



Physical Contact Policy

Feb 22

STATEMENT

We are committed to the best quality and highest standards of safeguarding for children. Our Policy should be read with regard to the following:

- Safeguarding Policy
- Behaviour and Relationships Policy
- Inclusion Policy
- Health and Safety Policy
- Team Teach guidance

We care for very young children and there will be times when staff are required to have close physical contact with a child. It is also important for the children to feel safe, secure and loved in their environment. We understand that children can react differently to physical contact and we respect this. Staff have received training in safeguarding & child protection.

Our staff are aware of sensitivities associated with any form of physical contact with pupils. This policy offers advice and guidance on physical contact other than the direct use of force. It was stated for the first time in November 2007 by DCSF that, “no school should have a policy of no physical contact.” There are circumstances in which physical contact is necessary in order to meet the emotional, safety and care needs of our children. Research has established that physical contact is important in developing relationships, providing reassurance and neurological development. **The paramount consideration is the welfare of the child.** This policy is intended to safeguard the welfare of the child and protect staff by describing the circumstances in which physical contact may be necessary, and how we can act safely and preserve the pupil’s dignity.

There are 5 guiding principles:

- The welfare of the child comes first and takes precedence;
- We comfort children who are in need of comfort;
- We care for children who cannot care for themselves;



- We hold children to keep them and others safe;
- We endeavour to maintain dignity for children and staff

AIMS AND OBJECTIVES

- To ensure safeguarding of children is paramount at all times
- To create, maintain and monitor a physically and emotionally secure environment for children and adults
- To ensure that all physical touch is reasonable, proportionate and necessary.
- To ensure that all children in distress receive appropriate comfort including physical touch if appropriate.
- To ensure that any touch is conducted in view of at least one other member of staff and that staff are made aware of their own personal risk assessment when working with children.
- To ensure any allegation or complaint is dealt with in line with our complaints policy, child protection policy and procedures, with due regard for the law and its processes.
- To ensure children are aware of their rights to refuse the offer of touch as a physical response to distress and ensure staff use appropriate touch in line with the child's own wishes and feelings of security.
- We wish to help children feel wanted and valued at all times in the school.

Many of our children either do not understand, or are still learning to understand the appropriateness of physical contact. Children look to us for approval and are testing out responses all the time.

It is often appropriate for children to be given some physical contact and comfort, but this must always be offered with the following caution:

1. Always ensure there are other adults or children around.
2. Never show favour to individual children.
3. Cuddles are given when children are upset or ask for one. Staff members should always ask a child if they would like a cuddle.
4. Never kiss a child, and do not encourage children to kiss adults other than their parents.
5. A child should not sit on an adult's knee for a short time and for a specific reason such as following an injury or to help them settle. If a child may need to sit on a member of staff's



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knee for longer term support, this must be written into the child's Care Plan and agreed with parents and in line with child's needs.

6. Tickling is not appropriate. However, some children are supported using an intensive interactive approach which may include a significant amount of physical contact. This will be agreed with parents and written into the child's Support Assisted Plan (SAP)
7. Where children require help with changing or toileting, the dignity of the child must be maintained at all times and the intimate care policy followed. Great care must be taken to ensure that all physical contact is specifically and only for the purpose of the operation being carried out.
8. Physical closeness is important to all children but particularly very young children and babies. It should always be the child who instigates any sort of physical contact such as cuddles.

**Exceptions would be made in a physical Intervention using only Team Teach approaches with trained staff.

Children's response to touch

Staff must always be aware that all children interpret and react to touch in different ways. Some children are over-demonstrative and try to demand a great deal of affection and physical contact, whilst others shy away from or have a dislike of physical contact. We must never assume that a child will accept a touch that is meant as a friendly gesture.

There may be children in our care who have backgrounds where there has been inappropriate physical contact, or even emotional, physical or sexual abuse. These children will be confused about adult-child contact and will need very sensitive support and care. Wherever there is physical contact, this must be seriously considered.

