CHARLTON MACKRELL PRESCHOOL USE OF PHYSICAL INTERVENTION POLICY

Physical contact:

At Charlton Mackrell Preschool, we believe that appropriate physical contact between adults and children plays an important role in building positive and trusting relationships. However, all physical contact must be appropriate to the age, stage of development and individual needs of the child and must take place within clear professional boundaries to ensure the safety and dignity of both children and adults.

Practitioners should always consider the child's wishes, feelings, communication needs, developmental stage and any additional vulnerabilities when deciding whether physical contact is appropriate

Examples of acceptable touch (not exhaustive):

- Child seeks a hug from a trusted adult at Charlton Mackrell Preschool, then the adult will reciprocate the hug, letting go as soon as the child does, or tactfully ending the contact if it has gone on past a comfortable point.
- Child seeks to hold the hand of a trusted adult or has to be carried in line with development needs.
- Child needs comfort or reassurance then the adult might put an arm around them or stroke their hair.
- Guide a child or keep them safe – for example hand on the back of their shoulder or holding their hand crossing a road. Pulling them away back from immediate danger.
- Touching gently on the shoulder or arm to gain a child's attention.
- Supporting a child into position for fine or gross motor activities.
- Changing nappies, providing first aid or other care in line with our intimate care policy.
- Supporting children with SEND or medical needs where physical assistance forms part of an agreed support plan or risk assessment.

Examples of unacceptable touch (not exhaustive):

- Where the adult is seeking a hug from a child or affectionate touch against the child's wishes.
- Insisting on physical contact where the adult is unknown to the child, or where the child indicates they do not wish the contact to occur.
- Excessive or unnecessary force or 'rough handling'.
- Any physical contact used as a punishment, including any contact intended to intimidate, humiliate, coerce or cause pain or discomfort.
- Any contact that causes concern with reference to our STAFF CODE OF CONDUCT, safeguarding policy or statutory guidance.

As a rule of thumb, we respond to the needs of the individual child and in a like-for-like manner.

Use of physical intervention

Restrictive interventions are actions used to stop a child from hurting themselves, hurting others, or causing serious damage. They can include physical and non-physical responses. Physical intervention is when a practitioner uses reasonable force to keep a child or others safe when there is a risk of serious harm.

The use of physical intervention is always a last resort. It must:

- Be lawful, necessary and reasonable.
- Be proportionate to the risks presented.
- Be used for the shortest possible time.
- Cause the minimum distress possible.
- Preserve the child's dignity and welfare wherever possible.
- Stop immediately once the risk has reduced.
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Other methods of managing the situation, including diversion, distraction, calming and de-escalation strategies, should always be attempted first unless an immediate response is required to prevent harm.

The degree of force used should be the minimum needed to achieve the desired result. Physical intervention should only be considered an option if:

- Calming and defusing strategies have failed to de-escalate the situation
- There is a significant risk of harm to the child or other children if there is no intervention
- There is a significant risk of serious damage to property that could result in harm
- Not intervening is likely to result in more dangerous consequences than intervening.

Prohibited practices

Physical intervention must never be used to punish, discipline, intimidate, humiliate, inflict pain or secure compliance. (Educational Act 1996).

The following practices are prohibited and must never be used:

- Kicking, slapping, punching or striking.
- Tripping a child.
- Deliberately taking a child to the ground or holding them face down.
- Any intervention which may obstruct breathing or restrict the airway.
- Applying pressure to the neck, throat, chest, abdomen, mouth or nose.
- Any hold which restricts circulation.
- Forcing limbs against joints.

- Any intervention that causes pain as a method of control.
- Any intervention likely to cause physical injury, psychological harm or humiliation.
- The use of mechanical restraint.
- Seclusion or isolation practices that place a child at risk or prevent appropriate supervision.

Recording and reporting Physical Intervention

At Charlton Mackrell Preschool all restrictive interventions will be recorded as soon as possible after the incident and reviewed by the Manager to ensure the intervention was reasonable, necessary and proportionate.

Parents/carers will be informed on the same day, or as soon as reasonably practicable. If it is likely that reporting an incident to a parent / carer will result in significant harm to the pupil, we will seek further guidance and support from Children's Social Care.

Any incidents will be monitored to identify patterns, review support strategies and reduce the need for future restrictive interventions

Post Incident Support

Following any restrictive intervention, appropriate support will be offered to the child and to staff involved.

A restorative discussion will take place, where developmentally appropriate, to help the child understand what happened, express their views and identify ways to reduce the likelihood of future incidents.

Any lessons learned will inform individual planning, risk assessments, behaviour support plans and staff training requirements.

Risk management

The plan will identify:

- Known triggers and risks.
- Early warning signs.
- Preventative and de-escalation strategies.
- Reasonable adjustments required.
- Communication preferences and needs.
- Agreed responses in the event of a crisis.
- The views of the child and parents/carers where appropriate.
- Staff responsible for implementation and review.

Particular consideration will be given to children with SEND, disabilities, medical conditions or identified vulnerabilities.

Risk Assessments and Behaviour Support Plans will be reviewed half termly, following any significant incident, or sooner if circumstances change.

Health & safety

The child's health, safety, welfare and dignity must always remain the primary consideration. Any intervention must stop immediately if there are signs of physical distress, including:

- Difficulty breathing.
- Changes in skin colour.
- Vomiting.
- Loss of consciousness.
- Signs of injury.
- Any indication that the child is experiencing significant distress.

Where appropriate, medical advice or assessment will be sought following an incident. Staff should be aware that some injuries or emotional impacts may not be immediately visible.

Staff are not expected to place themselves at unreasonable risk of injury. If a situation is assessed as unsafe, staff should:

- Remove other children from danger where possible.
- Seek assistance from colleagues.
- Maintain observation and supervision.
- Contact emergency services where appropriate.

Complaints

If parents / carers wish to make a complaint regarding the use of they should raise a complaint with the manager in the first instance. If the complaint relates to the Manager, it should be directed to the Committee/Registered Provider.

Complaints will be investigated promptly, fairly and in accordance with the provision's Complaints Procedure, Safeguarding Policy and relevant disciplinary procedures where applicable.

Provider: Alison Alllen Janine Sweeting

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