
Physical Intervention Policy

We 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 occasional 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)

We exercise appropriate care when using touch.

2. *Physical intervention* - Physical intervention can include mechanical and environmental means such as high chairs, stair gates or locked doors. These may be appropriate ways of ensuring a child's safety.

3. *Restrictive physical intervention* - This is when we need to use 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.

We will only use restrictive physical intervention in extreme circumstances. It is not the preferred way of managing children's behaviour and will only be used in the context of a well established and well implemented positive framework. This positive framework is described in more detail in our behaviour management policy.

We will do all we can in order to avoid using restrictive physical intervention.

Restrictive physical intervention will only be used when we 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, we 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. We will use as little restrictive force as necessary in order to maintain safety. We will use this for as short a period as possible.

When can restrictive physical intervention be used?

Restrictive physical intervention can be justified when:

- 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.

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

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.

We will:

- Aim for 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 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 we will do our best within their duty of care and using 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.

Please 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 we 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.

We will also seek support from our Area SENCO where appropriate.

Complaints:

Where anyone (child, parent, guardian) has a concern, this should be dealt with through the setting's usual complaints procedure.