Where children make impulsive emotional approaches such as "I love you", never reject or let down, but always respond positively by such as, "That must mean that you like me a lot, and I like you as well. I am especially pleased with you when you are a kind friend or play at Nursery...".

If this type of approach becomes inappropriate, or regular, seek advice from a senior member of staff.

Emergency Procedures for Physical Intervention



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Teachers and practitioners have a 'duty of care' to all children. If a child is becoming a danger to him/her self or others, we cannot do nothing. Obviously our first line of approach will be verbal, using a variety of de-escalation techniques, interventions and instructions.

Where these have not worked, there may be the need to intervene physically to stop someone putting themselves or others in danger. Examples of these could be:

- A child running towards a busy road
- An angry child about to hurt someone or themselves
- A child jumping/falling from a height

Where this might happen the intervention must be using minimal force, and only enough to stop the incident.

Regard must be made to The Education Act 1996 (Circular 10/98).

The child(ren) must be made aware of what is going to happen if the situation does not stop.

If a child is injured e.g. fallen from a climbing frame, from a bike, always get down to the child's level and offer care and support. When the child is ready help them walk. If you feel the child is unable to walk seek help from another member of staff.

If a child will not come down from a climbing frame, encourage them down. Wait until they exit the climbing apparatus and encourage to walk, taking their hand.

Only in exceptional circumstances should a child be lifted and in those situations you would make the child aware of what is happening. This should also be the case with very young children and babies. Communication with the child about what you are going to do and asking permission, such as helping to wipe their nose, or changing a top. This supports the child's development and as well as developing personal identity and safety.

In an escalating or dangerous situation, reasonable, calm and considered responses could be:

- Blocking a child's path
- Holding, pushing or pulling away from the incident
- Leading by the arm
- Guiding the child away (team teach – two staff members holding the child under each arm/holding the wrist and lifting)

Such an incident must be reported fully in writing to the Deputy Head head teacher at the first opportunity, preferably the same day and never more than 24 hours after the incident.



The record of the incident it to be logged on the Physical contact sheet located in the child protection file and an incident slip is to be completed and signed by parents.

Team Teach Guidance (for staff and parents)

The Federation has a Physical Contact Policy which highlights clearly the aims and objectives for the schools. The policy makes reference to the 'Team Teach' approach. This guidance has been written to support both colleagues and parents.

Only staff trained in the pre-emptive and positive handling strategy techniques of Team Teach will use physical intervention techniques with children when necessary (see Appendix 1 for current list) however, there are some situations where those without training have the right to use a reasonable degree of force, namely;

- In an emergency, for example, if a child was in immediate risk of injury or on the point of inflicting in-jury on someone else, any member of staff would be entitled to intervene
- Everyone has the right to defend themselves against an attack provided they do not use a disproportionate degree of force to do so

Further details of the Team Teach approach can be found on the Team Teach web site

www.team-each.co.uk this system is endorsed by the Local Authority.

The term positive handling includes a wide range of supportive strategies for managing children's challenging and or unwanted behaviour. The term 'physical restraint' is used when minimal force is used to overcome active resistance. The physical contact policy and this guidance supports children to reduce the risk to themselves, other children and adults.

Prior to any use of physical intervention staff should take effective action to reduce the risks by: Staff will, where possible, initially always:

- Employ de-escalation strategies and calming measures before positive handling intervention is used.



