

# **KLOISTERS KINDERGARTEN**

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

### **Physical Restrictive Intervention Policy**

#### **Aims**

Our aim at Kloisters Kindergarten is to provide a clear policy about the physical handling of children in this Early Years setting.

All staff at Kloisters aim to help children take responsibility for their own behaviour. The age of the child and their level of development and understanding **MUST** always be taken into consideration.

This is done through a combination of approaches, in partnership with the parent/carer, 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 may be occasional times when a child's behaviour presents particular challenges that may require physical handling.

In 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.

#### **Definitions**

There are three main types of physical intervention:

*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 high chairs, stair gates or locked doors. These 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 reducing the risk to the child, other children or adults in the immediate area. In most cases this will be through the use of the adult's body rather than mechanical or environmental methods. The guidance below refers mainly to the use of restrictive bodily physical intervention.

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

The physical handling policy should be used in the context of the positive behaviour management policy and approaches.

We will only use restrictive physical intervention in extreme circumstances and it is not the preferred way of managing children's behaviour and we aim to do all we can in order 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".

All staff at Kloisters have a duty of care towards the children in the setting. When children are in danger of hurting themselves, others or of causing significant damage to property, staff have a responsibility to intervene. In most cases this involves an attempt to divert the child to another activity or a simple instruction to "stop". However, if it is judged as necessary, staff may use restrictive physical intervention.

Physical intervention is used within the principle of reasonable minimal force. Staff will use as little restrictive force as necessary in order to maintain safety. Staff will use this for a short period as possible.

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

We aim for a member of staff who knows the child well to be involved in a restrictive physical intervention. The said person is most likely to be able to use methods to support the child and keep them safe without using physical intervention. In an emergency, anyone can use restrictive physical intervention as long as it is consistent with the setting's policy.

Where individual children's behaviour means that they are likely to require restrictive physical intervention, Senior members of staff will identify members of staff who are most appropriate to be involved. Such staff will receive training and support in behaviour management as well as

physical intervention. Both children's and staff members physical and emotional health are considered when such plans are made and such plans are shared with the child's parent/carer.

### **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 or damage has not yet happened, it is at immediate risk of occurring.

The duty of care means that staff might have to use restrictive physical intervention if a child is trying to leaving the site and it is judged that the child would be at risk. Staff will also use other protective measures, such as securing the site and ensuring appropriate staffing levels are provided. The duty of care also extends beyond the site boundaries: when staff have control or charge of children off of site (e.g. on trips).

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, staff would not use it, but would do something else e.g. issue an instruction to "stop", seek help, or make the area safe) which will be consistent with their duty of care.

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

Any use of physical intervention must be consistent with the principle of reasonable minimal force. Where it is judged that restrictive physical intervention is necessary, staff should:

- . 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
- . 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 mobile children where possible

(see Appendix 1 : Summary guidance for staff on the use of physical intervention.)

At Kloisters we will identify and arrange suitable training for members of staff where required (i.e. Managing Behaviour in the Early Years).

## **Planning**

In an emergency staff will do their best within the duty of care and using reasonable minimal force. After an emergency the situation is reviewed and plans for an appropriate future response are made. This will be based on a risk assessment which considers:

### **the risks presented by the child's behaviour**

- . the potential targets of such risks
- . preventative and responsive strategies to manage these risks

A risk assessment is used to help write the individual behaviour plan that is developed to support the child. If a behaviour plan includes restrictive physical intervention it will be just one part of the whole approach to supporting a child's behaviour. The behaviour plan should 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 encouraged to use new, more appropriate behaviours
- . how staff respond when the child's behaviour is challenging (responsive strategies)

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

The setting will draw from as many different viewpoints as possible when it is known that an individual child's behaviour is likely to require some form of restrictive physical intervention. In particular, the child's parents/carers will be involved with staff from the setting who work with the child and any visiting support staff (such as Specialist Early years Service, Educational Psychologists, Speech and Language Therapists and Social Care team). The outcome from

these planning meetings will be recorded and a signature will be sought from the parent/carer to confirm their knowledge of the planned approach. These plans will be reviewed at least once every four to six months, or more frequently if there are major changes to the child's circumstances.

### **Recording and reporting**

Use of restrictive physical intervention is recorded. These records will show who is 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 subsequent injury or distress and what was done in relation to this. This should be done as soon as possible and within 24 hours of the incident. According to the nature of the incident, the incident should be noted in other records, such as the accident book.

(See Appendix 2: Incident/Concerns report form)

After using restrictive physical intervention, a setting should inform the parent/carer by phone if they judge it is appropriate to do so (or by letter home with the child if this is not possible.) Parent/carer should be given a copy of the record form. The setting manager should also be informed.

### **Supporting and reviewing**

We should emphasise that 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. After a restrictive physical intervention, support will be given to the child so that they can understand why they were held. A record is kept about how the child felt about this where this is possible. Staff should help the child to record their views. Where appropriate, staff may have the same conversations with other children who observed what happened (dependant on their age and level of understanding). 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 always be given to adults who were involved, either actively or as observers. The adults should be given a chance to talk through what has happened with the most appropriate person from the staff team and in a Staff Supervision where deemed necessary.

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 restrictive physical intervention, staff

consider reviewing the individual behavioural plan so the risk of needing to use restrictive physical intervention again is reduced.

## **Monitoring**

This policy is reviewed at least annually by Miss April Jones (Assistant Manager and designated behaviour coordinator/SENCO) and more often if needed. Monitoring the use of restrictive physical intervention will help identify trends and therefore help develop the setting's ability to meet the needs of children without using restrictive physical intervention.

## **Complaints**

Where anyone (child, carer, staff member or visitor) has a concern, this should be dealt with through the setting's usual complaints procedure.

**NSPCC 0808 800 5000 Childline 0800 1111**

**Children's Advice and Duty Service (CADS) 01634 334466 or Out of Hours 03000 419191**

**Medway Safeguarding Children Partnership (MSCP) : [www.medwaysep.org.uk/mscb/](http://www.medwaysep.org.uk/mscb/)**

**Insurance Policy underwritten by Ecclesiastical**

**Insurance Policy Tel No: 0845 777 3322**

**Insurance Policy No: KP01000078/790**

***Policy Links:- Confidentiality Policy, Staffing Employment & Induction Policy, Behaviour Policy, Grievance & Disciplinary policy/procedures  
Legislation - Children's Act 1989/2004, Childcare Act 2016  
Safeguarding Vulnerable Groups Act 2006, General Data Protection Regulations 2018, Working Together to Safeguard Children 2015, Children & Families Act 2014, Disclosure and Barring Service, Health & Safety, Employment Law and Freedom of Information Act 2000***

This policy was amended by	Kloisters Kindergarten	<i>(name of provider)</i>
Reviewed on	28/10/19	<i>(date)</i>
Date to be reviewed	10/2020	<i>(date)</i>
Signed on behalf of the provider		
Name of signatory	Mrs N Bromley	
Role of signatory (e.g. chair, director or owner)	Bursar	