



PHYSICAL HANDLING POLICY

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Introduction

This policy has been written using policy guidance provided by Hampshire County Council (Restrictive physical intervention in schools: Hampshire County Council policy and guidance for schools 2012 updated 2016 and Hampshire County Council Physical Handling in early years and out of school settings: November 2004).

All staff aim to help children learn to manage their feelings and behaviour. A variety of strategies are used depending of the needs of the child (see 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 individual 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.

When a child is accompanied by a parent/carer (e.g. at a drop-in or group session), Centre staff will expect that adult to take full responsibility for their child's behaviour and safety. This may include physical handling by that adult in certain circumstances. Staff may need to offer advice and support to a parent/carer when appropriate. In circumstances where staff are concerned about a child's safety, they will need to act in accordance with the Centre's

Safeguarding Children Policy. When children are in the care of Centre staff (e.g. in the nursery school), then the following guidance must be followed.

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 must 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 does not intend to imply that staff should no longer touch children.

2. Physical intervention: Physical intervention can include mechanical and environmental means such as stair gates or adult height handles on doors. These may be appropriate ways of ensuring children'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 Centre (see Behaviour Management Policy). RPI must only be used in extreme circumstances and must **not** be the preferred way of managing children's behaviour. It should only be used when there is no other practical, less intrusive alternative.

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 situations that create an immediate need for the use of restrictive physical intervention. Staff must only use RPI when they believe that its use is in the best interest of the child: their needs are paramount.

All staff have a duty of care towards children in the Centre. When children are in danger of hurting themselves or other people or of causing significant damage to property which is dangerous, staff have a responsibility to intervene. In most cases, this would involve an attempt to divert the child's attention or another activity or the instruction 'stop!'. However, if it is judged as necessary, staff may use RPI. Safety is always a paramount concern and staff are not advised to use restrictive physical intervention if it is likely to put themselves at risk.

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.

When can restrictive physical intervention be used?

RPI can be justified when:

- someone is injuring themselves or others
- someone is causing significant damage to property which is dangerous
- there is a suspicion that, although injury or damage has not yet happened, it is about to happen.

Staff might need to use RPI if a child is trying to leave the site and it is judged that the child is at risk. However, the Centre has planned other protective measures such as secure doors and adequate staffing. Duty of care would also extend to when staff have charge of children off site (e.g. on outings).

It is important to recognise that in certain circumstances, RPI, although justified, may make a situation worse. Staff need to make a judgement and then 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 him or her. RPI must 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.

Who can use restrictive physical intervention?

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 have used other strategies prior to the need for RPI. However, in an emergency, any member of nursery staff 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, staff should be identified as the most appropriate to be involved (as part of a behaviour plan). It is important that such staff have received appropriate training and support in positive behaviour management as well as physical intervention. It is also important to consider the physical and emotional health of both staff and children involved.

What type of RPI can and cannot be used?

Any use of RPI should be consistent with the principle of reasonable minimal force. Where it is deemed necessary to use, staff should:

- Aim for side by side contact. 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. This minimises the risk of impact and damage
- Aim to keep the adult's back 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

Staff are not permitted to use seclusion (where children are forced to spend time alone in a room). RPI should not be used to bring children to, or hold them in 'time out' type strategies.

Planning

In an emergency, staff will 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 risk assessment which considers:

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

Staff will also need to develop an Individual Behaviour Plan, where RPI is seen as 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 – see below)

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.

When it is likely that a child's Behaviour Plan necessarily includes the use of RPI, then staff will consult widely with involved parties (parents, staff working with child, therapists, educational psychologist, etc). The outcome of such planning meeting will be recorded and written parental consent will be sought. Behaviour Plans will be reviewed every four to six months or more frequently if required.

Recording and reporting

Incidents of the use of RPI must be reported to the Acting Head of Centre / Inclusion Manager and recorded as soon as possible (and within 24 hours). Record sheets are held by the Centre's Inclusion Manager. According to the nature of the incident, the incident should be noted in other records such as the accident book or individual child' tracking sheets.

After using RPI, the Acting Head of Centre or Inclusion Manager will inform the parents by phone, on collection from nursery or by letter to go home with child (which ever is possible at the time). Parents should receive a copy of the record form. The record form will also be forwarded to the LEA for the purposes of monitoring level of incidents / training needs.

Supporting and reviewing

Situations that result in the use of RPI are distressing for those involved, whether as the person doing the holding, the child being held, or someone observing or hearing about what has happened. Support must be given to the child so that they can understand, where ever possible, why they were held. Where appropriate, staff may have similar conversations with children who observed the incident. In all cases, staff must wait for the child to have calmed down enough to be able to talk productively and understand this conversation.

Support must also be offered to staff involved by having the opportunity to talk through the incident with the most appropriate member of the staff team. Team members can also access support through the Employee Assistance Programme on 0800 030 5182 (24 hours).

It is important that after RPI, staff and child have the opportunity to repair any potential strain to their relationship. The Behaviour Plan should also be reviewed to see if there are ways of reducing the risk further in the light of what happened.

Monitoring

The Acting Head of Centre/Inclusion Manager and SEN Governor are responsible for monitoring the use of RPI within the Centre. This information will be used to identify training needs and the effectiveness of the Centre's ability to meet children's needs without the use of RPI.

Complaints

If a child or parent has a concern about the way restrictive physical intervention has been used, our school's complaints procedure explains how to take the matter further and how long we will take to respond to these concerns.

Appendix 1

There are specific circumstances where Lanterns Nursery School & Extended Services staff have identified the need for clear guidance:

Use of the work station for children with attention control difficulties / use of Picture Exchange Communication system at snack time: some children do require an adult to sit behind them to prompt them to maintain attention to the task. Without this, the child would not be able to access the learning task. If a child was to actively resist, then the adult would allow them to move away.

Refusal to co-operate with transitions e.g. into the classroom from the garden or out of nursery to the car. Where possible, the staff would use a range of strategies to encourage the child to walk independently. These strategies might include using a motivator to encourage the child to sit in the buggy. Adults will take their time and recognise that time spent in the short term will improve a child's co-operation in the longer term. However, there may be occasional circumstances where the child might need to be physically prompted to transition. In these circumstances adults will follow the principles of safe physical handling and think carefully about avoiding lifting and twisting. If the child resists being prompted to move adults will not lift the child.

Some children's attention and listening skills are at an early level of development and they seek high levels of movement due to sensory processing differences. Children at Lanterns access carefully planned activities to develop their attention and listening skills through the Attention Autism approach. Some children benefit from the cue of a lap belt on their seat to encourage them to remain in their seat for the activity. The length of the activity is gradually increased as the child's attention develops. The lap belt is only used by practitioners who

know the child very well and can monitor the child's response. If the child actively resists then the adult must undo the strap and allow the child to get up.

Parents are kept informed if these strategies are being used with their child and asked to sign a consent form which describes the specific strategies relevant to their child.