

physical handling policy

The Nursery's aim is to help children to take responsibility for their own behaviour, which will be achieved by:

- adults acting as positive role models
- planning a range of interesting and challenging activities
- setting and enforcing appropriate clear boundaries and expectations
- providing praise and positive feedback

However there are times when a child's behaviour presents particular challenges that may require physical handling.

There are three types of physical handling:

Positive handling

The positive 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 (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 toileting or first aid)

Physical intervention

Physical intervention can include mechanical and environmental means such as locked/closed doors. These may be appropriate ways 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.

Restrictive physical handling will only be used in extreme circumstances in the context of positive behaviour management approaches. Please see the behaviour management policy for the Nursery's approach to promoting positive behaviour.

We will aim to do all that we can to avoid using restrictive physical intervention. However, there are sometimes situations of extreme danger that create an immediate need for the use of this form of intervention. Restrictive physical intervention will be used in conjunction with the use of the word 'Stop'.

Your child's best interests and their needs are paramount and restrictive physical intervention will only be used when staff believe that it is necessary.

All staff have a duty of care towards each child and if they feel that a child is in danger of hurting themselves, others or of causing damage to property, they have a responsibility to intervene. This may involve an attempt to divert the child to another activity or a simple instruction to 'stop'! However, if it is judged necessary, we may use restrictive physical intervention.

When physical intervention is used, it will be used with reasonable force, using an amount of force in proportion

to the circumstances. Staff will use as little restrictive force as necessary in order to maintain safety and use this for as short a period as possible.

Restrictive physical intervention can be justified when:

- a child is injuring themselves or others
- a child is damaging property
- if there is concern that, although injury, damage or other crime has not yet happened, it is about to happen

Restrictive physical intervention might also be used if a child tries to leave the site, or extends beyond boundaries when staff have charge of children on off-site trips.

There may be times when restrictive physical intervention is justified but the situation might be made worse by its use and in this case alternative action would be taken (for example help seeking or making the area safe). This is consistent with our duty of care.

We emphasise that the aim in using restrictive physical intervention is to restore safety, both for the child and those around him or her. It would never be used out of anger, as punishment or as an alternative to less intrusive measures that staff think would be effective.

All members of staff can use restrictive physical intervention, but where possible we will endeavour for it to be used by a member of staff who knows the child well and 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 setting's policy.

Where an individual child's behaviour means that they are likely to require restrictive physical intervention, members of staff will be identified who are most appropriate to be involved. These members of staff will have received appropriate training and support in behaviour management as well as physical intervention. Staff and children's physical health is considered when such plans are made.

Where it is judged that restrictive physical intervention is necessary, staff will:

- aim for side-by-side contact with the child, avoiding 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
- 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', for example 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

Restrictive physical intervention will not be used to bring children to, or hold them in, thinking time/time out.

We aim that staff will have received specific training in the use of restrictive physical intervention by the end of this academic year and appropriate refresher training as required. This training is accredited through the national accreditation system set up by BILD (British Institute of Learning Disabilities). In an emergency, staff will do their best within their duty of care and using reasonable force. After an emergency the situation will be reviewed and plans for an appropriate future response will be made.

A risk assessment will consider:

- what are the risks?
- who is a risk and how?
- what can be done to manage the risk?

A risk assessment will be used to help when writing an individual behaviour plan that will be developed to support the child. Restrictive physical intervention may just be one part of a whole approach to supporting a child's behaviour. The behaviour plan will 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 behaviour
- how the child can be rewarded when he or she makes progress
- how staff respond when the child's behaviour is challenging (responsive strategies)

Our aim at all times will be to use responsive strategies, for example humour, distraction, relocation and offering choices as direct alternatives to using restrictive physical intervention. The responsive strategies are chosen in the light of 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

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. These being the child's parents/carers, key person, Nursery Manager, Senco, Behaviour Management Co-ordinator and any visiting support staff (such as Area Inco). The outcome from these planning meetings will be recorded and a signature will be sought from the parent/carers to confirm their knowledge of the planned approach. These plans will be revised at least once every four to six months or more frequently if there are major changes to the child's circumstances.

As soon as possible and within 24 hours of an incident, a Restrictive Physical Intervention Record Form will be completed, and, according to the nature of the incident, noted in the physical handling book. After using restrictive physical intervention, we will inform the parents/carers upon collection either verbally or by note home via the person who collects the child. Parent/carers will be given a copy of the record form. The Nursery Manager will be informed and a copy will be sent to our Area INCO.

It is distressing to be involved in restrictive physical intervention, whether as the person doing the holding, or the child being held. After a restrictive physical intervention incident, support will be given to the child so that they can understand why they were held. A record may be kept about how the child felt about this. The member of staff will wait until the child has calmed down enough to be able to talk productively and understand the conversation. If necessary, an independent member of staff will check for injury and provide appropriate first aid.

Support will also be given to the adults who were involved, either actively or as observers. They will be given the chance to talk through what has happened with the most appropriate person from the staff team.

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 restrictive physical intervention we will consider reviewing the

individual behaviour plan (if the child has one in place) so that the risk of needing to use restrictive physical intervention is reduced.

The above procedures will be monitored by the Behaviour Management Co-ordinator, SENCO and the Nursery Manager. The Nursery Manager will review this policy at least annually and more often if necessary. We will seek support from our Area Inco where appropriate. By monitoring the use of restrictive physical intervention, it will help to identify trends and therefore help to develop our ability to meet the needs of children in our care without using restrictive physical intervention.

Where anyone (child, carer, staff member or visitor) has a concern about the use of physical intervention, this should be dealt with through our usual complaints procedure.

The nursery SENCO's are: Lesley Beauchamp and Leanne Wilson.