

Physical Handling (Touch) Policy Policy Statement

Aims

We aim to help children take responsibility for their own behaviour. We use a combination of positive behaviour approaches, which include:

- positive role modelling
- planning a range of interesting and challenging activities
- setting and enforcing appropriate boundaries and expectations
- providing positive feedback

We aim to do all we can to avoid the use of restrictive physical intervention. However, there are very occasional times when a child's behaviour presents particular challenges that may require physical handling.

Definitions

There are three main types of physical handling.

1. **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).

Our staff exercise appropriate care when using touch and never place themselves or children at risk.

2. **Physical intervention** - physical intervention can include mechanical and environmental means such as stair gates or closed/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.

Principles for the use of Restrictive Physical Intervention

Part of our role as Preschool Practitioners is to keep children safe. If a child is behaving in a way that could cause them to hurt themselves or someone else, we try and prevent this from happening.

The statutory Framework for the Early Years Foundation Stage (EYFS) sets out the specific legal requirements in relation to EYFS and provides the following guidance:

'Physical intervention is where practitioners use reasonable force to prevent children from injuring themselves or others or damaging property.

Staff must only use physical intervention for the purposes of averting immediate danger of personal injury to any person (including the child) or to manage a child's behaviour if absolutely necessary. First Steps will keep a record of any occasion where physical intervention is used, and parents and/or carers must be informed on the same day, or as soon as reasonably practicable.

Restrictive Physical Intervention will only be used:

- As part of a 'duty of care' towards a child to prevent harm.
- In extreme circumstances. It is not the preferred way of managing children's behaviour and will only be used in the context of a well established and well implemented positive framework.
- In the context of positive behaviour management approaches.

We will do all we can in order to avoid using restrictive physical intervention.

Restrictive physical intervention will only be used when staff believe its use is in the child's best interest: their needs are paramount. When children are in danger of hurting themselves, others or of causing significant damage, staff have a responsibility to intervene.

When restrictive physical intervention is used, it is used within the principle of reasonable minimal force in proportion to the circumstances. Our staff will use as little restrictive force as necessary in order to maintain safety. Staff will use this for as short a period as possible.

Restrictive Physical Intervention will **NOT** be used out of anger, as a punishment, as a 'time out' or as an alternative to equally effective measures which are less intrusive

Restrictive physical intervention can be used when:

- Someone is injuring themselves or others.
- Someone is or is at risk of damaging property.
- Someone is causing, or at risk of causing injury or damage by accident, rough play or misuse of dangerous materials or objects.
- 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. This would also cover staff who are in charge of children on trips. Other protective measures would also be in place.
- Someone is seriously disrupting a session.
- The aim in using restrictive physical intervention is to restore safety, both for the child and those around him or her.

Who can use restrictive physical intervention

A member of staff who knows the child well, this person is most likely to be able to use other methods to support the child and keep them safe without using restrictive physical intervention. In an emergency all staff could do it.

What type of restrictive physical intervention can and cannot be used

Any use of restrictive physical intervention in First Steps preschool is consistent with the principle of reasonable minimal force. Physical intervention should be used when there is no other way to keep children safe and should be a supportive act of care.

Our staff will:

- Aim for a side-by-side contact with the child.

Review date: Oct 2024

Next review: Oct 2025

- Aim for no gap between the adult's and child's body.
- Aim to keep the adult's back as straight as possible.
- Be aware of the child's head position.
- Hold children by 'long' bones ie. avoid grasping at joints where the pain and damage are most likely.
- Ensure child's chest / stomach are not restricted and that there is no restriction to the child's ability to breathe.
- Avoid lifting children.
- It may be necessary for staff to receive specific training in the use of restrictive physical handling.

What is reasonable minimal force?

When physically intervening, the amount of force used should be appropriate to the situation. For example if a child is about to run in front of a car and the only thing you can do is pull them back by the arm to prevent them being knocked down, this force would be reasonable.

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. [An individual risk management plan](#) identifies what the risks are, who is at risk and what can be done to manage the risk. This [individual risk management plan](#) is used to write a *support plan*, in conjunction with the child's parent / carers. If the support plan includes restrictive physical intervention it will be just one part of a whole approach to supporting a child's behaviour.

Any parent may ask staff for more information on support plans. Everyone involved in the child's care will contribute to the support plan, which will be recorded and reviewed.

A support plan outlines:

- The child's strengths and interests
- Area's for development for the child
- The child's next steps/targets to work towards
- What activities are required to achieve targets.
- When it will be reviewed.

An Individual Risk Management Plan outlines:

- Risk reduction measures and triggers for behaviours
- Pro social/ positive behaviours, difficult behaviours and dangerous behaviours and strategies to respond to all three.
- Debrief following incidents
- Signature panel for staff and parents

Practitioners and parents and carers will draw upon the viewpoints and expertise of the Early Years Advisor and any other additional support agencies that are deemed necessary.

Review date: Oct 2024

Next review: Oct 2025

Staff receive behaviour training to understand reasons for behaviour and tools to use to support this.

After using Restrictive Physical Intervention

Recording and reporting

We will record any use of restrictive physical intervention as soon as possible and within 24 hours of the incident. Witnesses or any staff involved in providing additional support should also sign and date notes. We file the information in a confidential file within a locked filing cabinet. Parents will be informed on collection of their child, or in some circumstances, parents will be called into First Steps. According to the nature of the incident, the incident may be recorded on other appropriate forms such as our incident or accident forms.

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 has happened. Support will be given to all those who were involved.

After a restrictive physical intervention, our staff will review the child's behaviour plan so that the risk of needing to use restrictive physical intervention again is reduced.

Positive Strategies

The most effective way to prevent the need for physical intervention is to create a supportive environment where relationships are positive and expectations of behaviours are clear. Examples are below;

- Creating a calm and supportive environment that minimises the risk of incidents arising that might require using force.
- Have quiet spaces available for children who need some time away from the group.
- Regular discussion about our feelings with assistance of books, emotion faces around the room. Adults role play difficult situations to help teach the children.
- Developing positive relationships between children, staff and parents
- Ensuring that staff have appropriate expectations of behaviour, and that these are conveyed to children and parents
- De – escalating incidents as they arise
- Recognising that situations which trigger challenging behaviours can be foreseeable.
- Completing risk assessments and a support plan for individual children where appropriate.

Monitoring

Restrictive Physical Intervention incidents will be monitored by the pre-school leader and the Management Team with the aim of identifying trends to help develop the setting's ability to meet the needs of children, without using Restrictive Physical Intervention. Monitoring will be done through keeping records and ongoing discussions. We will also seek the support from our Early Years Advisor where appropriate.

Complaints

Where anyone (child, carer, staff member or visitor) has a concern, this should be dealt with through First Steps preschool's usual complaints procedure.

This policy will be reviewed annually by the practitioners and the pre-school management team.