

FBCS Behaviour Policy For Early Childhood Centres



FBCS
Behaviour Policy

Approved and adopted - Date

Review Date

SIGNATURES

Chair of SMT (School Ministry Team)

Principal

BEHAVIOUR POLICY

Introduction:

Staff and parents are responsible for supporting children as they self-regulate and learn to self-manage in order to function in the world around them and develop respect for self, others and their environment. This behaviour policy lays out the legal framework and strategies for behaviour management based on best practice and research, for managing all behaviours, even those which are dangerous and when the child may require more intense intervention and support.

As per the Education Law, 2016 Clause 23:

- (1) Corporal punishment and acts which are cruel, inhumane or degrading to a child shall not be administered in any early childhood care and education centre.
- (2) Reasonable use of force is acceptable in an early childhood care and education centre for the purpose of preventing a child from doing, or continuing to cause danger, personal injury or death to, or damage to the property of, any person, including the relevant child, but use of force shall be necessary, reasonable and proportionate.

This “Behaviour Policy” focuses on the use of Positive Guidance, supporting self-regulation and self-management and collaboration between the centre staff, parents/guardians and other stakeholders when supporting the child’s growth and development. Self-regulation refers to having appropriate control over emotional responses and showing resilience in responding to disappointment or conflict. Self-management refers to having the cognitive control needed for learning: being able to focus attention, persevere, plan, choose, and decide what to do next.¹

Suspected child abuse and neglect is to be reported in line with the First Baptist Christian School Child Protection Reporting Child Abuse and Neglect Policy.

Where an incident report is required FBCS will use our centre’s established incident reporting procedure.

Policy Statement:

Children face many challenges throughout their lives, including learning acceptable behaviours and being able to regulate their own behaviours in different social and emotional environments, or when interacting with their peers or adults. At First Baptist Christian School staff will use appropriate strategies to support and guide children to recognise, manage and learn from their behaviours and express their emotions in positive, non-threatening and productive ways. FBCS actively promotes the components listed above from the Education Regulations 2017 and encourages and praises positive, caring and polite behaviour at all times; ensuring that the environment is conducive to children learning to respect themselves, other people and their surroundings.

¹ <https://tewhariki.tki.org.nz/en/teaching-strategies-and-resources/self-management-and-regulation/#:~:text=Self%2Dmanagement%20is%20defined%20as,response%20to%20disappointment%20or%20conflict.>

In accordance with the Education Regulations, 2017 Clause 43.(1) this policy promotes the development of:

- a) a healthy, strong and well-adjusted child;
- b) a child who is able to communicate effectively;
- c) a child who values their culture and that of others;
- d) a critical thinker and an independent learner;
- e) a child who is self-respecting, respects others and the environment; and
- f) a resilient child.

Parents, early childhood practitioners, early childhood centre management, and the wider community at FBCS have been informed of this policy, which outlines our expected standards in relation to appropriate and responsible support for children's behaviour.

Purpose:

The Behaviour Policy is to provide the information that staff need to:

- encourage acceptable forms of behaviour by consistently using strategies that build children's confidence and self-esteem
- provide children with support, guidance and opportunities to manage their own behaviour
- guide staff as to when to use safe handling techniques.

Aims:

Our staff at FBCS aim to provide an environment which supports children to learn self-regulation and manage their own behaviour while taking into account the needs of others. The staff understand that children have different personalities, ideas, behaviour traits, attitudes, values, expectations and competencies, and we aim to support the child as he/she learns to manage his/her behaviour. The term 'positive guidance' is used because it includes all forms of behaviour and not just those behaviours labelled as disruptive. The staff at FBCS will guide and support children to develop problem-solving skills, a sense of freedom to make their own decisions, and the self-esteem necessary to change a pattern of inappropriate behaviour.