De-escalation strategies and calming measures may include the following:

- Conversation, distraction, coaxing skills, gentle persuasion or redirection to other activities (e.g. touching the child's arm and leading him / her away from danger, gently stroking the child's shoulder);
- Put distance between the child and others - move others to a safer place;
- Calmly remove anything that could be used as a weapon, objects, furniture;
- To prevent a child continuing to pose harm in a dangerous situation, advise others to leave, but remain with the child yourself;
- Keep talking calmly to the child, explain what is happening and why, how it can stop, and what will happen next;
- Use first aid procedures in the event of injury or physical distress when safe to do so.
- Showing care and concern by acknowledging unwanted behaviour and suggest alternative strategies using negotiation and reasoning appropriate to the child age and developmental stage
- Using positive guidance to escort children to somewhere calmer and less pressured
- Ensure colleagues know what is happening and call for help if needed

Team Teach

The Team Teach approach is used when there is no realistic alternative. Staff are expected to conduct a risk assessment and choose the safest alternative. It is important to stress that this approach is an act of care and control, not punishment.

If it is decided that positive handling intervention is necessary then staff will:

- Issue a verbal warning of an intention to intervene physically-see child's positive handling plan
- 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
- 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



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- 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 "long" bones, i.e. avoid grasping at joints where pain and damage are most likely
- 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.
- 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-see positive handling plan
- 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 the safety of all involved.

Supporting and Reviewing

It can be distressing to be involved in a positive handling intervention, whether as the person carrying out the intervention, the child being held or someone observing or hearing about what has happened.

After a positive handling intervention, support is given to the child so that they can understand why they were managed in this way-see positive handling plan. Where appropriate, staff may have the same sort of conversations with other children who observed what happened. In all cases, staff should wait until the child has calmed down enough to be able to talk productively and understand this conversation. If necessary, an independent member of staff will check for injury and provide appropriate first aid. Support will also be given to the adults who were involved, either actively or as observers. The adults will be given the chance to talk through what has happened with the most appropriate person from the staff team.

Recording

- All incidents of challenging and unwanted behaviour should be recorded



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- All serious incidents or incidents involving restraint will be recorded on the appropriate form

All incidents are brought to the attention of a member of the senior management team. The Head teacher will ensure that each incident is reviewed and instigate further action as required.

All incidents of physical intervention are to be recorded on the 'Physical Contact' log which can be found at the back of the safeguarding shared concerns file.

Parents

When there is a concern about a child, parents will be invited to meet to discuss and to contribute to a risk assessment and a Positive Handling Plan (appendix 2). Written parental agreement will form part of this. Parents will be informed of the school's policies. Parents will be informed following any use of physical restraint.

Complaints and Allegations

Any complaints will follow the school's complaints procedure

Appendix 1 List of those qualified to use Team Teach

Appendix 2 Positive Handling Plan including a risk assessment

Appendix 3 Physical contact log

Updated August 2020



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Appendix 1

Staff qualified to use Team Teach

Name of staff member	Course name	Date

Dissemination of team teach training

Name of staff member	Date	Name of trainer



Appendix 2

Risk Assessment

Date	Anticipated Risk	Strategy to use	Effectiveness



Appendix 2

Positive Handling Plan-calming a dysregulated child

Child's Name:

DOB:

Date plan started:

Date plan discontinued:

Effective strategies previously used:

Strategies not recommended:

Physical techniques used effectively:



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Physical techniques used which proved ineffective or problematic:



Appendix 3

Physical contact Log

Date of incident:	Time of Incident:
Name (s) of staff involved:	
Name (s) of children involved:	
Name (s) of other staff/children who were present:	
Brief description of incident: <i>(please be objective and factual, outlining how the incident began and progressed, details of child's behaviour, what was said by each of the parties, steps taken to defuse/calm the situation, degree of contact used, how applied and for how long). Please continue on a separate sheet if necessary.</i>	



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Reason that physical contact was necessary:
Child's response & outcome of the incident:
Details of any injury suffered by the child, another child, or member of staff, or damage to any property:
Notified SMT (<i>please name</i>):
Parents notified- agreed next steps: date and outcome:

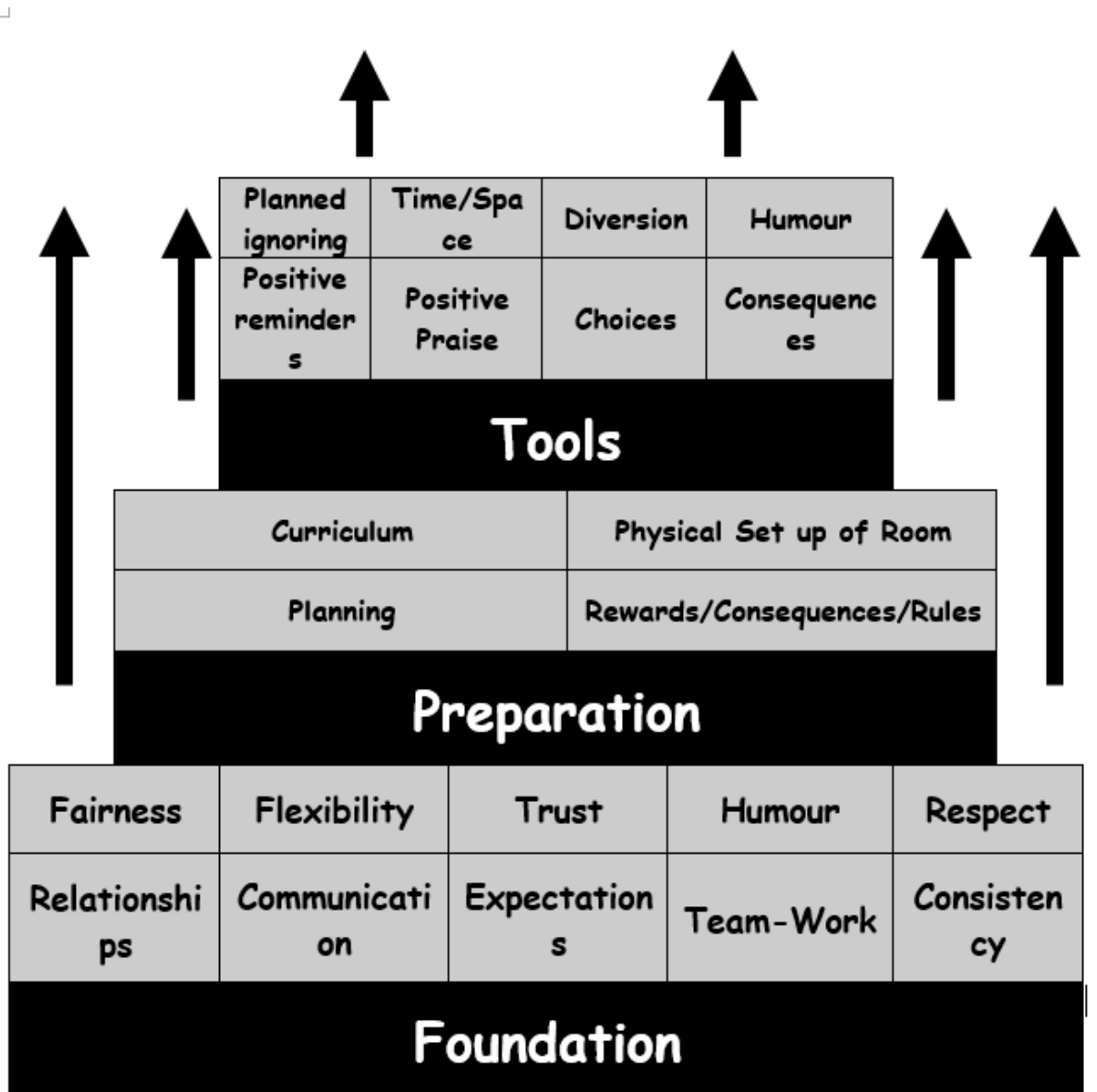
Please record within 24 hours of the incident occurring

Signed:

Dated:



LAST RESORT PHYSICAL INTERVENTION





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