Physical Handling/Intervention Policy

Policy statement

We believe that children flourish best when their personal, social and emotional needs are met and where there are clear and developmentally appropriate expectations for their behaviour.

Our children are encouraged to learn to consider the views and feelings, needs and rights, of others and the impact that their behaviour has on people, places and objects. We aim to help children take responsibility for their own behaviour through a combination of approaches:

- Positive role modelling
- Planning a range of interesting and challenging activities
- Setting and enforcing appropriate boundaries and expectations
- Providing positive feedback including the use of restorative practice

The named person who has overall responsibility for our programme for supporting personal, social and emotional development, including issues concerning behaviour is Maraide Hurst.

Definition of physical handling

There are 3 types of physical intervention:

- **Positive handling** - touch is a normal part of human interaction and appropriate touch would be:
    - 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 and toileting).

  We understand the need to exercise appropriate care when using touch. There are some children for whom touch would be inappropriate eg those with a history of physical or sexual abuse, or those from certain cultural groups. This is not intended to imply that staff should no longer touch children.
- **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.
- **Restrictive physical intervention** – when a staff member physically restricts a child's movement in order to ensure the child's safety. In most cases this would be through the use of the adult's body rather than mechanical or environmental methods.

Principles for the use of restrictive physical intervention

Firstly: Restrictive physical intervention should be used in the context of positive behaviour management set out in our Achieving Positive Behaviour Policy. We only use restrictive physical intervention in extreme

circumstances. It must not be the preferred way of managing children's behaviour. Physical intervention should only be used in the context of a well-established and well implemented positive framework.
We aim to do all we can in order to avoid using restrictive physical intervention. However there are clearly rare situations of such extreme danger that create an immediate need for the use of restrictive physical intervention. Restrictive physical intervention in these circumstances should be used with other strategies such as saying "stop".
Secondly: paramount. Restrictive physical intervention will **only** be used when staff believe its use is in the child's best interests ie extreme circumstances where there is a risk of danger to the child or children. Their needs are paramount.
Thirdly: duty of care. All staff have a duty of care towards the children in their provision. When children are in danger of hurting themselves, others or of causing significant damage to property, we 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.
Fourthly: reasonable minimal force. When physical intervention is used, it is used within the principle of reasonable minimal force. This means using an amount of force in proportion to the circumstances. Staff should use as little restrictive force as necessary in order to maintain safety and for as short a period as possible.

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. We also acknowledge that it is our legal duty to make reasonable adjustments for disabled children and children with special educational needs (SEN).

When can restrictive physical intervention be used?
Restrictive physical intervention can be justified when:
- someone is injuring themselves or others
- someone is damaging property
- there is suspicion that, although injury, damage or other crime has not yet happened, it is about to happen

We might use restrictive physical intervention if a child is trying to leave the site and it is judged that the child would be at risk. We would also use other protective measures, such as securing the site and ensuring adequate staffing levels. This duty of care also extends beyond the site boundaries: when we have responsibility or charge of 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 we judge that restrictive physical intervention would make the situation

worse, we would not use it, but would do something else (like issue an instruction to stop, seek help, or make the area safe) consistent with our duty of care.

Who can use restrictive physical intervention?

In an emergency any member of staff who sees that a child is in danger can use physical intervention to prevent an accident or injury to the child or children.

Where individual children's behaviour requires restrictive physical intervention then the most appropriate person would be the child's key person. This person is most likely to be able to use other methods to support the child and keep them safe without the use of physical intervention.

Where individual children's behaviour means that there is a probable need to use restrictive physical intervention, we identify staff who are most appropriate to be involved. Identified staff would then receive appropriate training and support in behaviour management as well as physical intervention. Staff and children's physical and emotional health is considered when such plans are made.

What type of restrictive 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; 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 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 children

We do not condone the use of seclusion (which is where children are forced to spend time alone in a locked room). Restrictive physical intervention is not used to bring children to, or hold them in, time-out.

Restrictive physical intervention would never be used out of anger, as a punishment or as an alternative to measures which are less intrusive.

