

General Welfare Requirement: Safeguarding and Promoting Children's Welfare

The provider must take necessary steps to safeguard and promote the welfare of children.

Little Elves Community Pre-School

Safeguarding and promoting children's welfare

Physical Handling

Policy statement

This Policy must be read in conjunction with our Child Protection Policy and Behaviour Management Policy

All staff working at Little Elves Community Pre-School aim to help children take responsibility for their own behaviour. This is done through a combination of approaches which include:

- Positive role modelling
- Planning a range of interesting and challenging activities
- Setting and enforcing appropriate boundaries and expectations (please see the setting's 'Golden Rules')
- Providing positive feedback (through verbal praise, using sticker rewards and the 'Tree of Kindness' display)

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.2 Inclusive practice 1.3 Keeping safe	2.1 Respecting each other 2.4 Key person	3.2 Supporting every child 3.3 The learning environment	

Procedures

There are three main types of physical handling which are:

- POSITIVE HANDLING

The positive use of touch is a normal part of human interaction. Touch might be appropriate in a range of situations:

1. Giving guidance such as how to hold a paintbrush or when climbing
2. Providing emotional support placing arm round distressed child
3. Physical care such as first aid or toileting

Staff must exercise appropriate care when using touch. Please also refer to our Child Protection Policy.

- PHYSICAL INTERVENTION

Physical intervention can include mechanical and environmental means such as high chairs, stair gates or locked doors. These are appropriate ways of ensuring a child's safety, and the following are used at Little Elves:

1. Locked door at the entrance to the Playworld from the foyer
2. Stairgate at the entrance to the Playworld from the foyer
3. Chair with straps supplied for a child by Occupational Therapy

- 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. This will be through the use of the adult's body.

Restrictive physical intervention will only be used in the following circumstances:

1. When a child is injuring themselves or others
2. When a child is deliberately damaging property
3. When there is a suspicion that, although injury or damage has not yet happened, it is about to happen

- Staff have a duty of care to all the children in the setting and therefore have a duty to intervene in the above instances. However, restrictive physical intervention must only be used in extreme circumstances.
- It will never be used as a matter of course and will only be used in the context of a well-established and well implemented positive behaviour framework.
- Our named member of staff with overall responsibility for Behaviour management is Emma Spence, Deputy Manager.
- All staff have a duty of care to protect all children at all times and they may use restrictive physical intervention if a child is attempting to leave the setting and is deemed to be at risk.
- It will only be used when staff believe it is in the child's own best interests - their needs are paramount.
- Staff should ensure that other protective measures are in place, such as using mechanical physical intervention to secure the area and ensuring adequate staffing ratios.

- This duty of care extends to outside the setting - such as on outings or when taking the children to the tennis courts.
- Staff may also use verbal commands (such as 'Stop!') either in conjunction with restrictive physical intervention measures or in its place.
- There may be times when restrictive physical intervention is justified but the situation might be made worse if restrictive physical intervention is used. In that instance, staff would not use it consistent with their duty of care.
- The aim of restrictive physical intervention is to restore safety - both for the child and for those around them.
- It will NEVER be used out of anger, as a punishment or as an alternative to measures which are less intrusive and which would be effective (mechanical physical intervention such as stairgates).
- It will only be used within the principle of reasonable minimal force - using an amount of force in proportion to the circumstances. S
- Staff will use as little restrictive force as necessary in order to maintain safety and for as short a period as possible.
- Only staff who have been properly trained may use restrictive physical intervention.
- Training has been provided by the Area INCO (Inclusion Coordinator) and refresher courses will be sought as and when appropriate.
- Current trained staff are:
 - Stephanie Charman (Manager)
 - Emma Spence (Deputy Manager)
 - Carmen Russo (SENCO)
 - Helen Jones
 - Saadet Dede
- Where possible, a child's key person will be involved in dealing with incidents requiring restrictive physical intervention.
- Where it is judged that restrictive physical intervention is necessary, staff should:
 - Aim for side-by-side contact with the child. Avoid positioning themselves in front (to reduce the risk of being kicked) or behind (to reduce the risk of allegations of sexual misconduct)
 - Aim for no gap between the adult's and child's body, where they are side-by-side. This minimises the risk of impact and damage
 - Aim to keep the adult's back as straight as possible
 - Beware in particular of head positioning to avoid head-butts from the child
 - Hold children by the 'long' bones, ie. avoid grasping joints where pain and damage are most likely
 - Ensure that there is no restriction to the child's ability to breathe, this means holding the child around the chest cavity or stomach
 - Avoid lifting children
- Staff are not permitted to use seclusion or use restrictive physical intervention to enforce 'time out'.
- Following an incident requiring restrictive physical intervention the following procedure will be followed:
- The situation will be reviewed and plans for future responses will be made based on a risk assessment which will consider:

- What the risks are
 - Who is at risk and how
 - What can be done to manage the risk
- This risk assessment will be used to write an Individual Behaviour Plan which will outline:
 - An understanding of what the child is trying to achieve or communicate through their 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 the child's behaviour is challenging
 - Responsive strategies will include humour, distraction, relocation, offering choices
 - Staff will seek external help if necessary when completing an Individual Behaviour Plan from agencies such as: Area INCOs, Educational Psychologists, Portage Plus workers, Behaviour Support Team, Speech and Language Therapists, Social Workers, health professionals etc. Signatures from parents will be sought to confirm their knowledge of the planned approach and plans will be reviewed at least every 4-6 months, or more frequently if there are major changes to the child's circumstances.

Recording and reporting

Any restrictive physical intervention used will be recorded. This will be done as soon as possible, but within 24 hours of an incident. According to the nature of the incident, it will also be recorded elsewhere, such as the accident book or the child's records. After using restrictive physical intervention, the parents will be notified and a copy of the incident report given to them. The setting Manager will also be informed. Records will be made using Appendix 3: Restrictive Physical Intervention Record Form (Early Years) as found in Policy Guidance: Physical Handling In Early Years and Out-of-School settings November 2004 produced by the Early Education and Childcare Unit, Hampshire County Council.

Supporting and Reviewing

Restrictive Physical intervention can be distressing for all involved, whether the person doing the holding, the child being held or someone observing or hearing about what has happened. Support will be given to the child to help them understand why they were held. A record will be kept if the child describes how they felt about this where possible. Staff may also need support from their line manager in understanding the reasons for the holding. Staff may also need to support other children who have observed the holding.

The key aim of this support is to repair any potential strain to the relationship between the child and the adult who restrained them. The individual behaviour plan of that child (if in place) would be reviewed so that the risk of needing to use restrictive physical intervention again is reduced.

Monitoring

This policy will be reviewed annually by the setting Manager and Management Committee. If necessary it will be reviewed more frequently and support will be sought from the setting's Area INCO (Inclusion Coordinator) if appropriate. The setting's Area INCO is currently Ann Norton.

Complaints

The use of restrictive physical intervention can lead to possible allegations of inappropriate or excessive use. Where anyone (child, carer, staff member or visitor) has a concern, the matter should be dealt with through the setting's usual complaints procedure.

This policy was adopted at a meeting of	<u>Little Elves Community Pre-School</u>
Held on	<u>31 March 2011</u> (date)
Date to be reviewed	<u></u> (date)
Signed on behalf of the management committee	<u></u>
Name of signatory	<u>Victoria Rawlinson</u>
Role of signatory (e.g. chair/owner)	<u>Chairperson</u>