



# **Behaviour Management and Physical Handling Policy**

## **Behaviour management**

### **Introduction:**

BCoT Nursery believe that for children to grow and prosper both socially and intellectually they need the support of a warm, friendly, environment where adults make them feel secure, appreciated and respected, and where they can try out various ways of acting and interacting without fear of humiliation, blame or neglect. We work within the Children Act 1989/2004 guidelines stating that children should be respected and corporal punishment (slapping, smacking, or shaking etc) is not acceptable practice within a nursery. It may be necessary to use physical restraint to prevent a child injuring themselves, another child or causing serious damage to property.

BCoT Nursery believes that everyone has a right to feel valued, respected and safe. This policy provides guidelines on how we will support this. It recognises that learning self-regulation and socially appropriate behaviour is a developmental process, that, through modelling positive behaviour at all times, and managing challenging behaviour appropriately and competently, we can provide for the needs of the individual child as well as ensuring the safety and well-being of everyone in the nursery.

### **Procedures:**

- A shared approach to dealing with unwanted behaviour is essential, therefore, we work closely with parents to ensure we are all using the same approach.
- Staff will praise each child's endeavours and positive behaviour.
- Staff will share these endeavours and achievements with parents.
- Staff will ensure children have good role models to observe.
- Children will be encouraged to respect and care for others.
- Staff will focus on the positive behaviour and not on the negative.
- Children are encouraged to talk through their feelings and to share these with others as appropriate.
- Staff are consistent in their approach to unwanted behaviours.
- Staff are aware of the nursery's policies and procedures.
- Parents are valued as their child's primary carer and are informed of any events or issues concerning their child's unwanted behaviour.
- Parents are supported to encourage and develop positive behaviour in their child
- Any concerns regarding behaviour are brought to the attention of the Manager and SENDCo who, after discussions with the Key Person and parents will draw up a plan of action.

### **When dealing with unwanted behaviour the staff will:**

- Approach the child calmly.
- Acknowledge their feelings.
- Gather information from all relevant sources.
- Restate what has happened to those involved.
- Ask for solutions and choose one together with the child.
- Be prepared to give follow up support to the child if and when needed.

### **The nursery prevent conflict occurring by:**

- Providing enough space and a variety of materials for the children to access.
- Establishing a consistent balanced routine.
- Supporting children's choices and interests.
- Planning for transitions.
- Keeping waiting periods short and active.
- Accepting behavioural differences.
- Respecting children's ideas, concern and feelings.
- Setting reasonable limits and expectations.
- Stopping destructive and aggressive behaviour.
- Using observations in daily planning.

## **Biting**

### **Some children bite due to:**

**Teething** – swelling gums can be painful and cause discomfort which can be relieved by biting or chewing on something

**Exploration** – babies and young children explore the world around them using their senses, specifically by mouthing - very young children do not necessarily understand the difference between chewing on a toy and biting a friend.

**Attention** – when children are in situations where they feel they are not receiving enough attention they may bite to gain adult attention. This is quite rare, however, it can happen.

**Frustration** – children can be frustrated by any number of things, for example: striving to become more independent and do things for themselves but not having the vocabulary to express themselves clearly. They may bite as a way of expressing their emotions.

### **What we will do if your child bites:**

The person appointed to support children in their behaviour will work with you, your child and the staff team to discover why your child is biting. This may be an isolated incident or a one-off reaction to something. We may use a Behaviour Monitoring Form (ABCC), to look at what happened just before the incident. If the form identifies a possible trigger for the biting incident we will make changes to reduce or remove the cause. For example – we may acquire duplicates of favourite toys to stop disputes. We may increase the supervision and support of a child who is biting so that we can support them to find different ways of expressing themselves safely. We may encourage your child to take part in activities which help release frustration such as play dough or other physical activities. We appreciate that if your child has been bitten or has bitten someone this can be distressing, please speak to staff about any concerns you may have in a calm manner. Please remember that staff cannot give you any information about other children in the nursery, and will not disclose who has bitten your child or who your child has bitten.

### **What we will do if your child has been bitten:**

Your child will be comforted and reassured and the bite wound will be washed with warm water and a gauze pad. If the wound is bleeding, it will be allowed to bleed and covered to reduce the risk of further infection. If the bite has broken or bruised the skin, you will be contacted by telephone so that you are aware that your child has been bitten.

If the bite has broken the child's skin, under the Public Health England guidelines you will need to seek medical attention. This could be through your GP or an Accident and Emergency hospital department. When you collect your child there will be an accident form completed with all the information about the biting incident and any treatment given. If your child has bitten there will be an incident form for you to sign on collecting your child from nursery.