Planning

In an emergency, staff do their best within their duty of care and using 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:

- what the risks are
- who is at risk and how
- what can be done to manage the risk

A risk assessment is used to help write the individual behaviour plan that is developed to support a child. If this 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 should 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 taught and encouraged to use new, more appropriate behaviours
- how the child can be rewarded when he or she makes progress
- how staff respond when the child's behaviour is challenging (responsive strategies)

We pay particular attention to responsive strategies. There are a range of approaches such as humour, distraction, relocation, and offering choices which are direct alternatives to using restrictive physical intervention. Responsive strategies are chosen in the light of a risk assessment, which considers:

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

We 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 who work with the child, and any advice from any outside agencies (such specialist support teachers / staff, Speech and Language Therapists etc). 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.

Recording and Reporting

Following an emergency, the situation will be reviewed and a risk assessment undertaken and it may be necessary to write / review an individual behaviour plan to support the child.

- Whenever an incident requiring physical intervention has taken place, a record will be made which must the following information:
    - Who was involved (child and staff and any observers)
    - Details of any witnesses
    - The reason intervention was considered appropriate
    - How the child was held
    - When it happened (date and time)
    - How long the child was held
    - Any subsequent injury or distress
    - What action was taken in respect of any injury or distress

See appendix 1 for example

- The written record should be completed as soon as possible after the incident but within 24 hours.
- The parent/carer will be informed by telephone immediately after the incident if it is judged appropriate to do so.
- The parent/carer will be required to sign the record and will be given a copy if they request one.
- The record will be kept in the child's file
- If an injury has taken place then a record of the incident will also be made in the accident book.

Support and Review

We appreciate that it can be distressing for all concerned when restrictive physical intervention has to be used and therefore we recognise the need to support the child, any other children who observed the incident, any staff involved and the parents/carers.

We will:

- Talk to the child and record how the child felt if this is appropriate to their stage of development and level of understanding
- If appropriate talk to any other children who may have witnessed the intervention
- Staff will be given the opportunity to discuss what has happened with the most appropriate person from the staff team, this would normally be their line manager as soon after the incident as possible.
- Parents will be given the opportunity to discuss the intervention with the child's key person and their views and concerns recorded.
- If necessary an individual behaviour plan will be prepared and this will be reviewed and monitored on a regular basis.

Complaints

We believe that by ensuring ensure that staff, children and parents are clear about when force might be used, we will reduce the likelihood of complaints being made when force has been used properly.

Any complaint will be dealt with through our usual complaints procedure.

Other guidance

Department for Education (July 13) *Use of Reasonable Force* (Advice for headteachers, staff and governing bodies)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444051/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf

Appendix 1

Aspiring Foundations Federated Nursery Schools

RESTRICTIVE PHYSICAL INTERVENTION RECORD FORM

Name of child	
Date of birth/age	
Does the child have any additional needs	
Is there a Behaviour Management Plan in place	

Details of when the incident occurred			
Date:	Day of week:	Time:	Where:

Staff and/or other adults involved			
Name	Designation	Involvement: Physically (P) or Observer (O)	Staff signature

Please describe the incident and include the following:

1. What was happening before
2. What do you think triggered the behaviour
3. What de-escalating techniques were used prior to restrictive physical intervention (RPI)

4. Why was RPI deemed necessary (what potential dangerous behaviour was displayed) 5. Any other relevant information

Details of the RPI used	
How was the child held	
How long was the child held for	
Child's body position relative to adult involved	
Has the child been held on previous occasions	
Any further information	

Complete this section if an individual behavioural plan is already in place		
Does the behaviour plan need to be reviewed as a result of this incident?	Yes	No
Does the risk assessment need to be reviewed as a result of this incident?	Yes	No
Record who will be responsibility for any action:		

Who was the incident reported to		
Date and time reported		
Was a record made in the Accident Book	Yes	No
Was any medical attention required	Yes	No

If Yes give details of injury and include names of injured person/s		

Parents/carers informed			
Date	Time	By whom?	How – direct contact, telephone, letter?

Form completed by:	
Print Name	
Designation	
Signed	
Date	
Counter signed by Manager	
Print Manager's Name	
Signed	
Date	