Reviewed Good News Family Care (Homes) Ltd

Reviewed 02/2021

**Adendum to Behavior Policy**

**Physical Intervention**

There are times when a child’s behaviour presents particular challenges that may require physical intervention.

There are three main types of physical intervention these include:-

**Positive Handling**

The positive use of touch is a normal part of human interaction. Touch might

be appropriate in a range of different situations such as giving guidance to children, (how to hold a pencil or when balancing) providing emotional support (by placing arms around a child needing comfort) or physical care ( including first aid or toilet training)

**Physical Intervention**

Physical intervention can include practical and environmental means

such as high chairs, stair gates or locked doors. These are appropriate ways of ensuring the children’s safety.

**Restrictive Physical Intervention**

This is when a member of staff has to use physical force intentionally to restrict a child’s movement against his or her own will.

In most cases this will be through the use of the adult’s body rather than practical or environmental methods. This should only be necessary on very rare occasions.

**Principles for the use of Positive Handling and Physical Intervention.**

All staff exercise appropriate care with the use of touch and the implementation of physical intervention.

**Principles for the use of Restrictive Physical Intervention.**

***This policy is based on national guidance.***

Restrictive physical handling will only 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 it will only be used in the context of a well established and well implemented positive framework.

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

Restrictive physical intervention will only be used when staff believe that its use is in the child’s best interest when children are in danger of hurting themselves or others including staff members or of causing significant damage. In these cases staff 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.

Our staff will use as little restrictive force as necessary in order to maintain safety. Staff will use this for as short a period as possible.

**Who can use Restrictive Physical Intervention?**

A member of staff who knows the child really well because this person is most likely to be able to exhaust all other methods to support the child and keep them safe first without using restrictive physical intervention. In an emergency all staff could use it.

**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 minimum force.

Our staff will:

Aim for side-by-side contact with the child.

􏰀 Aim for no gap between the adult’s and the child’s body.

􏰀 Aim to keep the adults back as straight as possible.

􏰀 Hold children by bear hugging them from behind to avoid the child’s chance of injuring the adult who is administering the physical intervention

Avoid grasping at joints where pain and damage are most likely.

􏰀 Ensure that there is no restriction on the child’s ability to breathe.

􏰀 Avoid lifting children, rather sit with them on the ground.

**Recording and Reporting**

The use of restrictive physical intervention will be documented on our incident report forms within 24hrs of the incident and the Behaviour Management Lead or Co-ordinator in her absence should be informed. The parent/carer will be advised on the same day as the incident and they will be required to sign the Incident sheet on departure.

**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 by the management team.

After a restrictive physical intervention the child’s behaviour plan will be reviewed 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 with our ability to meet the needs of the children more effectively. Support and advice can also be obtained from The children’s support team at our local children’s centre Sure Start.

**Complaints**

Where anyone (child, carer, staff member or visitor) has a concern, this should be dealt with in line with our complaints procedures in this safeguarding folder.