



Policies

PHYSICAL HANDLING POLICY

Hatch Warren Under Fives and Kempshott Under Fives Preschool, will hereafter be referred to as the “Preschool”.

The Preschool aims to help children take responsibility for their own behaviour. This can be done through a combination of approaches which include:-

- Positive role modelling
- Planning a range of interesting and challenging activities
- Setting and enforcing appropriate boundaries and expectations
- Providing positive feedback.

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

Definitions

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 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 those from certain cultural groups. Our policy is not intended to imply that staff should no longer touch children.

Physical Intervention: Physical intervention can include mechanical and environmental means such as barriers or locked doors. These may be appropriate ways of ensuring a child’s safety.

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 adults in the immediate area. 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.

PRINCIPLES FOR THE USE OF RESTRICTIVE PHYSICAL INTERVENTION

Positive behaviour management approaches

Restrictive physical handling is used in the context of positive behaviour management approaches.

Preschool will only use restrictive physical intervention in extreme circumstances. It is not the preferred way of managing our children's behaviour. Physical intervention is used in the context of our well-established and well-implemented positive framework. We always 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. In these circumstances it can be used with other strategies, such as saying, "stop".

When would physical intervention occur?

Preschool will only use restrictive physical intervention when staff believe its use is in the child's best interests.

Duty of care

Staff have a duty of care towards the children. 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.

WHEN CAN RESTRICTIVE PHYSICAL INTERVENTION BE USED?

Physical intervention would only ever be used in an exceptional circumstance when other options have been exhausted or where they cannot be considered, perhaps in an emergency. If we believe a child can cause harm to themselves, another child, or serious damage to property then physical intervention may be required. A record of the incident will be kept on file and parents/carers will be notified within 24 hours of the incident. We will, however, never use or threaten any form of punishment that could have an adverse impact on the child's well being.

MANAGEMENT OF INAPPROPRIATE BEHAVIOUR

- When children behave in unacceptable ways, we will help them to see what was wrong and how to cope more appropriately.
- We will never use, or threaten to use, physical punishment or restraint.
- We will never use techniques intended to single out and humiliate individual children.
- In cases of serious misbehaviour we will make clear immediately the unacceptability of the behaviour and attitudes, by means of explanations rather than personal blame.
- We will handle children's unacceptable behaviour in ways which are appropriate to their age and stages of development – for example by distraction, discussion or by withdrawing the child from the situation.
- We aim to work in partnership with children's parents. Parents will be regularly informed about their children's behaviour on a daily basis. We aim to work with parents to address recurring unacceptable behaviour, using objective observation records to help to understand the cause and to decide jointly how to respond appropriately.

Duty of care means that staff 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. Staff 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 staff have control or charge of children off site (e.g. on local walks or activities on the adjoining playing field).

The Preschool recognises that there may be times when restrictive physical intervention is justified but the situation might be made worse if it is used. In this situation 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 is never used out of anger, as a punishment or as an alternative to measures that are less intrusive and which staff judge would be effective.

WHO CAN USE RESTRICTIVE PHYSICAL INTERVENTION?

We would aim to use a member of staff who knows the child well to be 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 intervention as long as it is consistent with our policy.

Where individual children's behaviour means that there is a probable need to use restrictive physical intervention, our preschool will identify staff that are most appropriate to be involved. We ensure that such staff have received appropriate training and support in behaviour management, as well as physical intervention. The staff and children's physical and emotional health is an important consideration when such plans are made.

WHAT TYPE OF RESTRICTIVE PHYSICAL INTERVENTION CAN AND CANNOT BE USED?

Any use of physical intervention is consistent with the principle of reasonable minimal force. When 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 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.
- Be aware 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 use 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.

There may be situations where it is necessary for staff to receive specific training in the use of restrictive physical intervention. Where this is the case, we only seek this training through a model that is accredited by BILD (British Institute of Learning Difficulties). See Appendix of the hard PLA copy of this policy. Staff also have access to appropriate refresher training.

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 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.

The 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).

RESPONSIVE STRATEGIES

The Preschool pays 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 or such risks
- Preventative and responsive strategies to manage these risks.

The Preschool 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 preschool who work with the child and any visiting support staff (such as Area INCO, Educational Psychologists, Portage Plus workers, the Behaviour Support Team, Speech and Language Therapists and Social Workers). The outcome from these planning meetings will be recorded and 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

Any use of restrictive physical intervention is recorded. This is done as soon as possible and within 24 hours of the incident. According to the nature of the incident, the incident is recorded in our physical handling records. These are then filed. An example is attached to this policy.

After using restrictive physical intervention the Preschool informs the parents when they come to collect the child or by phone if the child is collected by someone else other than the parent. Parents are given a copy of the record form.

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 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. Where appropriate, staff may have the same sort of conversation with other children who observed what happened. In all cases, staff 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 is given to the adults who were involved, either actively or as observers. The adults are 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 them. After a restrictive physical intervention, staff should consider reviewing the individual behaviour plan so that the risk of needing to use restrictive physical intervention again is reduced.

COMPLAINTS

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 the preschool's usual Complaints Procedure.

This policy was adopted at a meeting of the preschool committee held on:

Signed on behalf of the preschool _____

APPENDIX 1 – Restrictive Physical Intervention Record Form

Name of child

Age of child:.....

Is this young person a looked after child/SEN/vulnerability?

When did the incident occur?

Date	Day of week	Time	Where?

Staff involved

Name	Role in Setting	Involved: physically? (P) as observer? (O)	Staff signature

Please describe the incident and include:

1. What was happening before? 2. What do you think triggered this behaviour? 3. What de-escalating techniques were used prior to physical intervention? 4. Why was a PI deemed necessary? 5. Any other information relevant to include.

How was the child held? Which parts of their body were held; what was the child's body position relative to the adult(s) involved? If a specific physical intervention was used from a formal training programme, please simply note its name, rather than a full description. Please give details of hold, e.g. single elbow, double elbow, wrap etc

How long was the child/young person held?

If the child/young person was held on the ground **tick as appropriate:*

Did they go to ground independently?* ☐ (e.g. did the child lift their weight off the floor, or go deadweight)

Were they taken to ground by staff?* ☐

Good practice dictates that schools should review what happened and consider what lessons can be learned, which may have implications for the future management of the pupil. These need not be added to this form but should be incorporated in the individual plans for the child.

Has the child/young person been held before? Yes/No

A child/young person should have an individual plan clearly detailing reactive strategies and physical intervention approaches if they have been involved in physical interventions on more than one occasion.

Does the child have an Individual Behaviour Plan? Yes/No

If no, who will be involved in writing the Plan and when?

Has an outside agency contributed to this plan? Yes/No

If yes, which agency?

Have the child's parents contributed to this plan? Yes/No

Does the individual support 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

If yes, who will action and when? (less than four weeks)

What do you feel the child's behaviour was trying to communicate?

If unsure, which of these fit best?

Attention ☐ Emotional Release ☐ To obtain something ☐

Avoid people ☐ Avoid task ☐ Other ☐

Are there any strategies that would help the child to communicate more effectively / appropriately?

Are there any strategies that could prevent the situation from happening again?

Was there any medical intervention needed? Yes/No

Include names of any injured person and brief details of injuries

Please specify any related record forms

Accident Book ☐

Body Map ☐

Complaints recorded ☐

Other (please specify)

Has the child been supported following the incident?

Yes/No

Have staff / adults involved been supported following the incident?

Yes/No

If yes, how?

Parents/carers were informed

Date	Time	By whom?	By direct contact, telephone, letter?

Form completed by:	Name	Designation	Date and time

Manager's signature	
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