Physical Handling and Intervention

We recognise that that there may be 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 for all adults in our setting.

Definitions of physical intervention and physical handling

There are three main types of physical intervention:

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. There are some children for whom touch would be inappropriate, such as those with a history of physical or sexual abuse. The setting's policy is not intended to imply that staff should no longer touch children.

Physical intervention

Physical intervention can include mechanical and environmental means such as high chairs, stair gates or locked 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, reducing any risk to the child, other children or adults in the immediate area. In most cases this will be through the use of the adult's body rather than mechanical or environmental methods. This guidance refers mainly to the use of restrictive bodily physical intervention.

Principles for the use of restrictive physical intervention

Restrictive physical handling should be used in the context of positive behaviour management approaches.

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

We 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'.

Duty of care

All 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.

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

Where individual children’s behaviour means that they are likely to require restrictive physical intervention, staff should identify members of staff who are most appropriate to be involved. It is important that such staff have received training and support in behaviour management as well as physical intervention.

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 appropriate staffing levels are provided. This duty of care also extends beyond the site boundaries: when staff have control or charge of children off site (e.g. on trips).

We recognise that 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 always 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?

Types of restrictive physical intervention that 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:

- 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 mobile children where possible.

Planning

In an emergency situation staff are required to do their best within their duty of care and using reasonable minimal force. After an emergency the situation it will be reviewed and plans for an appropriate future response 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.

A risk assessment is used to help write the 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 staff respond when the child's behaviour is challenging (responsive strategies).

Staff pay particular attention to responsive strategies. There is a range of approaches such as humour, distraction, relocation, and offering choices which are direct alternatives to using restrictive physical intervention.

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/guardians will be involved with staff from the setting who work with the child and any visiting support staff (such as Specialist Early Years' Service, Educational Psychologists, Speech and Language Therapists and Social Care team). The outcome from these planning meetings will be recorded and a signature will be sought from the parent/guardian to confirm their knowledge of the planned approach. These plans will be reviewed at least once every three 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 will be recorded on the incident and 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, the incident should be noted in other records, such as the accident book or child tracking sheets.

After using restrictive physical intervention, a setting should inform the parent/carer by phone if they judge it is appropriate to do so (or by letter home with the child if this is not possible). Parent/carer should be given a copy of the record form. The setting manager should also be informed.

Supporting and reviewing

We acknowledge 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. Therefore it is important that 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. Staff should help the child to record their views. Where appropriate, staff may have the same sort of conversations with other children who observed what happened (dependent upon their age and level of understanding). 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 should 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. Following a restrictive physical intervention, staff should consider reviewing the individual behaviour plan so that the risk of needing to use restrictive physical intervention again is reduced.

Monitoring

We will monitor the use of restrictive physical intervention in order to help us identify trends and therefore help develop the setting's ability to meet the needs of children without using restrictive physical intervention.

Complaints

We recognise that 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 setting's usual complaints procedure.