There are external factors that may affect a child's behaviour from time to time and these need to be considered when providing comfort and support to a child who has had a change in behaviour. A child's behaviour may be affected by:

- age and stage of development, for example a 2 year old striving for independence
- special or additional needs
- general health and well-being, a child may behave differently when he/she is unwell or upset about a personal matter
- relationships within their family, such as the birth of a sibling or marital issues
- play and learning environments that are not stimulating or meeting the child's interests

- practices of individual staff members where these differ from the centre's established practices
- relationships with other children, staff and visitors
- external factors, such as family, home life, peer group experiences or a traumatic event that has affected the child, their family or their community

Promoting Positive Behaviour:

We recognise that the adults and the environment of each child greatly impact the child's behaviour and development. The staff will guide and support children to develop their self-management and self-regulation skills and promote positive behaviours through:

- their warmth and friendliness toward the children, their parents and each other
- the interest shown in the children
- their supporting of an ethos where children feel comfortable in expressing themselves
- the gentle and encouraging manner in which they show respect for children
- the provision of opportunities for children to interact with each other in order to develop the skills of co-operation and collaboration
- reflective practice which ensures staff adjusts methods/ support to fit the changing needs of each child
- the support given to children as they are encouraged to try out new things, supporting them even if they become discouraged
- using positive phrases for direction and instruction (e.g. "It's time to put the blocks away" rather than, "Don't leave the blocks on the floor.")
- creating and maintaining an attractive and stimulating learning environment, ensuring that resources and equipment are appropriate in number, appropriateness for age and stage, easily accessible and of good quality
- the provision of opportunities for children to become aware of and explore differences between themselves and others, for example in language, ethnicity, religion, culture and differing abilities in a sensitive way
- arranging the child's day using an appropriate and consistent routine that will cater to the child's developmental needs and interests
- providing healthy and acceptable choices for the child
- giving each child an adequate amount of time to respond to direction, questions and requests
- the modelling of acceptable behaviour, evidenced in their own relationships with colleagues and parents
- recognition of, valuing and celebrating the differences and similarities that exist in all persons
- clarity and consistency in the use of positive reinforcement
- respect for the importance of interactions and relationships between children, families and staff
- understanding and acknowledging why children behave in certain ways in specific circumstances
- the promotion of realistic play and behaviour limits that guide children's safety and security without curbing their play experiences, natural curiosity or creativity
- practice planned ignoring

- care-giving strategies that are clearly defined and transparent, and communicate how behaviour guidance is implemented.

When using Positive Guidance, staff will:

- identify and encourage positive behaviours
- observe the child to assist him/her to identify potential conflict situations and negative peer interactions
- support the child to negotiate with their peers in potential conflict situations
- meet with the child (depending on age and stage of development) to agree on specific goals, strategies and consequences
- discuss the child's behaviour with his/her parent(s)/guardian(s) to:
 - a) confirm whether or not similar behaviours are displayed at home
 - b) see if there have been home issues that may be affecting the child's behaviour
 - c) ensure consistency in positive guidance between the home and centre

If the child does not respond to consistent use of Positive Guidance, the ECCE Centre will:

- seek support from the ECCE Unit in the Ministry of Education if needed
- develop and implement a written Positive Guidance Plan, in collaboration with parent(s)/guardian(s), for the child for use in the centre and at home
- inform parent(s)/guardian(s) of the service of the Family Resource Centre if needed
- review and evaluate the effectiveness of the Positive Guidance Plan as per the child's needs and adjust the plan as needed.

If there is no improvement, refer the child to an appropriate agency such as the Early Intervention Programme, producing evidence of observations and support provided within the centre and any guidance given from the Early Childhood Care and Education Unit.

In cases where behaviours are a risk of harm to self, others or the environment, safe handling and/or reasonable use of force can be used appropriately to protect the safety of all.

Key Components of the Positive Guidance Plan

(adopted from <https://aussiechildcarenetwork.com.au/articles/childcare-articles/behaviour-management-plans-in-childcare>)

A positive guidance plan should include elements such as:

Key Components	Description
Name of Child	Child's first and last name
Age	Child's age or date of birth
EYF Outcome	Identify the outcome from the curriculum that will be targeted for the child's growth and development.
Dates	Start date and review date of the plan
Background Information	Background information on the child such as family structure, culture, additional needs, family information, health issues and developmental delays.

Behavioural Indicators	Record specific behaviours from your observations. Detailed information should be provided on exactly what you see.
Antecedent Events	Triggers that are causing the child's behaviour
Target Behaviour	Decide what behaviour you are targeting. Target the most he concerning behaviour that interferes with the child's ability to be successful first.
Managing Risks	Identify the risks (risk assessment) and detail how the risks will be managed.
Strategies	Detail the exact strategies that will be used to attain the desired behaviour. This may include changes to the environment and/or safe-handling procedures (as detailed further in the policy).
Support	List the support that will be needed from centre staff, child's family and if needed professional support services.
Monitoring Behaviour	Identify how the behaviours and progress will be monitored (i.e. observations, photos, etc.). Keep records of changes in behaviour which specify how behaviour is changing. Ensure the records are dated to keep track of progress.
Review and Evaluate	Evaluate how well the plan went and revise by adding changes that have taken place in each of the areas. Plan further follow up that is required for success.

