Use of physical intervention at Wallace Road Nursery School.

1.

In using physical restraint, the level and duration of the restraint will always be the minimum necessary to restore safety.
(Knowledge of the child / young person is a key factor in the judgements that will be made)

Any physical intervention involves a degree of risk: the assessment of the level of risk is a calculation that must be made before deciding to intervene. Think clearly and carefully before acting

We do not anticipate the need to use any physical intervention with the children that attend Wallace Road Nursery School, however it is important that all adults that work with children are aware of their responsibilities and the expectation of their conduct with children, and should it ever be needed we have a procedure in place.

We assess the risk if needing to use physical intervention with our children to be low and highly unlikely.

Staff need to be aware that as part of their employment obligations, they owe a duty of care to their children in order to maintain an acceptable level of safety. The conduct of young people can on occasions require physical intervention. Written guidelines cannot anticipate every situation: the sound judgement of staff at all times therefore remains crucial. It is, however, the intention that the clear guidance in this document should offer both young people and staff a level of protection.

2.

Key Information
A member of staff who has used an appropriate physical intervention is likely to have a reasonable defence to any legal action against them, if:
• the purpose of the physical intervention was to avert an immediate danger of injury to any person, or where a young person's conduct leads to behaviour that prejudices good order and discipline.
AND
• No more force was used than was reasonably necessary in the circumstances.

3.

WORKING PRINCIPLES

- Where physical intervention is a likelihood, a positive handling plan should be devised - (Behaviour Management Plan) and/or a Child in Care risk assessment within the Care plan
- Physical intervention should be a **last resort** and only undertaken when all other means of gaining order have failed
- Staff should not place themselves at risk of being the subject of a false allegation. To minimise risk, avoid being alone with any child / young person if possible

- This Policy should be read in conjunction with our relationships Policy (Behaviour Policy), Safeguarding Policy, Health and Safety and our Code of conduct.
- Schools and Care settings should carry out an individual risk assessment on children / young people who are more likely to require physical restraint and for staff who manage children / young people with challenging behaviour.
- Risk assessment should be carried out in accordance with Local Authority policy.

4.
Physical Contact with Children

4.1. It is unnecessary and unrealistic to suggest that staff should only come into physical contact with children/young people in emergencies. Younger children/young people particularly may need reassurance and comfort in certain situations. Staff must bear in mind however that even perfectly innocent actions can be misconstrued.

4.2. Regaining control is not the only circumstance when there may be physical contact between staff and children/young people. It is intended that these guidelines should deter inappropriate physical contact between care-providing adults and children/young people. Staff should respond to children/young people in a way that gives expression to appropriate levels of care, and to provide comfort to ease a child/young person's distress. **However, it is recognised that staff need to ensure that any physical contact is not open to misinterpretation by a child / young person or parent/carer.**

5.
The following guiding principles are suggested:

- The level and type of physical contact should reflect the educational and social needs of the child/young person; e.g. for young children to comfort and reassure for Personal and Social needs.

- In responding to a child/young person who indicates a need for physical contact/comfort, due consideration should be given to these guidelines;
  - There should be no general expectations of privacy for the physical expression of affection or comfort in any circumstances.
  - Staff must not be alone with a child/young person in such a situation. If in the unlikely situation you are alone with the child then every safeguarding aspect should be adhered to ensuring risk is reduced for both parties, i.e. ensuring doors are left open and other staff made aware of the situation.

- Children may be successfully re-engaged in an activity, such as group time by the use of a gentle hand on their shoulder or arm.

- Children may be distracted from destructive behaviour, initially through verbal communication, however if needed a gentle hand on their hand, or shoulders might be needed. Children shouldn't be dragged, held by the wrists or pushed in any direction.

- Children engaged in an argument or a fight, which in itself is not likely to cause serious harm but is nonetheless disruptive and detrimental to the well-being of other children, may be successfully diverted by using positive behaviour management techniques.

6.
If physical intervention is unavoidable, it is important that the degree of force used is appropriate to the situation. It is appropriate to use physical prompts and guidance when positive verbal prompting has been unsuccessful.

7.
However, it needs to be restated that physical intervention is a last resort. Staff should be mindful of the fact that close physical proximity to children who are in a highly agitated state can make matters worse and increase the level of risk.

8.
METHODS

Any physical intervention employed must involve the minimum force necessary for the minimum amount of time and must meet the following criteria:

- Handling must not involve deliberately or inadvertently striking the child
- Handling must not involve punitive acts; i.e. deliberately inflicting pain on the child (for example, cannot involve pain compliance, joint locks or finger holds);
- Handling must not restrict the child's breathing (for example, must not involve throat or neck holds or pressing the child's face into soft furnishings);
- An adult must avoid touching the genital area, the buttocks or the breasts of the child;
- Handling must avoid the adult putting weight upon the child's spine or abdominal area.
- During any incident of restraint an adult must seek to lower the child's anger or distress during the restraint by continually offering verbal reassurance (if appropriate) and avoid generating fear of injury in the child/young person;
- Cause the minimum level of restriction of movement of limbs consistent with the danger of injury (e.g. will not restrict the movement of the child's legs when they are on the ground unless flailing legs are likely to injure or be injured);
- Take account of the danger of accidental injury during the restraint by using a method appropriate for the environment in which it is taking place;
- Ensure that in situations where a group of staff is involved, work together as a team, with one member taking the lead; avoid personal risk;
- Not employ another child in assisting with the restraint;
- Try to avoid moving the child during the restraint. Experience has shown that this can prove problematic and is only justifiable in situations when remaining in the original location would be more physically dangerous. Wherever possible staff are advised to remove the audience during such an incident;

- Taking children to the floor has elevated risks to staff and children/young people and should only be considered as part of a previously agreed Individual Behaviour Management Plan.

9.
RECORDING EVENTS AND REPORTING ACTIONS
All incidents must be reported ASAP to the Head.
Governing bodies must establish arrangements to ensure that all significant incidents of restraint are logged by the member(s) of staff involved as soon as possible after the event. Incidents must be logged on the Physical Intervention log (saved in Physical intervention guidance on HT computer).

10.
BEHAVIOUR CHARTING AND BEHAVIOUR RECORDING

An ABC chart is a recording tool which enables carers to identify why behaviours occur. If we understand what leads up to an outburst of challenging behaviour, we can look for patterns that may give some explanation for the behaviour.
A stands for antecedent. This means an event or thing that happens before the behaviour is displayed e.g. time, place, people present.
B is for behaviour. A factual account of the behaviour displayed should be accurately recorded
C is for consequence. A factual account of staff intervention with the behaviour and anything that happened as a consequence of that behaviour.
We can begin to change the ways in which we work to avoid things which are antecedents, therefore removing the reason for the behaviour to occur again.

It is vitally important that information is recorded accurately and factually, without the opinion of the writer. It will give a clear picture of presenting behaviour.

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