risks of the situation, and that as little force is used as possible, for as short a period of time, in order to restore safety. Staff should:

Before physical contact:

Use all reasonable efforts to avoid the use of physical intervention to manage children's behaviour. This includes issuing verbal instructions and a warning of an intention to intervene physically.

Try to summon additional support before intervening. Such support may simply be present as an observer, or may be ready to give additional physical support as necessary.

Be aware of personal space and the way that physical risks increase when a member of staff enters the personal space of a distressed or angry child. (staff should also note that any uninvited interference with a child's property may be interpreted by them as an invasion of their personal space). Staff should either stay well away, or closer the gap between themselves and the child very rapidly, without leaving a 'buffer zone' in which they can get punched or kicked.

Avoid using a 'frontal', 'squaring up' approach, which exposes the sensitive parts of the body, and which may be perceived as threatening. Instead, staff should adopt a sideways stance, with their feet in a wide, stable base. This keeps the head in a safer position, as well as turning the sensitive parts of the body away from punches or kicks. Hands should be kept visible, using open palms to communicate lack of threat.

Where physical contact is necessary:

Aim for side-by-side contact with the child. Staff should avoid positioning themselves in front of the child (to reduce the risk of being kicked) and should also avoid adopting a position from behind which might lead to allegations of sexual misconduct. In the side-by-side position, staff should aim to have no gap between the adult's and child's body. This minimises the risk of impact and damage.

Aim to keep the adult's back as straight and alighted (untwisted) as possible. We acknowledge that this is difficult, given that the children we work with are frequently smaller than us.

Beware in particular of head positioning, to avoid clashes of heads with the child.

Hold children by 'long bone's', ie avoid grasping at joints where pain and damage are most likely. For example, staff should aim to hold on the forearm or upper arm rather than the hand, elbow or shoulder. Ensure that 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.

Do all that they can to avoid lifting children.

Keep talking to the child (for example, 'When you stop kicking me, I will release my hold') unless it is judged that continuing communications is likely to make the situation worse.

Don't expect the child to apologise or show remorse as many young children do not understand the difference between accidental and deliberate hurt.

Use as little restrictive force as is necessary in order to maintain safety and for as short a period of time as possible.

In very extreme circumstances two members of staff might be necessary to ensure safety.

After the incident:

It is distressing to be involved in a restrictive physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened. All those involved in the incident should receive support to help them talk about what has happened and, where necessary, record their views.

The physical intervention should be recorded immediately on the incident form. Staff should inform the setting Manager as soon as possible after an incident of restrictive physical intervention; parents/carers should also be informed. There should also be a review following the incident so that lessons can be learned to reduce the likelihood of recurrence in the future.