

Positive Handling

Introduction

All staff at Little Learners aim to help children take responsibility for their own behaviour. The age of a child and their level of development and understanding is taken into consideration. For example, a 2-year-old child would not be emotionally ready to take responsibility for their own behaviour. Similarly, a 4-year-old with a developmental delay would also be unable to do so.

In partnership with parents/carers, we promote positive behaviour through a combination of approaches which including:

- positive role modelling
- planning a range of interesting and challenging activities
- setting and enforcing appropriate boundaries and expectations
- providing positive feedback.

However, there may be occasional times when a child's behaviour presents particular challenges that may require physical intervention. This policy sets out expectations for the use of physical intervention.

1. Definitions of Physical Intervention

There are three main types of physical intervention:

Positive handling	The positive use of touch is a normal part of human interaction. Touch might be appropriate in a range of situations: • giving guidance to children (such as how to hold a paintbrush or when climbing) • providing emotional support (such as placing an arm around a distressed child) • physical care (such as first aid or toileting). Staff must exercise appropriate care when using touch. There are some children for whom touch would be inappropriate such as those with a history of physical or sexual abuse. This policy is not intended to imply that staff should no longer touch children.
Physical intervention	Physical intervention may involve the use of mechanical or environmental measures, such as stair gates or closed doors. Such interventions must only be used where necessary to ensure a child's safety, and should always be proportionate, time-limited, and the least restrictive option available. All interventions must be implemented in the best interests of the child and reviewed regularly to ensure their continued appropriateness.
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 reducing any risk to the child, other children or staff in the immediate area. In most cases this will be through the use of the staff's body rather than mechanical or environmental methods. This policy refers mainly to the use of restrictive bodily physical intervention.

2. Principles for the Use of Physical Intervention

Little Learners prohibits corporal punishment and any form of punishment that could negatively affect a child's wellbeing. Physical intervention, including restrictive physical intervention, is never used as punishment, to secure compliance, or for staff convenience.

Restrictive physical intervention is only used in exceptional circumstances where it is necessary to prevent a child or others from being harmed, or to prevent serious damage to property.

Our principles that underpin the use of physical intervention are:

- a) Restrictive physical intervention is only used in the context of positive behaviour management approaches.

We only use restrictive physical intervention in extreme circumstances. It is not the preferred way of managing children's behaviour. We recognise that physical intervention should only be used in the context of a well-established and well-implemented positive framework. Please refer to our Achieving Positive Behaviour policy to details of how we promote positive behaviour.

We aim to do all we can in order to avoid using restrictive physical intervention. However there may be rare situations of such extreme danger that create an immediate need for the use of restrictive physical intervention. Restrictive physical intervention in these circumstances can be used with other strategies such as saying "stop".

- b) Duty of care: All staff have a duty of care towards the children in our nurseries. When children are in danger of hurting themselves, others or of causing significant damage to property, staff have a responsibility to intervene. In most cases this involves an attempt to divert the child to another activity or a simple instruction to "stop!" However, if it is judged as necessary, staff may use restrictive physical intervention.
- c) Reasonable minimal force: When physical intervention is used, it is used within the principle of reasonable minimal force. Staff should use as little restrictive force as necessary in order to maintain safety. Staff should use this for as short a period as possible.

3. Who can Use Physical Intervention?

We always try to ensure a member of staff who knows the child well e.g. key person, is involved in a restrictive physical intervention. This person is most likely to be able to use other methods to support the child and keep them safe without using physical intervention. In an emergency, anyone can use restrictive physical intervention as long as it is consistent within this policy.

Where individual children's behaviour means that they are likely to require restrictive physical intervention, staff should identify members of staff who are most appropriate to be involved. Staff and children's physical and emotional health is considered when behaviour plans are made and all plans are shared with the child's parent/carer.



Staff involved in behaviour support and restrictive physical intervention will receive appropriate training, supervision and guidance to ensure interventions remain lawful, proportionate, and in the best interests of the child. Where restrictive physical intervention is identified as a potential strategy within a child's support plan, designated staff will be supported to implement agreed approaches safely and consistently.

1. When can Physical Intervention be Used?

The use of restrictive physical intervention can be justified when:

- someone is injuring themselves or others
- someone is damaging property
- there is suspicion that although injury or damage has not yet happened, it is at immediate risk of occurring.

Our duty of care means that staff might have to use restrictive physical intervention if a child is trying to leave the site and it is judged that the child would be at risk. Staff should also use other protective measures, such as securing the site and ensuring appropriate staffing levels are provided. This duty of care also extends when staff take children off site e.g. on trips.

There may be times when restrictive physical intervention is justified but the situation might be made worse if restrictive physical intervention is used. If staff judge that restrictive physical intervention would make the situation worse, staff would not use it, but would do something else (like issue an instruction to stop, seek help, or make the area safe) consistent with their duty of care.

