**Eldene Pre-School & Toddlers**

**1:F Physical Intervention Procedure**

**Statement of intent**

Eldene Pre-School & Toddlers believes that the physical restraint of children should be avoided unless their behaviour is likely to cause immediate risk of harm. In such circumstances it must be the last course of action when all other attempts to diffuse the situation have failed.

**Aim**

We aim to provide an environment in which there is acceptable behaviour and where children learn to respect themselves, other people and their environment.

**Use of physical intervention**

Staff will already use different elements of physical contact with a child as part of their interaction in the setting especially when they are comforting a child or giving first aid. However, physical intervention to keep a child or other children safe is different and should only be applied in exceptional circumstances.

The EYFS states that ft physical intervention from a staff member towards a child may be used for the purposes of “averting immediate danger of personal injury to any person (including the child) or to manage a child’s behaviour if it is absolutely necessary”.

Staff must do all they can to avoid using a physical intervention because this is not the preferred way of addressing children’s behaviour.

To offer protection to children a range of appropriate graded interventions may be needed before physical intervention is applied. Most single incidents such as a child throwing a book on the floor or kicking a chair usually only require a verbal intervention from a member of staff. In other situations, an intervention can be applied through mechanical and environmental means such as locking doors and stair gates. This usually stops a situation escalating. However, there will be some situations where a child places themselves or others in danger which requires an immediate need for the use of both verbal and physical intervention. If a single or persistent incident requires a physical intervention such as physical handling from a staff member towards a child, then this is used intentionally to restrict a child’s movement against their will. In most cases this can be applied through the use of the adult’s body gently and safely blocking the child from access to danger or to prevent danger.

To physically intervene, an educator may use “reasonable force” to protect a child from injuring themselves or others. Legally an educator may also use reasonable force to prevent a child from damaging property. However, we would expect that in instances of damaging physical property a child would only experience a physical intervention if the broken property presented a risk or is high value.

If a situation arises which requires urgent physical hands-on intervention this is best applied by the staff who knows the child well such as their key person who is more able to calm them or use other known methods for defusing situations without physical intervention.

**Physical handling**

We use the principle of applying reasonable minimal force and handling in proportion to the situation. Staff use as little force as necessary to maintain safety. This intervention should only be used for as short a period as possible to keep the child safe and maintain well-being by aiming for:

* keeping the child’s safety and well-being paramount
* a calm, gentle but firm approach and application of the intervention
* never restricting the child’s ability to breathe
* side-by-side contact with the child
* no gap between theirs or the child’s body
* keeping the adults back as straight as possible
* avoiding close head-to-head positioning to avoid injury to the child and themselves (head butting)
* only holding the child by their ‘long’ bones to avoid grasping at the child’s joints where pain and damage are most likely to occur
* avoiding lifting the child unless necessary
* reassuring the child and talking about what has happened
* only applying a physical intervention on a disabled child if training or preferred method is provided from a reputable external source e.g. British Institute of Learning Disabilities [www.bild.org.uk/](http://www.bild.org.uk/)

**Risks**

There are risks associated with any physical intervention and handling of a child. The younger and more vulnerable a child may be, the greater risk to the child of using physical intervention towards them. However, there are also risks to children associated with not intervening physically; for instance, if an educator did not take hold of a child by the wrist, they may have run into the path of a fast-moving car.

Before intervening physically to protect a child from immediate harm an educator needs to decision make in a split second, considering the following factors. This is described as dynamic risk assessment.

* What is the immediate risk to this child if I do not intervene now?
* What might the risks be if I do intervene? If this was my child, what would I want someone looking after them to do in this situation?
* What is the minimum level of intervention that will be effective here? How can I do this as gently as possible for as short a time as possible and how am I going to manage myself to stay calm?

**Recording**

Any instance of physical intervention is fully recorded immediately and reported to the designated person as soon as possible on 6.1b Safeguarding incident reporting form, ensuring that it is clearly stated when and how parents were informed. Parents are asked to sign a copy of the form which is then kept on the child’s file. The designated person decides who will notify the parent and when, ensuring that the parent signs to say they have been notified. An individual risk assessment should be completed after any physical intervention with a child which considers the risks and likelihood of such behaviour re-occurring and how this will be managed. The risk assessment should be agreed and signed by parents.

This policy was adopted at a meeting of Eldene Pre-School & Toddlers

Held on: 27th September 2023 Date reviewed: October 2024

Signed on behalf of Eldene Pre-School & Toddlers

1. Hanrahan

Ann-Marie Hanrahan - Chairperson