

Physical Handling Policy

All staff within the setting aim 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 challenging and interesting activities
- Setting and enforcing appropriate boundaries and expectations
- Providing positive feedback.

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

DEFINITIONS

There are three main types of physical handling:

1. Positive handling: Positive use of touch is a normal part of human interaction. Touch might be appropriate in a range of situations.
 - a. Giving guidance to children (such as how to hold a paintbrush, or when climbing)
 - b. Providing emotional support (such as placing an arm around a distressed child)
 - c. Physical care (such as first aid or toileting).

Staff must exercise appropriate care when using touch. This policy is not intended to imply that staff no longer comfort children.

Children will be encouraged to join in group activities such as registration, singing and story time. After a settling in period, children that decline to join in will once again be encouraged and led to the group activity by hand or carefully carried to join in. This is a necessary procedure as other children are distracted by peers wandering around.

2. Physical intervention: Physical intervention can include mechanical or environmental means such as 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 national guidance. See Appendix 1.

PRINCIPLES FOR THE USE OF RESTRICTIVE PHYSICAL INTERVENTION

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

We will only use restrictive physical intervention in extreme circumstances. It will not be the preferred way of managing children's behaviour. We will recognise that physical intervention should only be used in the context of a well established and well implemented positive framework. This approach to promoting positive behaviour is described in our behaviour management policy.

We aim to do all we can in order to avoid using restrictive physical intervention. However there are clearly situations of 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".

Restrictive physical intervention will only be used when staff believe its use is in the child's best interests: their needs are paramount.

All staff have a duty of care towards the children in the setting. 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 physical intervention is used, it is used within the principal 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. Staff should use this for as short a period as possible.

WHEN CAN RESTRICTIVE PHYSICAL INTERVENTION BE USED?

Restraint will be avoided whenever possible and is never a substitute for good behaviour management. The main reason for using restraint is to keep people safe.

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.

Our aim in using restrictive physical intervention is to restore safety, both for the child and those around him or her. Restrictive physical intervention will 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.

WHO CAN USE RESTRICTIVE PHYSICAL INTERVENTION?

All members of pre-school staff can use restrictive physical intervention as long as it is consistent with the settings policy.

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

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 adults 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.

PLANNING

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 for an appropriate future response will be made. This will be based on a risk assessment which considered:

- What the risks are
- Who is at risk and how
- What can be done to manage the risk?

A risk assessment will be used to help write the individual behaviour plan that is written to help support the 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. This 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 i.e. humour, distraction, relocation and offering choices)

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 who work with the child and any visiting support staff. 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 4 – 6 months or more frequently if there are major changes to the child's circumstances.

RECORDING AND REPORTING

It is important that any use of restrictive physical intervention is recorded. This should be done as soon as possible and within 24 hours of the incident using the standard form. Parents will be informed and given a copy of the form

SUPPORTING AND REVIEWING

After a restrictive physical intervention support will be given to the child so that they can understand why they were held. Where appropriate, staff may have the same sort of conversations with other children who observed what happened. 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. After a restrictive physical intervention, staff will discuss and review the incident so that the risk of needing to use restrictive physical intervention again is reduced.

MONITORING

This policy will be monitored by the pre-school supervisor and staff and will be reviewed at least annually or more often if needed. The Area SENCO can be called upon for support where appropriate. Monitoring the use of restrictive physical intervention will help identify trends and therefore help develop our ability to meet the needs of children without restrictive physical intervention.

COMPLAINTS

Where anyone (child, parent, carer, staff member or visitor) has a concern, this should be dealt with through our usual complaints procedure.

This policy was adopted by	Abbotts Ann Nursery School	<i>(name of provider)</i>
On	<hr/> 11 October 2016	<i>(date)</i>
Date to be reviewed	<hr/> 11 October 2017	<i>(date)</i>
Signed on behalf of the provider	<hr/>	
Name of signatory	<hr/> Helen Jones	
Role of signatory (e.g. chair, director or owner)	<hr/> Chair of Committee	
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