Safeguarding and Welfare Requirement: Child Protection
Providers must have and implement a policy, and procedures, to safeguard children.

1.8 Physical Handling

(Including recording and reporting)

Policy statement

Our setting will 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 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 guidance sets out expectations for the use of physical handling.

Procedures

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 will 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. This 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 locked doors. This may be an appropriate way 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. In most cases this will be through the use of the adult's body rather than mechanical or environmental methods.

Principles for the use of restrictive physical intervention

Our setting will only use restrictive physical intervention in extreme circumstances, and is not the preferred way of managing children's behaviour. We will promote positive behaviour as set out in our behaviour management policy. We aims 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 can be used with other strategies such as saying "stop".

All staff have a duty of care towards the children in our 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 principle of reasonable minimal force. Staff will use as little restrictive force as necessary in order to maintain safety, and for as short a period as possible.

Who can use restrictive physical intervention?

If restrictive physical intervention is required, a member of staff who knows the child well (ie key person), will be involved in a restrictive physical intervention wherever possible. The key 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 this policy.

We will ensure that staff have received appropriate training and support in behaviour management as well as physical intervention, and staff and children's physical and emotional health will also be taken into consideration.

When can restrictive physical intervention be used?

Restrictive physical intervention will only be used 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.

The setting's duty of care means that staff might have to 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 should 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 trips).

If staff judge that restrictive physical intervention would make the situation worse, we will not use it, but will use an alternative approach, such as:

- issue an instruction to stop
- seek help
- make the area safe.

The 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.

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

Any use of physical intervention in our setting should 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 and 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
- 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.

Our setting will identify and arrange access to appropriate staff training if required.

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 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 used to help write the individual behaviour plan that is developed to support a child. If a 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 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).

Staff will 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.

The setting 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 (such as Area InCos, Educational Psychologists, Portage, the Behaviour Support Team, Speech and Language Therapists and Social Care team). 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

Any use of restrictive physical intervention will be recorded, and 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. According to the nature of the incident, the incident should be noted in other records, such as the accident book or child tracking sheets.

After using restrictive physical intervention, we will inform the parents, and parents will be given a copy of the record form. The setting manager and the local authority (where required) should also be informed.

Supporting and reviewing

Our setting believes it is distressing to be involved in a restrictive physical intervention, whether as the person doing the holding, or the child being held. After a restrictive physical intervention, support will be given to the

child so that they can understand why they were held. Support will also be given to the adults who were involved, either actively or as observers.

After 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

Monitoring the use of restrictive physical intervention will help identify trends and therefore help develop the setting's ability to meet the needs of children without using restrictive physical intervention.

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 should be dealt with through our setting's usual complaints procedure.

Further guidance

- Working Together to Safeguard Children (HMG 2006 - under revision 2012)

This policy was adopted at a meeting of _____ *(name of provider)*
Held on _____ *(date)*
Date to be reviewed _____ *(date)*
Signed on behalf of the provider _____
Name of signatory _____
Role of signatory (e.g. chair, director or owner) _____

Other useful Pre-school Learning Alliance publications

- Safeguarding Children (2010)