The aim in using restrictive physical intervention is to restore safety, both for the child and those around him or her. Restrictive physical intervention must never be used out of anger, as a punishment or as an alternative to measures which are less intrusive and which staff judge would be effective.

2. What Type of Physical Intervention Can and Cannot be Used?

Any use of physical intervention should be consistent with the principle of reasonable minimal force. Where it is judged that restrictive physical intervention is necessary, staff should:

- aim for side-by-side contact with the child. Staff should avoid positioning themselves in front (to reduce the risk of being kicked) or behind (to reduce the risk of allegations of sexual misconduct)
- aim for no gap between their and the child's body, where they are side by side. This minimises the risk of impact and damage
- aim to keep their back as straight as possible
- beware in particular of head positioning, to avoid head butts from the child
- hold children by "long" bones, i.e. avoid grasping at joints where pain and damage are most likely
- ensure that there is no restriction to the child's ability to breathe. In particular, this means avoiding holding a child around the chest cavity or stomach.
- avoid lifting mobile children where possible.

(See Appendix 1: Summary guidance for staff on the use of physical intervention.)



3. Planning

In an emergency staff will do their best within their duty of care and use reasonable minimal force. After an emergency the situation is reviewed and plans for an appropriate future response are made. This will be based on a risk assessment which considers:

- the risks presented by the child's behaviour
- the potential targets of such risks
- preventative and responsive strategies to manage these risks.

A risk assessment is used to help write an individual behaviour plan that is developed to support a child. If a behaviour plan includes restrictive physical intervention it will be just one part of a whole approach to supporting a child's behaviour. The behaviour plan will outline:

- an understanding of what the child is trying to achieve or communicate through their behaviour
- how the environment can be adapted to better meet the child's needs
- how the child can be encouraged to use new, more appropriate behaviours
- how staff respond when the child's behaviour is challenging (responsive strategies).

Staff must pay particular attention to responsive strategies. There is a range of approaches such as humour, distraction, relocation, and offering choices which are direct alternatives to using restrictive physical intervention.

We will draw from as many different viewpoints as possible when it is known that an individual child's behaviour is likely to require some form of restrictive physical intervention. In particular, the child's parents/carers will be involved with staff from the setting who work with the child and any visiting support staff (such as Specialist Early Years Service, Educational Psychologists, Speech and Language Therapists and the Social Care team). The outcome from these planning meetings will be recorded and a signature will be sought from the parent/carer to confirm their knowledge of the planned approach. These plans will be reviewed at least once every four to six months, or more frequently if there are major changes to the child's circumstances.

4. Recording and reporting

Use of any restrictive physical intervention is recorded. The records will show who was involved (child and staff, including observers), the reason physical intervention was considered appropriate, how the child was held, when it happened (date and time) and for how long, any subsequent injury or distress and what was done in relation to this. Incidents are recorded as soon as possible and within 24 hours of the incident. According to the nature of the incident, the incident should be noted in other records, such as the accident book or child tracking sheets.

Use of physical intervention must be recorded as an incident on SharePoint. The following information must be recorded:

- Person in charge/ responsible person of place where incident occurred:
- Where the incident occurred
- Date
- Time

- Person/s involved and status/job role (e.g. staff; child; anyone else):
- Witness/status
- Description of incident
- Where there any injuries yes/no – if yes please state
- Health and safety issues yes/no – if yes please state
- Safeguarding issues yes/no – if yes please state

After using restrictive physical intervention, Parents/carers will be informed on the same day as the incident occurred, or as soon as reasonably practicable, in accordance with EYFS requirements.

5. 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.

After a restrictive physical intervention, support is given to the child so that they can understand why they were held. A record is kept about how the child felt about this where this is possible. Staff will help the child to record their views. Where appropriate, staff may have the same sort of conversations with other children who observed what happened (dependent upon their age and level of understanding). In all cases, staff should wait until the child has calmed down enough to be able to talk productively and understand this conversation. If necessary, an independent member of staff will check for injury and provide appropriate first aid.

Support will be given to staff who were involved, either actively or as observers. Staff will be given the chance to talk through what has happened with the most appropriate person from the staff team.

The key aim of after-incident support is to repair any potential strain to the relationship between the child and the member of staff that restrained him or her. Staff will review the individual behaviour plan so that the risk of needing to use restrictive physical intervention again is reduced.

6. Monitoring

The Nursery Manager is responsible for monitoring restrictive physical interventions. This policy will be reviewed at least annually and more often if needed. Monitoring will help identify trends and therefore help develop our ability to meet the needs of children without using restrictive physical intervention.

7. Complaints

The use of physical intervention can lead to allegations of inappropriate or excessive use.

We will deal with concerns from children, parents/carers, staff or visitors about the use of physical intervention through our complaints policy (see separate policy).