Perspective on Safe Handling

We recognise that there may be occasion when a child's behaviour presents particular challenges that may require safe handling. This guidance outlines expectations for the use of safe handling for all adults within FBCS.

Principles for the use of restrictive physical intervention:

At FBCS, restrictive physical handling will be used in the context of positive behaviour management.

Adults will only use restrictive physical intervention as a last resort, where nothing else has worked and the child's behaviour has become dangerous to the child, others or the environment. It must not be 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, as stated in our Policy.

Every intention should be made to avoid using restrictive physical intervention. However, it is likely that 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'. Any use of physical force in an early childhood centre must be as per the Education Law, 2016 Clause 23 (2):

Reasonable use of force is acceptable in an early childhood care and education centre for the purpose of preventing a child from doing, or continuing to cause danger, personal injury or

death to, or damage to the property of, any person, including the relevant child, but use of force shall be necessary, reasonable and proportionate.

In cases where restrictive physical intervention is used, parent(s)/guardian(s) will be informed and a written detailed report of the incident and procedures will be sent to the parents. A copy will also be added to the child's file.

Definitions of Safe Handling:

All incidents of physical intervention should be done in a way that helps to ensure the safety of the child and the staff member; and therefore the words "safe handling" is used with regards to physical handling and intervention. There are three main types of Safe Handling:

1. 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 on the upper back of a distressed child).
- Physical care (such as first aid or toileting).

Staff will exercise appropriate care when using touch based on the centre's Code of Conduct/Safeguarding Policy. There are some children who may respond differently to touch, such as those with a history of abuse, or for cultural reasons. Adults need to be mindful of this and respond appropriately.

2. Physical intervention

Physical intervention is any physical method used which will ensure children remain in safe and desired areas. This may include stair gates and child proofing the centre.

3. Restrictive physical intervention

This is when a member of staff uses appropriate, intentional physical force (this does not include pulling of the hand/s, pushing, grabbing or slapping) to restrict a child's movement against his or her will in order to reduce any harm or danger to the child, other children or adults in the immediate area or to the environment. In most cases this will be through the use of the adult's body rather than mechanical or environmental methods used in "physical intervention". This guidance refers mainly to the use of restrictive bodily physical intervention.

All staff have a duty of care towards the children in FBCS Preschool. 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, staff may only use restrictive physical intervention, if it is judged as an essential safety precaution.

As per the Education Law, 2016, the use of force must be necessary, reasonable and proportionate. For example:

- physically moving a child to safety who is attempting to climb the perimeter fence to leave the premises unsupervised and the child will not respond to verbal direction;
- holding a child who may be running into danger, such as traffic or a body of water, on a field trip;
- physically pulling a child away to safety in the event of an earthquake or fire;
- using appropriate safe handling techniques to restrain a child who is damaging the ecce centre and who will not respond to other techniques such as redirection.

We recognise that 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 should not use it, but should 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 always 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 consider to be effective.

What type of restrictive physical intervention can and cannot be used?

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

- aim for side-by-side contact with the child. 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 child's body, where they are side by side. This minimises the risk of impact and damage
- aim to keep the adult's back as straight as possible
- beware in particular of 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 to occur
- 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

Planning:

In an emergency situation staff are required to do their best within their duty of care and using reasonable minimal force. After an emergency, the situation will be reviewed and plans for an appropriate future response will be 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 included in the Positive Guidance Plan that is developed to support a child. If a Positive Guidance Plan includes restrictive physical intervention it will be just one part of a whole approach to supporting a child's behaviour. The Positive Guidance 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)

At FBCS the staff pay particular attention to responsive strategies. There is a range of approaches such as humour, redirection, 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/guardians will be involved with staff from FBCS who work with the child and any visiting support staff (such as specialist early years' service, Educational Psychologists, Speech and Language Therapists). The outcome from these planning meetings will be recorded and a signature will be sought from the parent/guardian to confirm his/her knowledge of the planned approach. These plans will be reviewed at least once every three to six months or more frequently if there are major changes to the child's circumstances.

Safe Handling

Only staff that have been trained through an approved training may use safe handling when necessary. Even though there may be an occasional need for safe handling techniques, corporal punishment is not allowed in ecce centres.

Who can use safe handling techniques?

It is recommended that a member of staff who knows the child well 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 with our policy.

If a child's behaviour is likely to require this intervention, staff will identify members of staff who are most appropriate to be involved. It is important that such staff have received training and support in behaviour management as well as physical intervention. Safe handling techniques 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.

Staff might have to use restrictive physical intervention or safe handling techniques if a child is trying to leave the centre without adult permission and supervision or if a child is damaging property and not

responding to other methods of behaviour management, for example. Staff will also use other protective measures, such as securing the site and ensuring that a sufficient staffing level is provided. This duty of care also extends beyond the centre boundaries: when staff have control or monitor children off site (e.g. on trips).

Recording and Reporting

It is important that any use of restrictive physical intervention or safe handling 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. This will be done as soon as possible and within 24 hours of the incident. Based on the nature of the incident, the incident will be noted in other records, such as the accident book or child tracking sheets.

After using restrictive physical intervention, we will inform the parent/guardian by phone or by a take-home letter with the child if it is not possible to make contact by phone. Parent/guardian will be given a copy of the record form.

Supporting and Reviewing:

We acknowledge that 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. Therefore it is important that after a restrictive physical intervention, support is given to the child so that they can understand why they were held. If possible, a record is kept about how the child felt about the incident. Staff will help the child to record their views. Where appropriate, staff will 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 will wait until the child has calmed down enough to be able to talk productively with a measure of understanding. If necessary, an independent member of staff will check for injury and provide appropriate first aid. If first aid is needed as a result of physical restraint, the child's parents will be contacted as soon as practically possible and told of the incident and the injury requiring first aid described to the parents. A description of any injury resulting from the incident will be included in the incident report(s).

Support will also be given to the adults who were involved, either actively or as observers. The adults 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 adult that restrained him or her. Following a restrictive physical intervention, staff will consider reviewing the individual behaviour plan so that the risk of needing to use restrictive physical intervention again is reduced.

Monitoring:

We will monitor the use of restrictive physical intervention in order to help us identify trends and therefore help develop the ability of FBCS to meet the needs of children without using restrictive physical intervention.

Complaints:

We recognise that the use of physical intervention can lead to allegations of inappropriate or excessive use. Where anyone (child, carer, staff member or visitor) has a concern, this will be dealt with through our usual complaints procedure.

Perspective on Biting:

Biting is a very common behaviour among children from birth to three years of age. Biting is a form of communication and is almost always a response to the child's needs not being met, or coping with a challenge or stressor. We believe that by understanding the developmental stages of the children in our care and their individual needs, we can proactively prevent many biting behaviours by the environment which we create for the children.

It is understood that a child biting other children is one of the most common and most difficult behaviours to deal with in group childcare settings. It can occur without warning, can be difficult to defend against, and usually provokes strong emotional responses in children, families, and caregivers involved.

For many young children, the biting stage is considered to be just a passing problem. Young children try it out as a way to get what they want from someone else. They are in the process of learning what is or is not socially acceptable. They discover that biting is a way to cause the other child to drop what they are holding so the child who has bitten can pick it up. However, they experience the disapproval of the adults nearby and eventually learn other ways of gaining possession of objects or expressing difficult feelings.

For some children, biting is a persistent and chronic problem. They may bite for a variety of reasons: teething, frustration, boredom, inadequate language skills, stress or change in the environment, feeling threatened, or to feel a sense of power.

Response to Biting Action Plan

Before biting occurs:

An environment is created which meets the developmental needs of the children. All children are monitored and supervised while working and/or playing and redirection is used in situations where a potential biting incident may occur. An environment that elicits calm, thoughtful behaviour is maintained.

When a biting incident occurs:

- For the bitten child, adults will comfort the child and administer appropriate first aid.
- For the child that has bitten:
 - a) The child is immediately removed with no emotion, using words such as "I see X is crying/has a mark. Biting hurt X and made X sad."
 - b) The child that has bitten will not be allowed to return to the activity that elicited the bite and will be talked to on a level which the child can understand. "I can see that you want that activity, but I can't let you hurt X."

- c) The child will be asked to make amends with the child that was bitten in a developmentally appropriate manner. For example, getting an icepack from the freezer and holding it on the site of the bite (with the bitten child's permission). The child who bit may also just watch the teacher apply the ice pack.
- d) The child can return to an activity, after making amends with the child whom was bitten.
- e) The parent/guardian of both parties need to be contacted by telephone as soon as practically possible at the time of the incident. The parent/guardian of the child who has been bitten should be advised as to the condition of the child (e.g. if the teeth penetrated and/or broke the skins and is causing bleeding) so that the parent/guardian may make a decision regarding medical attention.
- f) The staff member will complete a written incident report for each child involved.

Follow Up:

- a) Staff will confer with the FBCS Principal to review the context of the biting incident. If changes in supervision and/or environment are warranted, then those changes should be implemented immediately.
- b) If the biting behaviour is chronic, a meeting with the parent/guardian of the child that is biting will be held to discuss possible triggers for the biting behaviour and to create and implement a Positive Guidance Plan.
- c) This may include, but is not limited to, a referral to a specialist or changes in the home life (such as limit-setting, media exposure, etc.). Parent(s)/guardian(s) are expected to work in collaboration with the centre with the goal of eliminating the biting behaviours.

Appendix

- Model Positive Guidance Plan
- Safe Handling Incident Report Form
- Staff Acknowledgement of the Behaviour Policy

FBCS Positive Guidance Plan			
Name of Child			
Date of Birth			
CIEYCF Outcome			
Start Date		Review Date	
BACKGROUND INFORMATION			
BEHAVIOURAL INDICATORS			
ANTECEDENT EVENTS			
TARGET BEHAVIOURS			

RISK ASSESSMENT						
		1 –Insignificant	2 –Minor	3 –Moderate	4 –Major	5 –Extreme
		Dealt with by staff effectively.	Some assistance required to deal with behaviour.	Regular assistance required to deal with behaviour.	Extensive support/assistance required on a daily basis.	Severe behaviour demonstrated towards staff and others that require a restrictive physical intervention.
MEASURES		Behaviour Plan may be in Place	Behaviour Plan in Place	<ul style="list-style-type: none"> Behaviour Plan in Place Possible Safe Intervention Plan 	<ul style="list-style-type: none"> Behaviour Plan in Place Safe Intervention Plan in Place Possible Emergency Response Plan 	<ul style="list-style-type: none"> Behaviour Plan in Place Safe Intervention Plan In Place Emergency Response Plan in place (Student monitored by SMT).
LIKELIHOOD	A	Almost certain to occur in most circumstances	HIGH (H)	HIGH (H)	EXTREME (X)	EXTREME (X)
	B	Likely to occur frequently	MODERATE (M)	HIGH (H)	EXTREME (X)	EXTREME (X)
	C	Possible and likely to occur at some time	LOW (L)	MODERATE (M)	EXTREME (X)	EXTREME (X)
	D	Unlikely to occur but could happen	LOW (L)	LOW (L)	MODERATE (M)	EXTREME (X)
	E	May occur but only in rare and exceptional circumstances	LOW (L)	LOW (L)	MODERATE (M)	HIGH (H)

MANAGING RISKS	
STRATEGIES	
SUPPORT	
MONITOR BEHAVIOUR	
REVIEW AND EVALUATE	
AGREED BY	
<input type="checkbox"/> Parent: _____	Date: _____
<input type="checkbox"/> Owner/Principal: _____	Date: _____
<input type="checkbox"/> Early Childhood Practitioner: _____	Date: _____
Other	
<input type="checkbox"/> ECCE Officer: _____	Date: _____



Safe Handling Incident Report Form

This form is to be completed by the member of staff involved in the incident, where appropriate, with support from leadership and in accordance with the Early Childhood Centre’s ‘Behaviour Policy- Restrictive Physical Intervention’. This document is designed to protect the interests of children and staff. Any incident involving handling a young child as a result of a crisis **MUST** be recorded within 24 hours and given to the Early Childhood Leader, Vice Principal, or Principal.

