

ST ALBAN'S PRE SCHOOL

Positive Handling Policy

Covid- 19

This is an unsettling time for young children. Practitioners are alert to the emotional well-being of children who may be affected by the disruption to their normal routine. Where a child's behaviour gives cause for concern, practitioners take into consideration the many factors that may be affecting them. This is done in partnership with the child's parents/carers and the principles of this procedure are adhered to.

Background

All staff within our setting aim to help children take responsibility for their own behaviour. This can be 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.
- Providing positive feedback.

However, there are very occasionally times when a child's behaviour presents particular challenges that may require physical handling.

Definitions

There are three main types of physical handling.

1. Positive Handling – the positive use of touch is a normal part of human interaction. Touch might be appropriate in a range of situations.
 - Giving guidance to children (such as how to hold a paintbrush or when climbing).
 - Providing emotional support (such as placing an arm around a distressed child).
 - Physical care (such as first aid or toileting).
2. Physical intervention – physical intervention can include mechanical and environmental means such as locked doors. These may be appropriate ways of ensuring a child's safety.
3. 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. In most cases this will be through the use of the adult's body rather than mechanical or environmental methods.

This policy is based on national guidance.

Principles for the use of restrictive physical intervention.

Restrictive physical handling will be used in the context of positive behaviour management approaches. Our setting will only use restrictive intervention in extreme circumstances. We will do all we can in order to avoid using restrictive physical intervention.

Restrictive physical intervention will only be used when staff believe its use is in the child's best interest: their needs are paramount.

When children are in danger of hurting themselves, others or of causing significant damage, staff have a responsibility to intervene.

When restrictive physical intervention is used, it is used within the principle of reasonable minimal force in proportion to the circumstances. Our staff will use as little restrictive force as necessary in order to maintain safety. Staff will use this for as short a period as possible.

When can restrictive physical intervention be used?

- Someone is injuring themselves or others.
- Someone is damaging property.
- There is suspicion that although injury, damage or other crime has not yet happened, it is about to happen.

Staff might use restrictive physical intervention if a child is trying to leave the site and it is judged that the child would be at risk. This would also cover staff who are in charge of children on trips. Other protective measures would also be in place.

The aim in using restrictive physical intervention is to restore safety, both for the child and those around him or her.

Who can use restrictive physical intervention?

A member of staff who knows the child well, this person is most likely to be able to use other methods to support the child and keep them safe without using restrictive physical intervention. In an emergency all staff could do it.

What type of restrictive physical intervention can and cannot be used?

Any use of restrictive physical intervention in our setting is consistent with the principle of reasonable minimal force.

Our staff will:

- Aim for a side-by-side contact with the child. □ Aim for no gap between the adult's and child's body.
- Aim to keep the adult's back as straight as possible.
- Hold children by 'long' bones I.e. avoid grasping at joints where the pain and damage are most likely.
- Ensure that there is no restriction to the child's ability to breathe. □ Avoid lifting children.

Planning

In an emergency, staff will do their best within their duty of care and use reasonable minimal force. After an emergency the situation is reviewed and plans for an appropriate future response are made.

An individual behaviour plan for the child will then be written. If this behaviour plan includes restrictive physical intervention it will be just one part of a whole approach to supporting a child's behaviour.

Any parent may ask staff for more information on behaviour plans. Everyone involved in the child's care will contribute to the behaviour plan, which will be recorded and reviewed.

Recording and reporting

We will record any use of restrictive physical intervention within 24 hours of the incident.

Supporting and reviewing

It is distressing to be involved in a restrictive physical intervention, whether as the person doing the holding, the child being held or someone observing or hearing about what has happened. Support will be given to all those who were involved.

After a restrictive physical intervention, our staff will review the child's behaviour plan so that the risk of needing to use restrictive physical intervention again is reduced.

Monitoring

Monitoring the use of restrictive physical intervention will help identify trends and therefore help develop our ability to meet the needs of children without using restrictive physical intervention. This will be done through keeping records and ongoing discussions.

This policy was adopted by	St Albans Pre School	<i>(name of provider)</i>
On	13 Sept 2021	<i>(date)</i>
Date to be reviewed	13 Sept 2022	<i>(date)</i>
Signed on behalf of the provider	<i>Elaine Mercer</i>	
Name of signatory	Elaine Mercer	
Role of signatory (e.g. chair, director or owner)	Head of Pre School	

