

## **POSITIVE HANDLING POLICY**

### **Statement of intent**

Every child attending our pre-school has a right to recognition of their unique identity, be treated with respect and dignity, learn, play and work in a safe environment, be protected from harm, violence and acts of verbal abuse.

Children and their parents have a right to individual consideration of the child's needs by the staff who have responsibility for their care and protection; expect staff to undertake their duties and responsibilities in accordance with the pre-school's policies; be informed about the pre-school rules, relevant policies and the expected conduct of all children and staff working at Roundabout Pre-School.

The pre-school will ensure that children are given support to understand the need for and respond to clearly defined limits, which govern behaviour in our pre-school.

### **Aim**

We aim to help children take responsibility for their own behavior. This will be done through a combination of approaches including:

- Positive and consistent role modeling;
- Providing a stimulating, interesting and challenging learning environment;
- Setting and enforcing appropriate boundaries and expectations;
- Providing positive feedback.

However there are very occasional times when a child's behaviour presents particular challenges that may require physical handling. There are two main types of handling:

***Positive Handling*** - The positive use of touch is a normal part of human interaction. We will exercise appropriate care when handling children. We will use positive handling in appropriate situations for example:

- Giving guidance to children (such as how to hold a paintbrush, or when balancing/climbing)
- Providing emotional support (such as placing an arm around a distressed child).

There may be occasions (for example if a child is hurt/ very upset) when a member of staff may feel it appropriate to hug a child to console them.

- Physical care (such as first aid or toileting)
- Hand holding providing the child is compliant and it is not as a restraint.

***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. In most cases this will be through the use of the adult's body rather than mechanical or environmental methods.

We will only use physical restrictive handling as a last resort where all other possible de-escalation skills have been used and where there is a significant risk of harm occurring, for example when:

- A child is injuring themselves or others
- A child is damaging property

Staff will aim to prevent the use of physical restrictive handling by using positive behaviour management (see Behaviour Management Policy) unless the situation calls for immediate action and will only be used to restore safety for all children.

Within our duty of care, staff may use physical restrictive handling if a child is trying to leave the setting and would be at risk of harm. This policy extends beyond the setting boundaries when staff has charge of children off site.

Physical Restrictive Handling will never be used out of anger or as punishment, and will always be necessary, reasonable and proportionate.

### **Methods**

A member of staff who knows the child best, typically their key person or back-up key person will be involved in keeping the child safe. All other methods of behaviour management will be considered/ used before any physical intervention is used. This would include a range of approaches such as humour, distraction, relocation and offering choices.

Where an individual child's behaviour means that they are likely to require physical restrictive handling, we will discuss this with the parents and set out a physical handling plan. This plan would specify the staff member(s) most appropriate and other methods to be used to support the child and maintain their physical and emotional health. Other professionals appropriate to the child may be consulted in the making of the plan. These plans will be reviewed at least half termly and more often if there are major changes in the child's behaviours.

Where it is judged necessary, staff will:

- Aim for side-by-side contact between adult and child to reduce the risk of being injured;
- Aim for no gap between the adult and child body to reduce the risk of impact and damage;
- Aim to avoid holding the child at joints to avoid pain and damage;
- Aim to avoid lifting the child;
- Aim to not restrict the child's ability to breathe;

A child will never be forced to spend time alone in a locked room.

After Physical Restrictive Intervention the situation will be reviewed and a handling plan will be made.

### *Recording and Reporting*

The Pre-School Leader/Deputy will inform the parents as soon as possible – usually by telephone. The Leader/Deputy and staff member(s) involved will record and report the incident within 24 hours. The parents will be given a copy of the report. The Incident may also be noted in other records such as accident/ incident records.

It is distressing to be involved in a Restrictive Physical Intervention, whether as the adult doing the holding, the child being held or observers. Support will be given to the child, so they understand why they were held. This conversation will happen when all are calm enough to talk productively and the child can understand. A record will be kept about how the child felt about this. Staff may have similar conversations with children who observed the incident. Parents of these children will be informed. Support will be given to the staff involved, directly or as observers. The staff will have an opportunity to share what happened with other staff members.

We aim that the after-incident support will repair any potential strain to the relationship between the child and adult. Staff will review the individual behavior plan so that the risk of needing to use Restrictive Physical Intervention again is reduced.

### *Monitoring*

We will only monitor the use of Restrictive Physical Intervention to help identify trends, therefore to develop our ability to meet the needs of children without the use of Restrictive Physical Intervention.

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