

# **Little Bears Pre-school**

## **Physical Restraint Policy**

### **Statement**

In our preschool we believe that children need to be safe, know how to behave, and know that the adults around them are able to manage them safely and confidently. For a very small minority of children only will the use of physical restraint be needed, and, on such occasions, acceptable forms of intervention are used.

### **Introduction**

The majority of children behave well and conform to the expectations of our preschool. We have a responsibility to operate an effective behaviour policy that encompasses preventative strategies for tackling inappropriate behaviour in relation to the whole group of children, and to individuals.

All the staff need to feel able to manage inappropriate behaviour, and to have an understanding of what challenging behaviours might be communicating. They need to know what the options open to them are, and they need to be free of undue worries about the risks of legal action against them if they use appropriate physical intervention/restraint. Parents need to know that their children are safe with us, and they need to be properly informed if their child is the subject of Physical Intervention/Restraint, including the nature of the intervention, and the rationale for its use.

### **Definition**

The Law allows for members of staff authorised by the Manager to use physical restraint to prevent a child from doing or continuing to do any of the following:-

- Injuring themselves or others
- Causing damage to property
- Engaging in any behaviour which is prejudicial to maintain the good order and discipline at the setting.

Physical Restraint is where bodily contact using force is used. It refers to any instance in which a member of staff authorised by the Manager/ Chair of CIO has to, in specific circumstances, use “reasonable force” to control or restrain a child. There is no legal definition of “reasonable force”. However, there are two relevant considerations:

- The use of force can be regarded as reasonable only if the circumstances of an incident warrant it;
- The degree of force must be in proportion to the circumstances of the incident and the seriousness of the behaviour or consequences it is intended to prevent.

The definition of physical force also includes the use of mechanical devices (eg splints on the child prescribed by medical colleagues to prevent self-injury), forcible seclusion or use of locked doors. It is important for staff to note that, although no physical contact may be made in the latter situations, this is still regarded as physical restraint.

### **Appropriate use**

Physical Restraint will only be used when all other strategies have failed, and therefore only as a last resort. However there are other situations when physical handling may be necessary, for example in a situation of clear danger or extreme urgency. Certain children may become distressed, agitated, and out of control, and need calming with a brief Restrictive Physical Intervention that is un-resisted after a few seconds.

The safety and well-being of all staff and children are important considerations. Under certain conditions this duty must be an over-riding factor.

## **Authorised persons**

The following staff are authorised by the Responsible person to have control of children, and **must** be aware of this Policy and its implications.

We take the view that staff should not be expected to put themselves in danger, and that removing children and themselves is the right thing to do. We value staff efforts to rectify what can be very difficult situations and in which they exercise their duty of care for the children.

## ***Names of Authorised staff***

JANE ELSTON  
Vicky Tappin  
Jill Jennings  
Linda Sweetland

## **Planning for the use of restrictive physical interventions**

Staff will use the minimum force needed to restore safety and appropriate behaviour.

The principles relating to the intervention are as follows:-

- Physical Restraint is an act of care and control, not punishment. It is never used to force compliance with staff instructions.
- Staff will only use it when there are good grounds for believing that immediate action is necessary and in the child's and/or other children's best interests.
- Staff will take steps in advance to avoid the need for physical restraint through dialogue and diversion, and the child will be warned, at their level of understanding, that restraint will be used unless they cease the unacceptable behaviour
- Only the minimum force necessary will be used to prevent severe distress, injury, or damage
- Staff will be able to show that the intervention used was in keeping with the incident
- Every effort will be made to secure the presence of other staff, and these staff may act as assistants and/or witnesses
- As soon as it is safe, the physical intervention will be relaxed to allow the child to regain self-control
- A distinction will be maintained between the use of a one-off intervention which is appropriate to a particular circumstance, and the using of it repeatedly as a regular feature of the setting
- Escalation will be avoided at all costs, especially if it would make the overall situation more destructive and unmanageable
- The age, understanding, and competence of the individual child will always be taken into account
- In developing Individual Education/Behaviour Plans, consideration will be given to approaches appropriate to each child's circumstance

- Procedures are in place, through the pastoral system of the setting, for supporting and debriefing pupils and staff after every incident of Restrictive Physical Intervention, as it is essential to safeguard the emotional well-being of all involved at these times.

## Acceptable forms of intervention

There are occasions when staff will have cause to have physical contact with a child for a variety of reasons, for example:

- ☐ To comfort a child in distress (so long as this is appropriate to their age);
- ☐ To gently direct a child;
- ☐ In an emergency to avert danger to the child or children;
- ☐ In rare circumstances, when physical restraint is warranted.

In all situations where physical contact between staff and children takes place, staff must consider the following:

- ☐ The child's age and level of understanding;
- ☐ The child's individual characteristics and history;
- ☐ The location where the contact takes place (it should not take place in private without others present). However, given that Little Bears preschool is a rural setting there will be occasions that our staff will work as 'Lone Workers'. Our procedure is laid out in our Managing Allegations Policy.

