



Physical Intervention and Positive Handling Policy

Introduction

At Pavilion Preschool (Aigburth) CIO, we recognise that children may sometimes experience difficulties managing their emotions, communicating their needs or regulating their behaviour. On occasion, a child's behaviour may present a risk of harm to themselves or others, requiring staff to take appropriate action to maintain everyone's safety.

Our approach is based on positive relationships, understanding individual needs, promoting emotional wellbeing and supporting children to develop self-regulation skills. We aim to prevent situations from escalating through sensitive, responsive and consistent practice.

Physical intervention is not a routine behaviour management strategy. It must only be considered when necessary, proportionate to the circumstances and used in accordance with this policy and the current Early Years Foundation Stage (EYFS) statutory framework.

Definitions of Physical Handling and Intervention

There are three main categories of physical handling used within this policy.

Positive Handling

Positive handling refers to appropriate, non-restrictive physical contact used to support a child's care, learning, development and emotional wellbeing.

Examples include:

- Offering a hand or physical guidance when a child is climbing or moving around the environment, where appropriate and safe.
- Providing comfort and reassurance, such as offering a hug when welcomed by the child.
- Supporting children with personal care, including toileting, dressing and handwashing.
- Providing first aid or responding to an immediate care need.
- Using appropriate physical prompts to support a child's participation in an activity.

Staff must always consider the individual child's needs, preferences, communication and personal boundaries. Children must be treated with dignity and respect, and their responses to physical contact must be observed. Where a child does not welcome touch, staff should respect this wherever possible and use alternative methods of support.

Physical contact must never be used inappropriately, to intimidate a child or as a form of punishment.



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Physical Intervention

Physical intervention refers to physical contact used by a member of staff to guide, support or protect a child in a particular situation. Depending on the circumstances, this may be supportive and non-restrictive or may involve restricting a child's movement.

Staff should use the least intrusive approach appropriate to the situation and prioritise verbal reassurance, redirection and environmental adjustments wherever possible.

Restrictive Physical Intervention

Restrictive physical intervention occurs when a member of staff uses physical force to restrict a child's movement or freedom of action in order to prevent immediate harm to the child or another person.

Restrictive physical intervention must only be used when it is absolutely necessary to prevent immediate danger of personal injury to any person, including the child, or where intervention is absolutely necessary to manage the child's behaviour in accordance with the EYFS framework.

It must never be used for staff convenience, to enforce compliance, to punish a child or simply because a child is displaying challenging behaviour.

Principles for the Use of Restrictive Physical Intervention

At Pavilion, we are committed to minimising the need for restrictive physical intervention. We recognise that children's behaviour communicates a need and that distress may arise from a range of factors, including frustration, sensory overload, communication difficulties, tiredness, anxiety or changes to routine.

Staff must seek to understand the reasons behind a child's behaviour and respond in a calm, supportive and developmentally appropriate way.

Restrictive physical intervention must:

- Be used only as a last resort when less restrictive strategies are insufficient to keep people safe.
- Be necessary and proportionate to the immediate risk.
- Involve no more force than is necessary and last for the shortest possible time.
- Be carried out with the child's safety, dignity and wellbeing as the priority.
- Stop immediately when the risk has reduced and the intervention is no longer necessary.



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- Never be used as punishment, to cause pain, to humiliate or to intimidate a child.

Staff must continually assess the situation and consider whether the intervention remains necessary. If the intervention appears to increase distress or risk, staff must reassess their approach and seek an alternative safe response wherever possible.

Duty of Care

All staff have a duty of care towards the children in our setting and must take reasonable steps to protect children and adults from foreseeable harm.

Where a child is at risk of harming themselves or another person, staff should initially use appropriate preventative and de-escalation strategies, such as:

- Speaking calmly and using clear, simple instructions.
- Offering reassurance and acknowledging the child's feelings.
- Redirecting the child towards a safer activity or space.
- Removing hazards or moving other children away from danger.
- Allowing time and space for the child to calm, where safe to do so.
- Seeking assistance from another member of staff.

If there is an immediate risk of personal injury and these strategies are insufficient, restrictive physical intervention may be necessary, provided it meets the principles outlined in this policy.

The same duty of care applies during outings and trips away from the setting. Staff must consider the environment, available support and any individual risk assessments when deciding how to respond safely.

Reasonable and Minimal Force

Any restrictive physical intervention must be reasonable, necessary and proportionate to the circumstances.

Staff must use the minimum force required to prevent immediate harm and must not continue an intervention once the immediate risk has passed.

Staff must never use a technique that could compromise a child's breathing, circulation or physical safety. Particular care must be taken because young children are physically vulnerable and may not be able to explain their discomfort or distress.



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Staff must not use pain-inducing techniques, pressure on the neck, chest or abdomen, or any hold that restricts breathing. Children must not be held face down or placed in a position that compromises their airway. Staff must not use restraint techniques for which they have not received appropriate training.

Lifting or carrying a child as a means of restraint must be avoided. Any emergency action required to move a child away from immediate danger must be limited to what is necessary to protect them from harm.

Who Can Use Restrictive Physical Intervention?

All staff are responsible for maintaining a safe environment and responding appropriately to immediate risks. However, restrictive physical intervention should only be undertaken where it is necessary, lawful and safe to do so.

Where a child's individual needs indicate that there may be a foreseeable risk requiring physical intervention, the setting will:

- Identify appropriate staff who are familiar with the child and their needs.
- Ensure staff understand the child's risk assessment and individual behaviour support plan.
- Provide appropriate training and guidance where necessary.
- Ensure staff know how to summon assistance and follow the setting's safeguarding procedures.

