

## **Safeguarding and Welfare Requirement: Managing behaviour**

Providers must have and implement a behaviour management policy and procedures.

### **7.2 Physical Intervention**

**This policy should be read in conjunction with our policy 7.1 Achieving positive behaviour**

#### **Policy statement**

All staff within the 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

#### **Types of physical handling**

There are three main types of physical handling:

*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)

*Physical intervention* Physical intervention can include mechanical and environmental means such as locked doors and may be appropriate ways of ensuring a child's safety.

*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 adults body rather than mechanical environmental methods.

#### **Principles for the use of restrictive physical intervention**

- Restrictive physical intervention is not the preferred method of managing children's behaviour and is only used in extreme circumstances such as to prevent physical injury to children or adults and/or serious damage to property. Attempts will be made to divert the child to another activity or a simple instruction to "stop" will be made.
- The setting aims to do all it can to avoid using restrictive physical intervention. However, there are clearly rare situations of such extreme danger that create an immediate need for the use of restrictive physical intervention. Restrictive physical intervention in these circumstances can be used with other strategies such as saying "stop".

- Restrictive physical intervention will only be used when staff believes it's use is in the child's best interests as their needs are paramount.
- When physical intervention is used it is used within the principle of reasonable minimal force. Staff will only use an amount of force in proportion to the circumstances and as little restrictive force as necessary in order to maintain safety. Staff should use this for as short a period as possible.

### **When can restrictive physical intervention be used?**

- Staff have a duty of care to the children and 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.
- There may be times when restrictive physical intervention is justified but the situation might be made worse if restrictive physical intervention is used. If staff judge that restrictive physical intervention would make the situation worse then staff would not use it but would do something else (like issue an instruction to stop, seek help, or make the area safe) consistent with their duty of care.
- The aim of using restrictive physical intervention is to restore safety both for the child and those around him or her.
- Restrictive physical intervention must never be used out of anger, as a punishment or as an alternative to measures which are less intrusive and which staff judge would be effective.

### **Who can use restrictive physical intervention?**

- It is recommended that a member of staff who knows the child well is involved in any restrictive physical intervention. This person is most likely to be able to use other methods to support the child and keep them safe without using physical intervention. In an emergency anyone can use restrictive physical intervention consistent with the settings policy.
- Where individual children's behaviour is likely to require restrictive physical intervention staff will identify members who are most appropriate to be involved and will write a behaviour plan. Such a plan will take into consideration a child's physical and emotional health.

### **What type of physical intervention can and cannot be used?**

Where it is judged that physical intervention is necessary staff should:

- Aim for side-by-side contact with the child. Avoid positioning themselves in front (to avoid the risk of being kicked) or behind (to reduce the 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 adults back as straight as possible.
- Be aware particularly 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 there is no restriction in a child's ability to breath. In particular this means avoid holding a child around the chest cavity or stomach.
- Avoid lifting children.

- Seclusion will not be used.
- Physical intervention will not be used to bring children to, or hold them in, time-out.

Staff receive and update training in methods of restrictive physical intervention.

### **Planning**

If restrictive physical intervention has been used then the situation is reviewed and plans for an appropriate future response will be made. This will be based on a risk assessment which considers:

- What the risks are
- Who is at risk and how
- What can be done to manage the risk

A risk assessment is used to write the individual behaviour plan that is developed to support a child. A behaviour plan 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 and more appropriate behaviours
- How the child can be rewarded when he or she makes progress
- How staff respond when a child's behaviour is challenging (responsive strategies)

Staff will pay particular attention to responsive strategies. There are a range of approaches such as, humour, distraction, relocation and offering choices which are direct alternatives to using restrictive physical intervention.

Responsive strategies are chosen in the light of a risk assessment which considers:

- The risks presented by the child's behaviour
- The potential targets of such risks
- Preventive and responsive strategies to manage these risks

Staff who are involved with the child will work with the child's parents/carers and will be involved with any visiting support staff. Staff will seek support from the Area Inclusion Co-ordinator, Dawn Borg.

The outcome of meetings will be recorded and signed by the parents/ carers to confirm their knowledge of the planned approach. The plans will be reviewed at least every four to six months, or more frequently if there is any major change to the child's circumstances.

### **Recording and reporting**

Any use of restrictive physical intervention will be recorded within 24 hours of the incident. The records will show:

- Who was involved (child and staff, including observers)
- The reason physical intervention was considered appropriate
- How the child was held, when it happened (date and time and for how long)

- Any injury or subsequent distress, and what was done in relation to this
- Depending on the nature of the incident it may be necessary to note in other records, such as the accident book.
- After using restrictive physical intervention parents will be informed by telephone, or letter, or note home with the child if this is not possible. Parents will be given a copy of the record form.
- The head of the setting and the local authority will also be informed.

### Supporting and reviewing

- We acknowledge that it can be distressing to be involved in restrictive physical intervention whether as the persons doing the holding, the child being held, or someone observing or hearing about what has happened.
- After a restrictive physical intervention support is given to a child so they can understand why they were held.
- Once the child has calmed we use the Life Space Interview (LSI) method to support the child to reflect on what has happened.
- Adults who have been involved either actively, or as observers, in a restrictive physical intervention will be given the opportunity to talk through what has happened with the most appropriate persons from the staff team. The key aim of after-incident support is to repair any potential strain to the relationship between the child and the adult that restrained him or her.
- After a restrictive physical intervention we will review the individual behaviour plan so that the risk of needing to use restrictive physical intervention is reduced.

### Monitoring

- The person responsible for reviewing the policy is Alison Paulley.
- The policy will be reviewed annually or more often if needed.
- Monitoring the use of restrictive physical intervention will help to identify trends and therefore help the setting to meet the needs of children without using restrictive physical intervention.

### Complaints

If any person has a concern about the way the setting has managed the use of physical intervention they should follow our usual complaints procedure - (Making a complaint).

This policy was adopted by

The Riverside Nursery School

On

1<sup>st</sup> September 2020

Date to be reviewed

September 2021

Signed on behalf of the provider

Name of signatory

Beverley Feeney

Role of signatory (e.g. chair, director or owner)

Nursery Manager / Owner

### Other useful Pre-school Learning Alliance publications