This policy meets the requirements of the Early Years Foundation Stage (EYFS) Statutory Framework, effective from 1 September 2026.

Date policy last reviewed/updated	28 th August 2026	Reviewed by	Terri Noone – Interim Regional Nursery Manager Charlie Walton – Nursery Manager Jodie Richards – Nursery Manager
Date of next review/update	August 2027		

Appendix One

Summary guidance for staff on the use of physical intervention

1. Introduction

This guidance for staff is a summary of our detailed policy on the use of physical intervention. Where staff are in any doubt about the use of physical intervention, they should refer to the full policy and/or the Nursery Manager.

This guidance refers to the use of restrictive physical intervention, which is a form of physical intervention where a member of staff intentionally restricts a child's movement to maintain safety.

Staff should not feel inhibited from providing physical intervention under other circumstances, such as providing physical support or emotional comfort where such support is professionally appropriate. The use of such support must be consistent with good child protection practice.

2. Who can use Physical Intervention?

Everyone has the right to use reasonable force to prevent actual or potential injury to people or damage to property. Injury to people can include situations where a child's behaviour is putting him or herself at risk.

In all situations, staff should always aim to use a less intrusive technique (such as issuing direct instructions, clearing the space of danger or seeking additional support) unless they judge that using such a technique is likely to make the situation worse.

Physical Intervention, should never be used as a substitute for good behaviour management, nor should it be used in an angry, frustrated, threatening or punishing manner.

Although all staff have a duty of care to take appropriate steps in a dangerous situation, this does not mean that they have to use Physical Intervention if they judge that their attempts to do so are likely to escalate the situation. They may instead issue a direction to stop, call for additional assistance or take appropriate action to make the environment as safe as possible (e.g. by clearing the room of children).

Where it is anticipated that an individual child's behaviour makes it likely that they may be restrained, a risk assessment and intervention plan should be developed and implemented.

3. What type of Physical Intervention can be used?

Any use of restrictive physical intervention should be consistent with the principle of reasonable force. This means it needs to be in proportion to the risks of the situation, and that as little force is used as possible, for as short a period of time, in order to restore safety. Staff should:

4. Before physical contact:

Use all reasonable efforts to avoid the use of physical intervention to manage children's behaviour. This includes issuing verbal instructions and a warning of an intention to intervene physically.

Try to summon additional support before intervening. Such support may simply be present as an observer, or may be ready to give additional physical support as necessary.

Be aware of personal space and the way that physical risks increase when a member of staff enters the personal space of a distressed or angry child. (Staff should also note that any uninvited interference with a child's property might be interpreted by them as an invasion of their personal space.) Staff should either stay well away, or close the gap between themselves and the child very rapidly, without leaving a "buffer zone" in which they can get punched or kicked.

Avoid using a "frontal", "squaring up" approach, which exposes the sensitive parts of the body, and which may be perceived as threatening. Instead, staff should adopt a sideways stance, with their feet in a wide, stable base. This keeps the head in a safer position, as well as turning the sensitive parts of the body away from punches or kicks. Hands should be kept visible, using open palms to communicate lack of threat.

5. Where physical contact is necessary:

- a) Aim for side-by-side contact with the child. Staff should avoid positioning themselves in front of the child (to reduce the risk of being kicked) and should also avoid adopting a position from behind that might lead to allegations of sexual misconduct. In the side-by-side position, staff should aim to have no gap between their and child's body. This minimises the risk of impact and damage.
- b) Staff should aim to keep their back as straight and aligned (untwisted) as possible. We acknowledge that this is difficult, given that the children we work with are frequently smaller than us.
- c) Beware in particular of head positioning, to avoid clashes of heads with the child.
- d) Hold children by "long" bones, i.e. avoid grasping at joints where pain and damage are most likely. For example, staff should aim to hold on the forearm or upper arm rather than the hand, elbow or shoulder. Ensure that there is no restriction to the child's ability to breathe. In particular, this means avoiding holding a child around the chest cavity or stomach.
- e) Avoid lifting children.
- f) Keep talking to the child (for example, "When you stop kicking me, I will release my hold") unless it is judged that continuing communications is likely to make the situation worse.
- g) Don't expect the child to apologise or show remorse as many young children do not understand the difference between accidental and deliberate hurt.
- h) Use as little restrictive force as is necessary in order to maintain safety and for as short a period of time as possible.
- i) In very extreme circumstances two members of staff might be necessary to ensure safety.



6. After an incident:

It is distressing to be involved in a restrictive physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened. All those involved in the incident should receive support to help them talk about what has happened and, where necessary, record their views.

The physical intervention should be recorded immediately in the incident book. Staff should inform the nursery manager as soon as possible after an incident of restrictive physical intervention. Parents/carers should also be informed. There should also be a review following the incident so that lessons can be learned to reduce the likelihood of recurrence in the future.