Where possible, a familiar adult should support the child, as this may help reduce anxiety and distress. However, immediate safety must remain the priority, and staff must not delay necessary protective action while waiting for a particular member of staff.

Staff must not attempt an intervention beyond their competence or training unless immediate action is necessary to prevent serious harm and there is no safer alternative. In all circumstances, staff must use their professional judgement and seek assistance as soon as possible.

Appropriate Responses and Safe Practice

Staff should always begin with the least restrictive response that is likely to keep everyone safe.

Depending on the circumstances, appropriate responses may include:

- Using calm verbal reassurance and clear, simple language.
- Allowing the child time and space to regulate their emotions.
- Positioning themselves to block access to a hazard without unnecessary physical contact.



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- Moving other children away from the immediate area.
- Gently preventing a child from striking another person, where necessary to prevent immediate injury and where this can be done safely.
- Calling for assistance from another member of staff.
- Following an agreed individual behaviour support plan, where one is in place.

Any physical contact used to prevent injury must be carefully considered and limited to what is necessary. Staff must avoid actions that could cause pain, injury or additional distress.

Staff must never:

- Use physical intervention as a punishment or threat.
- Hold a child down or use a restraint technique that compromises breathing.
- Apply pressure to the child's neck, chest or abdomen.
- Use physical force to make a child comply with an instruction when there is no immediate safety need.
- Leave a child in a restrictive hold once it is no longer necessary.
- Use a restrictive intervention as a substitute for appropriate staffing, supervision or support.

Risk Assessments and Individual Behaviour Support Plans

Where a child displays behaviour that may present a risk to themselves or others, the setting will work with the child's parents or carers and, where appropriate, relevant professionals to understand the reasons for the behaviour and identify suitable support strategies.

An individual risk assessment should be completed where necessary to identify:

- Known triggers and situations that may increase distress.
- Early signs that the child is becoming overwhelmed.
- Environmental factors that may contribute to unsafe behaviour.
- Strategies that help the child feel safe and regulate their emotions.
- Steps staff should take to prevent escalation and protect others.
- Any foreseeable risks associated with physical intervention.
- The support and training staff may require.

Where appropriate, an individual behaviour support plan will be developed. This will focus on prevention, positive behaviour support, communication, emotional regulation and consistent responses from adults.

Plans must be reviewed regularly and following any significant incident, changes in the child's needs or evidence that the existing strategies are not effective.



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Parents and carers should be involved in developing and reviewing these plans, with the child's views and communication taken into account in a developmentally appropriate way.

Recording and Reporting Incidents

Every occasion on which physical intervention is used must be recorded in accordance with the current EYFS requirements. Parents and/or carers must be informed on the same day or as soon as reasonably practicable.

The record should include:

- The date, time and location of the incident.
- The names of the child and staff involved, including any witnesses.
- The circumstances leading up to the incident.
- The behaviour or immediate risk that made intervention necessary.
- The strategies used before physical intervention was considered.
- The type of intervention used, why it was necessary and how long it lasted.
- The child's response and any signs of distress or injury.
- Any first aid or medical attention provided.
- When and how parents or carers were informed.
- Any follow-up action, review or changes to the child's support plan.

Records must be factual, accurate, confidential and stored securely in accordance with the setting's record-keeping and data protection procedures.

Any injury, safeguarding concern or allegation arising from an incident must be managed in line with the setting's safeguarding and child protection procedures. The manager or designated safeguarding lead must consider whether any further action or external notification is required.

Supporting the Child After an Incident

Following an incident, staff must ensure that the child is safe and receives appropriate reassurance and support.

Staff should:

- Check the child for signs of injury or physical distress and arrange medical assistance where necessary.
- Help the child recover emotionally in a calm and supportive environment.
- Avoid blaming, shaming or reprimanding the child for becoming distressed.



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- Re-establish a positive relationship and help the child return to their routine when ready.
- Consider whether other children or staff require reassurance or support.

The manager should review the incident with the staff involved to identify what happened, whether the response was appropriate and whether changes are needed to the environment, staffing, risk assessment or individual support plan.

The purpose of the review is to improve safety, understanding and future practice, rather than to assign blame.

Responsibilities of the Manager

The manager is responsible for ensuring that:

- All staff understand this policy and their duty of care.
- Staff use positive behaviour support and de-escalation strategies consistently.
- Appropriate risk assessments and individual support plans are in place where needed.
- Staff receive suitable guidance and training relevant to their responsibilities.
- Physical intervention incidents are recorded, reviewed and reported appropriately.
- Parents and carers are informed in accordance with the EYFS requirements.
- Any safeguarding concerns are acted upon promptly.
- Lessons from incidents are used to improve practice and reduce the likelihood of recurrence.

Our Commitment

At Pavilion, we believe that every child has the right to feel safe, valued and respected. We recognise that behaviour can be a form of communication and that children need sensitive adult support to develop emotional regulation and positive relationships.

Our priority is always to prevent harm through understanding, prevention, reassurance and positive behaviour support. Restrictive physical intervention will only be considered when absolutely necessary, will never be used as punishment, and will always be focused on restoring safety as quickly and safely as possible.



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This policy was adopted in September 2021

This policy will be reviewed annually or as required

Last updated: 12.10.26

Signed by Chair of Trustees:

Signed by Operations Manager: