



Physical Contact and Physical Handling Policy		
	<b>Name</b>	<b>Date</b>
<b>Acting Head Teacher</b>	Joanne Pettifor	Sept 2018
<b>Governing Body</b>		
<b>Next review date</b>	Sept 2019	

This policy should be read in conjunction with our Safeguarding Children and Behaviour Management Policies.

### **Physical Contact Policy**

Staff at Prior Weston School and Children's Centre can form close bonds through the nature of their work with children. Children need contact with familiar, consistent carers to ensure they can grow confidently, feeling self-assured. At times children need to be cuddled, encouraged, held and offered physical reassurance. Intimate care routines throughout the day are essential to children's basic needs. This area can provide challenges to settings as in recent year's discussion around physical contact and the implications of child protection have arisen. Some early years practitioners now believe that they must limit physical contact even with very young children.

At Prior Weston School and Children's Centre, we believe friendly physical contact is central to warm, personal relationships and to the good quality care of young children. Good quality practice in early years encompasses a full understanding of child protection. However, early years practitioners are also responsible for promoting the development of young children, based on secure attachment and emotional security. The behaviour of all practitioners needs to support children as they grow as individuals and learn to value themselves.

### **Acceptable Comforting**

If a child requires comforting (following an accident, or on parents departure from playgroup) and if in the short term cuddles will help, these will be given.

- Occasionally, when separating a child from a parent /carer it is necessary to physically remove/transfer the child to a member of staff, with adult's consent.
- Sitting a child on an adult's knee is often a way of giving comfort or calming a child, this will be done on the child's request or with their consent.



- Occasionally there is no alternative to picking a child up, but for Health & Safety reasons this is a 'last resort'.
- Other activities, often instigated by the children themselves, we will explain is not appropriate. This includes any form of kissing on cheek, forehead or lips.

### **Physical Contact in Play**

Tickling, catching a child as part of an agreed game, or holding a child around upper body, e.g. assisting them on bikes, stilts, helping them to jump, bounce, hop etc. are acceptable physical contacts that staff may from time to time engage in during play. Although such games and activities may be initiated by the child, there will be occasions when it may be adult-led. It is vital any contact must be on the child's terms and with their willing participation. The adult will always be sensitive to the child's feelings and body language as they may not always communicate verbally. All staff are trained and give due consideration to the EYFS, Safeguarding, First Aid and Physical Handling when assisting children in their play.

### **Physical Handling in Relation to Behaviour Management**

In line with our Behaviour Policy all staff within Prior Weston School and Children's Centre we 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.

Physical Contact and Physical Handling Policy 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.

### **Definitions**

#### **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 must exercise appropriate care when using touch (please also refer to our Safeguarding Policy).

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. The setting's policy is not intended to imply that staff should no longer touch children.

### **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. This will be through the use of the adult's body rather than mechanical or environmental methods. This guidance refers to the use of restrictive bodily physical intervention and is based on national guidance.

### **Principles for the use of restrictive physical intervention are:**

Positive behaviour management

Prior Weston School and Children's Centre will use positive behaviour management in line with our Behaviour Policy and only use restrictive physical intervention in extreme circumstances. It will not be the preferred way of managing children's behaviour.

Our aim is 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".

### **Duty of care**

All staff have a duty of care towards the children in their 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.

### **Reasonable minimal force**



When physical intervention is used, it is used within the principle 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?**

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 be able to use other methods to support the child and keep them safe without using physical intervention. Preferably this will be the child's key worker, otherwise it will always be one of the permanent members of staff. Temporary staff, volunteers or students will not be allowed to use physical intervention except:

In an emergency, anyone can use restrictive physical intervention as long as it is consistent with the setting's policy.

### **When can restrictive physical intervention be used?**

Restrictive physical intervention can be justified 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.

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).

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 (like issue an instruction to stop, seek help, or make the area safe) consistent with their duty of care.

The aim in using restrictive physical intervention is to restore safety, both for the child and those around him or her. Restrictive physical intervention must 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 a setting should be consistent with the principle of reasonable minimal force. Where it is judged that restrictive physical intervention is necessary, staff should follow the procedures below.

#### **Procedure**

Staff will:

Use all reasonable efforts to avoid the use of physical intervention to manage children's behaviour. This includes issuing verbal instructions and a warning of an intention to intervene physically.

- Try to summon additional support before intervening. Such support may simply be present as an observer, or may be ready to give additional physical support as necessary.
- 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)
- 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, 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.
- Keep talking to the child (for example, "When you stop kicking me, I will release my hold") unless it is judged that continuing communications is likely to make the situation worse.
- Don't expect the child to apologise or show remorse as many young children do not understand the difference between accidental and deliberate hurt.
- Use as little restrictive force as is necessary in order to maintain safety and for as short a period of time as possible.

In very extreme circumstances 2 members of staff might be necessary to ensure safety.



Prior Weston School and Children's Centre will identify and arrange access to appropriate staff training (e.g. Positive Approaches to Challenging Behaviour, Managing Behaviour in the Early Years).

### **Planning and Risk Assessment**

After an emergency the situation is reviewed and plans for an appropriate future response are 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.

It may be deemed necessary as a result of the risk assessment to write an 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). There are a range of approaches such as humour, distraction, relocation, and offering choices which are direct alternatives to using restrictive physical intervention.

Prior Weston staff who work with the child, and any involved visiting support staff, will draw up a plan with the child's parents/carers. The plan will be reviewed regularly.

### **Recording and Reporting**

It is important that any use of restrictive physical intervention is recorded on a POSITIVE HANDLING FORM.

The record 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 should be done as soon as possible and within 24 hours of the incident. According to the nature of the incident, it may be noted in other records, such as the accident book or child's individual record.

The form should be signed by the parent/carer on collection of the child.

Parents should be given a copy of the incident record form.

### **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.

After a restrictive physical intervention, support is given to the child so that they can understand why they were held. A record is kept about how the child felt about this where this is possible. Where appropriate, staff may 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 will also be given to the adults who were involved, either actively or as observers. The adults 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. The policy should emphasise that after a 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**

Prior Weston Governing Body review this policy annually.

The Early Years Lead and Head teacher has the opportunity to seek support from the school's SENCO where appropriate. Monitoring the use of restrictive physical intervention helps identify trends and therefore helps develop our



nursery's ability to meet the needs of our 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 the school's usual complaints procedure.

DRAFT