

King's Stanley



Playgroup

# **Kings Stanley Play Group**

## **Physical Handling Policy**

**Title: Physical Handling**

**Person(s) who created policy: Vicki Richardson KSPG Manager**

**Date created/reviewed: December 2022**

**Review Frequency: Biennial**

**Date for next review: December 2024**



## **Physical Handling Policy**

### **Introduction:**

There are three main types of physical handling.

- Positive handling – the positive use of touch is a normal part of human interaction.
- Physical intervention – this can include mechanical and environmental means such as highchairs, stair gates or locked doors. These being appropriate ways of ensuring a child's safety.
- Restrictive physical intervention – physical force is used 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.

### **Aims and objectives:**

- Encourage positive and beneficial handling.
- Ensure staff are trained and competent should they need to use physical intervention.
- Communicate with parents as to why and how we may need to use physical handling.

### **Procedure:**

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

These are the principles underpinning the use of restrictive physical intervention used at Kings Stanley Playgroup.

The behaviour management policy and the physical handling policy state that restrictive physical handling should be used in the context of positive behaviour management approaches.

We will only use restrictive physical intervention in extreme circumstances. It is not the preferred way of managing children's' behaviour. We recognise that physical intervention will only be used in the context of a well-established and well implemented positive framework.

We promote positive behaviour in the Behaviour Management policy.

We will aim 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".

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. This means using an amount of force in proportion to the circumstances. Staff will use as little restrictive force as necessary in order to maintain safety. Staff should use this for as short a period as possible.

**When can restrictive physical intervention be used: -**

This policy identifies when restrictive physical intervention can 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, damage or other crime has not yet happened, it is about to happen.

Duty of care means that 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. 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 will 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.

**Who can use restrictive physical intervention.**

It is recommended that a member of staff who knows the child well is involved in restrictive physical intervention. In an emergency, anyone who has received training can use restrictive physical intervention as long as it is consistent with our policy. Where individual children's behaviour means that there is a probable need to use restrictive physical intervention, Kings Stanley Playgroup should identify members who are most appropriate to be involved. It is important that such staff have received appropriate training and support in behaviour management as well as physical intervention. We will ensure that staff and children's physical and emotional health is considered when such plans are made.

**What type of restrictive physical intervention can and cannot be used.**

Any use of physical intervention at Kings Stanley Playgroup should be consistent with the principle of reasonable minimal force. Where it is judged that restrictive physical intervention is necessary, staff should:



- 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, ie. 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.

### **Planning**

In an emergency, staff will do their best within their duty of care and using 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:

- The risks presented by the child's behaviour.
- The potential targets of such risks.
- Preventive and responsive strategies to manage these risks.

A risk assessment is used to help write the individual behaviour plan that is developed to support the child. If this 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 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).

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. Responsive strategies are chosen in the light of a risk assessment as described above.

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. In particular, the child's parents/carers will be involved with staff from Kings Stanley Playgroup who work with the child and any visiting support staff (such as Area Inclusion Co-Ordinators, Educational Psychologists, Portage Plus workers, the Behaviour Support Team, Speech and Language Therapists and Social Workers). The outcome from these planning meetings will be recorded and signature



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**

It is important that any use of restrictive physical intervention is recorded. This should 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 ABC behaviour reports.

After using restrictive physical intervention, we will inform the parents by phone (or by letter or note home with the child if this is not possible). Parents will be given a copy of the record form. The Manager / Chairperson and the local authority (where required) should be informed.

### **Supporting and Reviewing**

We do appreciate that 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 will be 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 be given to the adults who were involved, either actively or as observers. The adults should be given the chance to talk through what has happened with the most appropriate person from the staff team, i.e., Manager.

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 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.

### **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 complaints procedure.