



Hambledon Youth Hut
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1.8 Physical Handling Policy

Policy Statement

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 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.

Hambledon Pre-School aims is to provide a safe environment for all children and staff alike, as per guidelines set out by:

- Hampshire County Council Planning and Recording guidance for schools (2003)
- Health and Safety at work (1974 and 1999) • Criminal Law Act (1967)
- Hampshire county council physical handling guidance for early years settings (2013)
 - Restrictive physical intervention in schools: Hampshire County Council guidance for schools (2022)

Definitions of the three main types of physical handling:

- Positive Handling: the positive use of touch as a normal part of human interaction but staff must exercise appropriate care when using touch (further guidance refer to Child Protection Policy).
- Physical Intervention: can include mechanical and environmental means i.e. high chairs. This may be appropriate for 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.

Procedures

- Restrictive physical intervention should be used in the context of positive behaviour management approaches.
- Restrictive physical intervention must only be used in extreme circumstances

and must not be the preferred way of managing children's behaviour and should only be used in the context of a well-established and well implemented positive framework.

- All staff will do all they 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 use of restrictive physical intervention. In these circumstances other strategies such as saying 'stop' will also be used.
- All staff have a duty of care towards all the children. When children are in danger of hurting themselves, others or of causing significant damage to property, staff have the responsibility to intervene, and if judged necessary, staff may use restrictive physical intervention. This includes using restrictive physical intervention if a child is trying to leave the setting and it is judged that the child would be at risk.
- When restrictive physical intervention is used, it is used within the principles of reasonable minimal force.
- 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,

Who can use Restrictive Physical Intervention:

- We recommend the child's key person is involved in restrictive physical intervention.
- We would first use other methods to support the child and keep them safe without using restrictive physical intervention.
- In an emergency, anyone can use restrictive physical intervention as long as it is consistent with our policy.
- When an individual child's behaviour is likely to require restrictive physical intervention, we will identify members of staff who are most appropriate to be involved.
- Staff and the child's physical and emotional health will be considered when making these plans.
- The staff members will be appropriately trained and supported in behaviour management and physical intervention.

When Restrictive Physical Intervention can be used:

Restrictive physical intervention is justified when:

- someone is injuring themselves or others
- someone is damaging property
- there is suspicion that although injury or damage has not happened yet, it is at immediate risk of occurring

All staff have a duty of care towards the children,

- This means that restrictive physical intervention could be used if a child is trying to leave the site and it is judged that the child would be at risk.
- The staff will 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 (i.e. for 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 staff judge that restrictive physical intervention would make the situation worse, staff would not use it but would do something else consistent with their duty of care i.e. issue an instruction.

Type of Restrictive Physical Intervention can & 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
 - o 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).
 - o 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
 - o Aim to keep the adult's back as straight as possible
 - o Beware in particular of head positioning, to avoid head butts from the child
 - o Hold children by 'long bones' i.e. avoid grasping at joints where pain and damage are most likely
 - o 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.
 - o Avoid lifting children
 - o (see appendix 1: Summary guidance for staff on the use of physical intervention)

Training and planning

We will identify and arrange access to appropriate staff training.

Within each year we will update our knowledge or where necessary arrange for further training.

Planning

- In an emergency, staff will do their best within their duty of care and use 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.
- Risk assessments will be used to help write an individual behaviour plan that is developed to support a child (please refer to the behaviour plan and ABCC chart).
- If a behaviour plan includes restrictive physical intervention it will be just one part of a whole approach to supporting a child's behaviour.
- Staff will pay particular attention to responsive strategies as an alternative to restrictive physical intervention 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 behaviours is likely to require some form of restrictive physical intervention. The child's parents/carers will be involved with staff who work with any visiting support staff.
- The outcome of planning meetings will be recorded and signed by the parent/carer to confirm their knowledge of the planned approach
- Plans will be reviewed at least once every four to six months or more frequently when required.

Recording and Reporting

- Any use of restrictive physical intervention is recorded.
- This will be done within 24 hours of the incident
- According to the nature of the incident, the incident will be noted in other records, such as the accident book or child tracking sheets.
- After using restrictive physical intervention, we will inform the parents by phone or a letter.
- Parents will be given a copy of the record form
- Where required, the local authority will also be informed.

Supporting and Reviewing

- It is distressing to be involved in a restrictive physical intervention, whether the person is doing the holding, the child is being held or someone observing or hearing about the incident.
- After restrictive physical intervention, support will be given to the child so that they can understand why there were held
- A record will be kept about how the child felt (see appendix 4) and staff will help the child to record their views.
- Where appropriate, staff will have the same sort of conversations with other children who observed what happened
- In all cases, staff should 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 adults who were involved, either actively or as observers.
- Adults should be given the chance to talk through what has happened with the most appropriate person from the staff team.
- We aim of after-incident support is to repair any potential strain to the relationship between the child and the adult that restricted him or her.
- After restrictive physical intervention, staff consider reviewing the individual behaviour plan so that the risk of needing to use restrictive physical intervention again is reduced.

Monitoring

- The supervisor, Emily Moore is responsible for viewing the monitoring procedures.
- The monitoring procedures are reviewed at least annually and more often if needed.
- We can seek support from the Area InCo where appropriate and this will be noted.
- Monitoring restrictive physical intervention will help identify trends and therefore help develop our ability to meet the needs of children without using restrictive physical intervention

Complaints

Please refer to our complaints procedure.

Other useful Pre-school Learning Alliance publications:

- Planning & recording Physical Intervention in schools 2010 (Hampshire CC)
- Guidelines for the use of restrictive intervention in schools 2010
- Physical handling guidance for early years settings 2012 (Hampshire CC)

Hambledon Pre-School

Safeguarding and Welfare Requirement: Physical Handling