Child’s name:		Date of birth	
Class:		Staff:	
Date of Incident:		Time of Incident:	Duration [mins]:
Reported by:		Location:	
Staff involved:			
Others present:			
Injury to Other Child		Injury to Adult	
Damage to Property		Absconding	
Accidental		Within the grounds	
Intentional		Off premises	
Threatening Behaviour		Staff	Child/ren
Verbal abuse towards			
Physically threatening behaviour towards			
Strategies Attempted			
Humour		Distraction	
Reassurance		Calm Talking	
Diversion		Clear instruction/warning	
Verbal advice and support		Offering services to other staff	
Reminder of consequences		Offering choices	
Negotiation		Non- threatening body position	

Antecedent (situation leading up to incident):

Circle the level of potential risk

Low

Medium

High

Account of Incident:

Reason / ***Justification for physical intervention (please circle /highlight)***

Child Liable to danger / Injury

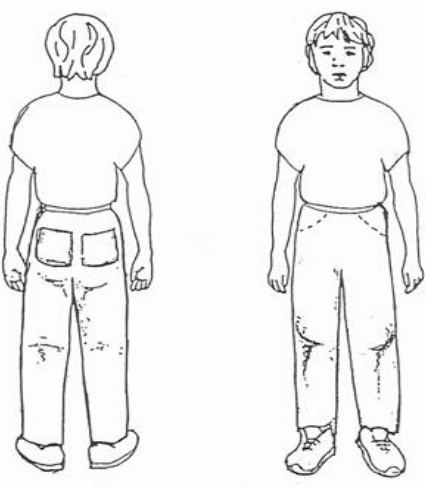
Property Liable to be damaged

Other Child(ren) liable to Injury

Staff Liable to Injury

Behaviours Displayed During Incident

Verbal abuse		Kicking		Punching	
Biting		Pinching		Spitting	
Scratching		Self-harm		Head butting	
Weapons		Threatening		Cursing	
Pushing		Allegations		Damage	

Description of Physical Intervention Used			
<i>Technique used</i> G –Ground S- Sitting K- Kneeling	<i>Time applied for:</i>	<i>Technique used:</i> G –Ground S- Sitting K- Kneeling	<i>Time applied for:</i>
<input type="checkbox"/> L One -		<input type="checkbox"/> Under Arm Wrap	
<input type="checkbox"/> L Two		<input type="checkbox"/> Bolt hold	
<input type="checkbox"/> X-wrap		<input type="checkbox"/> Ground Hold	
Location of support	Time applied for:	Technique used	Area moved to:
<input type="checkbox"/> Supported sitting on 3 chairs/bench <input type="checkbox"/> Supported on floor – child dropped to floor <input type="checkbox"/> Supported on floor – child taken to ground		<input type="checkbox"/> Supported whilst standing/walking ○L One ○L. Two ○X - wrap ○Bolt	
Breathing monitored by:			
Ground Technique used		Time applied for:	
<input type="checkbox"/> Front ground position 1 ○ with leg support			
<input type="checkbox"/> Front ground position 2 ○ with leg support			
Consequences		Identify any visible injuries	
Follow-up Action Taken – Consequences Used			
Individual counselling	Removal of privilege		
Removal from area	Letter home		
Suspension	Exclusion		
RCIPS called to assist	Parents called in		
Other:			
Staff debrief taken place	Date	Those present:	
Time.....			
Staff Comments:			
Child debrief taken place	Date	Those present:	
Time.....			

Child comments:			
Post incident meeting taken place:		Date Time.....	Those present:
Outcomes:			
Does this child have a Positive Guidance Plan / Support Plan in place?			Y/N
Is one needed or needs amending?			Y/N
Agencies Informed		Comment	
Parents/Guardian			
Family Support Unit			
DCFS Office			
Social Worker			
Health Service Authority			
Ministry-ECCE Unit			
RCIPS			
Other			
Signatures			Date
Person Completing Form:			
Other Staff:			
Other Staff:			
Other Staff:			
Other Staff:			
Witnesses:			
Witnesses:			
Witnesses:			
Child Involved:			
Centre Manager/Director:			
Owner:			
Other:			



Acknowledgement of Behaviour Policy

Physical Intervention Declaration

Name:

Role:

Date:

I declare that

1. I have read and understood the Behaviour Policy.
2. I understand that I have a duty of care to keep all children safe.
3. The criteria for physical intervention and the use of force to hold or restrain a child is to be used for the minimum amount of time for maximum effect, when all other strategies to calm or diffuse the situation have been tried. I also understand what is meant by the application of force and the form that this may take.
4. I understand that I must complete a "Safe Handling Incident Reporting Form" as soon as possible after the incident and file one copy in the incident file, which is held in the main office and make sure that the Principal receives a copy before the end of the school day.
5. I understand that parents will be informed when a restrictive physical intervention has been used and that I may be asked to attend a meeting to discuss my actions. I also understand that I may choose to bring a friend/colleague to support me at such a meeting.

SignedDate.....