**Physical Contact Policy**

All adults who come into contact with children and young people in their work have a duty of care to safeguard them and promote their welfare.

Children learn best when they are healthy, safe and secure.

There is no legal ban on physical contact between children and practitioners. The Children Act 1989 places the wellbeing of the child at the centre of keeping them safe and does not prevent staff from helping with ordinary basic physical needs. All staff working at Top Place preschool know that inappropriate behaviour with or towards a child or children is unacceptable. However, it is unrealistic to suggest that staff should never touch a child — although physical contact to keep children safe and stop them hurting themselves or others should be minimal. Where a child needs a cuddle, staff members will also use appropriate words to help them feel safe.

**Aim**

The aim of this policy is to ensure that all physical contact between adults and children at Top Place preschool promotes the child’s/children’s safety and welfare.

The principles underlying this policy are as follows.

1. In accordance with the Children Act 1989, the welfare of the child is paramount.
2. All members of staff in the provision are responsible for safeguarding and promoting the welfare of each child attending.
3. Each staff member is responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
4. Staff work, and should be seen to work, in an open and transparent way.
5. The same professional standards are always applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity.
6. Staff continually monitor and review their practice and ensure they follow the guidance provided by the provision.

All members of staff encourage children to take responsibility for their own behaviour, using a range of approaches which help to safeguard each child and promote their welfare. These approaches will include:

1. positive role modelling
2. providing a range of planned interesting and stimulating activities
3. setting and enforcing appropriate boundaries and expectations
4. giving positive feedback.

There are occasions, however, when a child’s behaviour presents particular challenges that may require physical handling. This policy sets out expectations for the use of physical handling.

There are three main types of physical handling that staff in the provision may use.

Positive handling

The positive use of touch is part of normal human interaction and may be appropriate in a range of situations, such as:

1. giving guidance to children, such as how to hold a paintbrush or use the climbing equipment
2. providing emotional support, for example placing an arm around a distressed child etc
3. giving physical care, such as assistance with toileting or changing a nappy or wet or soiled clothing
4. providing first aid.

Staff will use appropriate care when touching children and will be sensitive to those children for whom touch may not be appropriate, such as a child who has a history of physical or sexual abuse or is from a particular cultural group. In all such cases, discussion will take place with parents/carers about the most appropriate forms of promoting the child’s welfare.

Physical intervention

This may include mechanical or environmental means, such as a locked door, gate, or highchair. Such measures are used to ensure a child’s safety and promote their welfare.

Restrictive physical intervention

This involves the intentional use of force by a staff member to restrict a child’s movements against the child’s will. Generally, this will be through the use of the adult’s body rather than by the use of mechanical or environmental means.

**Types of Restrictive Physical Intervention**

Where restrictive physical intervention is needed staff will:

1. aim for side-by-side contact with the child and avoid positioning themselves in front (to reduce risk of being kicked) or behind (to reduce risk of allegations of sexual misconduct)
2. aim for no gap between the adult’s and child’s body when side-by-side to minimise the risk of impact and damage
3. aim to keep their own back as straight as possible
4. be aware of head positioning to avoid headbutts from the child
5. hold children where there is the least likelihood of causing damage, ie by the “long” bones rather than the joints
6. ensure that there is no restriction to the child’s ability to breathe, avoiding holding the child round the chest cavity or stomach
7. avoid lifting the child.

This staff ………………………………has been trained to use restrictive physical intervention only:

1. in the context of positive behaviour management
2. in extreme cases to prevent a child hurting themselves or others or causing damage to property
3. where to physically intervene is in the child’s best interests.

Where possible staff will make use of other strategies, such as saying “stop” and/or diverting the child to another activity. They will use restrictive physical intervention only when necessary and in conjunction with other forms of intervention.

Where restrictive physical intervention is necessary, staff will use the minimum force that is proportionate to both the child’s behaviour and the harm that they may cause.

Physical intervention will not be used as a form of punishment under any circumstances.

**Recording and Monitoring**

All incidents requiring restrictive physical intervention will be recorded as soon as possible and within 24 hours of the incident. This record will include:

1. who was involved
2. the reason physical intervention was considered appropriate
3. how the child was held
4. the date and time of the incident
5. the length of time the physical intervention had to continue
6. any injuries or subsequent distress
7. the action taken.

Parents will be informed and given a copy of the record form.

Intervention will be monitored, and any necessary adjustments made to keep the child/children safe and promote their wellbeing.