All Nursery Staff will take responsibility for ensuring that their own vaccinations are up to date.

## **Physical handling**

### **Introduction:**

At BCoT nursery all staff aim to help children take responsibility for their own behaviour. A variety of strategies are used within the nursery depending on the needs of the child, see the nursery Behaviour Policy.

Approaches include:

- Positive role modelling
- Planning a wide range of interesting and challenging activities that engage children in learning
- Setting and reinforcing appropriate boundaries and expectations
- Providing children with positive feedback and encouragement
- Use of behaviour management plans where necessary

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

**Definitions:**

There are three main types of physical handling:

**1. Positive handling:**

The use of touch is a normal part of human interaction. Touch might be appropriate in a range of situations. For example, giving guidance to children (how to hold a paint brush, or when climbing); providing emotional support (placing an arm around a distressed child); physical care (first aid or toileting). In these circumstances, staff will 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, or from certain cultural groups. This policy is not intended to imply that staff should no longer touch children.

**2. Physical intervention:**

Physical intervention can include mechanical and environmental means such as high chairs, stair gates, or locked doors. These may be appropriate ways of ensuring a child's safety.

**3. 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. This guidance refers mainly to the use of restrictive bodily physical intervention and is based on County and National guidance. Principles for the use of restrictive physical intervention

- Restrictive physical intervention (RPI) must be used within the context of the positive behaviour management approaches used within the nursery (see Behaviour Management Policy). RPI will only be used in extreme circumstances and will not be the preferred way of managing children's behaviour. Staff will aim to do all they can to avoid using RPI through a variety of well-established and well-planned strategies. However, there are rare situations of such extreme danger that create an immediate need for the use of restrictive physical intervention. In these circumstances, RPI can be used with other strategies such as saying 'Stop'. Staff must only use RPI when they believe that its use is in the best interest of the child as their needs are paramount. All staff have a duty of care towards children in the nursery. When children are in danger of hurting themselves, of hurting others or of causing significant damage to property, staff have a responsibility to intervene. In most cases, this would involve an attempt to divert the child's attention to another activity or the instruction 'stop'. However, if it is judged as necessary, staff may use RPI. When RPI is used, it must be within the principle of reasonable minimal force, i.e. an amount of force in proportion to the circumstances. Staff should use as little restrictive force, for as short a period as necessary, in order to maintain safety.
- It is important for staff to recognise that in certain circumstances, RPI, although justified, may make a situation worse. Staff will make a judgement and, if possible, use an alternative strategy (e.g. seek help, make the area safe, remove other children, etc). The main aim in using RPI is to restore safety for both the child and those around them. RPI will never be used out of anger, as a punishment or as an



alternative to measures that are less intrusive and which staff judge would be effective. RPI will only be used in extreme circumstances and can be justified when:

- someone is injuring themselves or others
  - someone is damaging property
  - there is a suspicion that, although injury, damage has not yet happened, it is about to happen.
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- Wherever possible a member of staff who knows the child well will be involved in a RPI and they will use other strategies prior to making a judgement that there is a need to use RPI. However, in an emergency, anyone can use RPI as long as it is consistent with this policy.
  - Where an individual child's behaviour is such that they are likely to require RPI a behaviour plan will be made in conjunction with the child's parents, see Behaviour Policy. There are a range of responsive strategies that can be used as a direct alternative to RPI (e.g. humour, distraction, relocation, offering choices, etc). These must be considered first, with RPI as the last option.
  - Staff receive appropriate training and support in positive behaviour management as well as physical intervention.
  - The physical and emotional health of both staff and children involved will be taken into consideration.
  - Any use of RPI will be consistent with the principle of reasonable minimal force. Where it is deemed necessary to use RPI staff will:
    - Aim for side by side contact and 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 the adult's and the child's body, where they are side by side, minimising the risk of impact and damage
    - Aim to keep their back straight as possible
    - Be aware in particular of the child's head positioning, to avoid head butts from the child
    - Hold child 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 the child
  - Staff will not to use seclusion, where a child is forced to spend time alone in a room, except in an emergency situation. RPI will not be used to bring children to, or hold them in 'time out' type strategies.
  - In an emergency, staff will do their best within their duty of care and using reasonable minimal force.

- After an emergency, the situation will be reviewed and plans will be made for an appropriate future response. A risk assessment will be carried out considering - what the risks are, who is at risk, what can be done to manage the risk.
- A record of the RPI will be made and parents will be informed upon collection of their child from nursery, or by telephone if immediate attention is required
- Should a concern arise the nursery Complaints procedure will be followed.

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