



## **Positive Handling Policy**

**Cross Policy Links** – Positive Behaviour Management Policy, Child Protection Policy, SEND Policy, Complaints Policy.

**Cited also in** – Staff Hand Book, Student Induction Pack,

### **Our Belief**

All staff will help children learn to take responsibility for their own behaviour. The age of a child and their level of development and understanding is **always** taken into consideration. A 2 year old child will not be emotionally ready to take responsibility for their own behaviour as would a 4 year old with a developmental delay also be unable to do.

In partnership with parents and other agencies (when needed), we work to support children's personal development in accordance with the EYFS in terms of children learning to;

- Make positive relationships
- Manage their feelings and behaviour (self-regulation)
- Develop their self-awareness and self confidence

This is done systematically through a combination of approaches, in partnership with the parent/carer, which include:

- **Positive role modelling** by adults
- Creating a **calm and supportive environment**.
- Ensuring that staff have **appropriate expectations of behaviour**, and that these are conveyed to children and parents
- Developing **positive relationships** between children, staff and parents
- **Planning** a range of interesting and challenging activities,
- Providing **positive feedback for positive social behaviours**.
- **Creating a curriculum and using stories** to help children understand their feelings and behaviours.
- Taking a structured approach to **professional development** that helps staff to acquire the skills of positive behaviour management
- **De-escalating** incidents as they arise
- **Recognising that situations which trigger** challenging behaviours for particular children are often foreseeable
- **All about me profiles** used to inform all staff and students of SEND children at higher risk of triggering physical intervention and the positive supportive approach that need to be used.
- Completing **risk assessments and individual behaviour plans** for individual children, where appropriate.

However, there may be **rare situations** when a child's behaviour presents particular challenges that may require physical handling. This policy sets out expectations for the use of physical handling.

A supportive environment and positive interactions with adults will in the vast majority of situations prevent the need for restrictive physical measures, these are primarily driven by

***Tuning into children's verbal and non-verbal communications pre-empting*** an escalation such;

- Opting out behaviours such as lying down, head turning, cover ears/eyes, hiding behind/under furniture,
- Shouting, crying, lashing out,
- Grinding of teeth, fist clenching, stamping feet

**Use of Positive Responsive Strategies, in order to prevent or deescalate a situation;**

- Singing a favourite song,
- humour,
- distraction,
- offer of relocation,
- offering choices
- deep pressure massage of feet/hands
- planned ignoring
- personal social stories

## **Definitions**

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.

*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 policy refers mainly to the use of restrictive bodily physical intervention.

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

The principles underpinning the use of restrictive physical intervention are;

*Firstly*, physical intervention will only to be used in extreme circumstances and used within in the context of positive behaviour management approach. It is not the preferred way of managing children's behaviour. This policy aims to avoid physical intervention through tuning into children's behaviours/feelings and utilising de-escalation techniques. However, there are rare situations of **extreme danger** that create an immediate need for the use of restrictive physical intervention. Restrictive physical intervention in these circumstances will be used with other strategies.

*Secondly*: 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 de-escalate or divert the child to another activity. However, if it is judged as necessary, staff may use restrictive physical intervention. This duty of care extends beyond the school site, such as on trips.

*Thirdly*: 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?**

All staff are have been made fully aware of his policy and key staff trained in the use restrictive physical intervention, those members of staff who work most with our SEND children and therefore knows them best. 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 this policy.

If it is felt that a child is more likely to require restrictive physical intervention, then a positive handling plan will be co-constructed with parents/carers.

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

Restrictive physical intervention can be justified when:

- Someone is injuring themselves or others
- Someone is damaging property
- Although injury or damage has not yet happened, it is at immediate risk of occurring.
- Attempting to leave the site and be placed at immediate risk

There may also be situations whereby staff judge that restrictive physical intervention would make the situation worse. Therefore, alternative measure would be taken such as an instruction to stop, seek help, or make the area safe. This would be consistent with their duty of care.

Over all 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?**

Physical intervention that can be used;

- To comfort a child in distress (so long as this is appropriate to their age such as kneeling next to, hold hand when compliant, arm around shoulders);

- To gently direct a child;
- To support learning ie hand over hand modelling such as Makaton, holding a paint brush, balancing along a beam)
- To support sitting with a small group (on lap or sitting behind),
- To support attention at activities (hand over hand support / sitting from behind)
- In an emergency to avert danger to the child or children;
- In rare circumstances, when Restrictive Physical Intervention is warranted.

Physical intervention that **cannot** be used;

- Pushing, kicking, slapping, pinching,
- Tripping
- Holding a child's face
- Carrying a child without urgent need,
- Any contact that restricts airway/breathing,
- Forcing limbs against the joint,
- Pulling by limbs to relocate child,

Any use of physical intervention 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.

Head teacher is responsible to ensuring that all staff are adequately trained on positive handling techniques and physical intervention methods and have access to further training should the needs of children require it.

## **Planning**

In an emergency, staff will do their best within their duty of care and using reasonable minimal force to ensure that a child is kept safe. After an emergency, the situation will be reviewed and plans for an appropriate future response will be made in collaboration with parents/carers . 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.

This risk assessment will be used to write an individual behaviour plan. If a behaviour plan includes restrictive physical intervention it will be just one part of a whole approach to supporting a the child's behaviour. The behaviour plan will outline:

- an understanding of what the child is trying to achieve or communicate through their behaviour (Behaviour Communication and Consequence record chart will be used)
- 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).

Individual Behaviour plans draw from as many different viewpoints as possible, including Key worker, Head teacher, SENCo, parents/carers and other professionals who work with the child (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/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.

## **Children with Additional Needs**

A number of good practice SEND support strategies involve higher levels of physical contact. For example, hand over hand Makaton modelling, massaging feet/hand to calm and leading by the hand to transition between areas. Therefore, a Supportive Hands Plan will be put in place and discussed with all parents of children with SEND on induction to nurse (refer to SENDi policy for further detail).

## **Recording and reporting**

It is important that any use of restrictive physical intervention is recorded and reported to the Head teacher. The records 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 (See Appendix 1: Restrictive Physical Intervention Incident report form).

After using restrictive physical intervention, the parent/carer will be informed initially by phone, followed by a 1:1 conversation on collection. The incident report will be signed by parents and a copy provided.

## **Supporting and reviewing**

It is acknowledged 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, 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. 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 will be given the chance to talk through what has happened with the most appropriate person from the staff team.

The key aim of the after-incident support is to repair any potential strain to the relationship between the child and the adult that restrained him or her. If an individual behaviour plan is in place, this will be reviewed to try and reduce the risk of needing to use restrictive physical intervention again.

## **Monitoring**

Head teacher, Mrs Flinders, will review this the physical handling policy annually or after a significant incident if required. She also responsible for ensuring that all staff act in line with this policy and take timely and appropriate action if it is believed to be breached. All staff are individually responsible to follow its guidance and report any breach.

The safeguarding team will monitor the use of restrictive physical intervention in order to identify trends, meet the needs of children and reduce the risk of further restrictive physical intervention.

## **Complaints**

The use of physical intervention has the potential to 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 complaints procedure. For parents, this is available through the school website (hard copy can be requested from the office) or for staff, through the whistle blowing policy.

Policy Reviewed – September 2021 by A Flinders

Ratified by FGB (signed copy held in the school office)

Next review - May 2024