Physical contact is never made as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact will not be made with the participants neck, breasts, abdomen, genital area, other sensitive body parts, or to put pressure on joints. It will not become a habit between a member of staff and a particular child. (Should a child appear to *enjoy* physical contact this must not be sought via physical restraint/intervention)?

## Developing a positive handling plan

If a child is identified, for whom it is felt that Physical Intervention/restraint is likely, then, a Positive Handling Plan will be completed. This Plan will help the child and staff to avoid difficult situations through understanding the factors that influence the behaviour and identifying the early warning signs that indicate foreseeable behaviours that may be developing. The plan will include:-

- ☐ Involving parents/carers and child to ensure they are clear about what specific action the preschool may take, when and why
- ☐ A risk assessment to ensure staff and others act reasonably, consider the risks, and learn from what happens
- ☐ A **record** needs to be kept of risk reduction options that have been examined and discounted, as well as those used
- ☐ Managing the child, strategies to de-escalate a conflict, and stating at which point a physical restraint/intervention is to be used
- ☐ Identifying key staff who know exactly what is expected. It is best that these staff are well known to the child
- ☐ Ensuring a system to summon additional support
- ☐ Identifying training needs
- ☐ Obtaining advice and support from the Early Years Consultant who is also the person to advise on inclusion and physical restraining or manually handling a child with special needs.

*(\*The preschool may also need to take medical advice about the safest way to hold a child with specific medical needs.)*

*Please refer to: Appendix 1: Record of Physical Intervention where physical restraint is warranted*

## **Guidance and training for staff**

Guidance and training is essential in this area. We need to adopt the best possible practice. In our preschool this is arranged at a number of levels including:-

- Awareness for the CIO, staff and parents
- Behaviour Management training for all staff
- Managing conflict in challenging situations - all staff
- Specific training on the use of Physical restraint/intervention techniques - all staff

## **Post Incident Management**

Incidents that require the use of restrictive physical intervention can be upsetting to all concerned. After the incident has subsided the staff and student involved will be given emotional support. They will be provided with an opportunity to talk about their experience in a calm and safe environment. parents or carers will be advised as soon as possible of any incident involving their child and given the opportunity to discuss it.

## **Complaints**

It is intended that by adopting this policy and keeping parents and CIO informed we can avoid the need for complaints. All disputes which arise about the use of force by a member of staff will be dealt with according to Child Protection and Safeguarding policies or the setting's own Grievance and Disciplinary Policy.

Approved.....: **(Chair of CIO signature)**

Adopted on .....

## Appendix 1

### Record of physical intervention where physical restraint is warranted

***(Use this template to photocopy)***

- Complete as soon as possible after the incident (maximum of 24 hours later)
- Seek advice from a senior colleague or union representative when completing this form
- Return the form to the Preschool Manager/Chair of CIO as soon as possible

<b>Date:</b>	<b>Name of Preschool Staff:</b>	<b>Name of Child:</b>
<b>ACTIONS OF CHILD THAT PROMPTED THE NEED FOR PHYSICAL INTERVENTION:</b>		

**ACTIONS TAKEN BY PRESCHOOL STAFF / ADULT:**

Appendix 2

**Positive handling plan for assessing and managing foreseeable risks for children who are likely to need Physical Intervention.**

**Setting:** .....

**Name of Child:** .....

**Group:** .....

**Staff member(s):** .....

**Name of parents/Carers:** .....

**Name of Support Service:** .....

Identification of Risk	
Describe the foreseeable risk (i.e. what specific behaviours have occurred)	
Is the risk potential or actual? (i.e. has this happened before)	

List who is affected by the risk	
<b>Assessment of Risk</b>	
In which situations does the risk occur?	
How likely it is that the risk will arise? (i.e. how often has it happened before)	
If the risk arises, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to occur?	
How serious are the adverse outcomes?	

**Assessment completed by:** .....

**Signature:** ..... **Date:** .....

<b>Agreed Positive Handling Plan and Setting Risk Management</b>		<b>Strategy</b>
Focus of Measures	Measures to be employed	Level of risk
Proactive interventions to prevent risks		

Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

**Agreed by:**

**Date:**

.....  
(Parent/carer)

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(Manager)

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(Staff member)

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(Support Service Member/s)

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### Communication of Positive Handling Plan and Setting Risk Management Strategy

Plans and strategies shared with:	Communication Method	Date Actioned
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<b>Staff Training Issues</b>		
Identified training needs	Training provided to meet needs	Date training completed

<b>Evaluation of Positive Handling Plan and Setting Risk Management Strategy</b>		
Measures set out	Effectiveness in supporting the child	Impact on risk

Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

## ACTIONS FOR THE FUTURE

### Plans and strategies evaluated by:

**Title:** .....

**Name:** .....

**Relationship to Child:**

.....

**Signed:** .....

**Date:** .....