PHYSICAL HANDLING POLICY

Introduction
All staff within Episkopi Primary School and Foundation Setting aim to help children take responsibility for their own behaviour. The age of a child and their level of development and understanding MUST be taken into consideration.
We aim to always use the positive approach to behaviour management, this is done through a combination of approaches and in partnership with the parent/carer.
However, 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.

Definitions
There are three main types of physical intervention:
Positive handling. The positive use of touch is a normal part of human interaction. 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 and MOD Schools' 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. This would be a last resort and only used if a child's safety or another child's safety is compromised.

Principles for the use of restrictive physical intervention Firstly:
Restrictive behaviour management.
This should be used in the context of positive behaviour management approaches. We will only use restrictive physical intervention in extreme circumstances. It must not be the preferred way of managing children's behaviour. Physical intervention should only be used in the context of a well-established and well implemented positive framework.

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".
Secondly: Duty of care.
All staff at Episkopi Primary and Foundation Setting 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.
Thirdly: 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 our 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. All staff and children's physical and emotional health is considered when such plans are made. All plans must be shared with the child's parent/carer. Please refer to the Headteacher or a senior member of staff.

When can restrictive physical intervention be used?
It can be used when someone is injuring themselves or others, damaging property or there is suspicion that although injury or damage has not yet happened, it is at immediate risk of occurring. The duty of care means that 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).
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 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.

(See Appendix 1: Summary guidance for staff on the use of physical intervention.)

Planning

In an emergency, staff 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 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/carers will be involved with staff from the setting who work with the child and

any visiting support staff (Educational Psychologists, Speech and Language Therapists and Senior Educational Social Worker). 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.

Recording and reporting

It is important that any use of restrictive physical intervention is recorded. 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 or child tracking sheets. (See Appendix 2: Incident/Concerns report form).

After using restrictive physical intervention, we will 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. Mrs Garner should also be informed.

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. 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 is 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.

A 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 consider reviewing the individual behaviour plan so that the risk of needing to use restrictive physical intervention again is reduced

Monitoring

The physical handling policy should provide details about monitoring procedures. Senior leadership is responsible for reviewing the policy and the policy will be reviewed at least annually and more often if needed. Monitoring the use of restrictive physical intervention will help identify trends and therefore help develop the setting's ability to meet the needs of 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 MOD Schools' complaints procedure.

Appendix One

Summary guidance for staff on the use of physical intervention

Introduction

This guidance for staff is a summary of our setting's detailed policy on the use of physical intervention. Where staff are in any doubt about the use of physical intervention, they should refer to the full policy.

This summary guidance refers to the use of restrictive physical intervention (restraint) which we define as "when a member of staff uses force intentionally to restrict a child's movement against his or her will". Staff should not feel inhibited from providing physical intervention under other circumstances, such as providing physical support or emotional comfort where such support is professionally appropriate. The use of such support must be consistent with our Child Protection policy.

Who can restrain? Under what circumstances can restraint be used?

Everyone has the right to use reasonable force to prevent actual or potential injury to people or damage to property (Common law power). Injury to people can include situations where a child's behaviour is putting him or herself at risk. In all situations, staff should always aim to use a less intrusive technique (such as issuing direct instructions, clearing the space of danger or seeking additional support) unless they judge that using such a technique is likely to make the situation worse.

Restraint should never be used as a substitute for good behaviour management, nor should it be employed in an angry, frustrated, threatening or punishing manner.

Although all staff have a duty of care to take appropriate steps in a dangerous situation, this does not mean that they have to use restraint if they judge that their attempts to do so are likely to escalate the situation. They may instead issue a direction to stop, call for additional assistance or take appropriate action to make the environment as safe as possible (e.g. by clearing the room of children).

Where it is anticipated that an individual child's behaviour makes it likely that they may be restrained, a risk assessment and intervention plan should be developed and implemented.

MAYBO (MAYBO Conflict Management Training) trained staff are to be used whenever possible.

What type of restraint can be used?

Any use of restrictive physical intervention should be consistent with the principle of reasonable force. This means it needs to be in proportion to the risks of the situation, and that as little force is used as possible, for as short a period of time, in order to restore safety. Staff should:

Before physical contact:

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.

Be aware of personal space and the way that physical risks increase when a member of staff enters the personal space of a distressed or angry child. (Staff should also note that any

uninvited interference with a child's property may be interpreted by them as an invasion of their personal space.) Staff should either stay well away, or close the gap between themselves and the child very rapidly, without leaving a "buffer zone" in which they can get punched or kicked. Avoid using a "frontal", "squaring up" approach, which exposes the sensitive parts of the body, and which may be perceived as threatening. Instead, staff should adopt a sideways stance, with their feet in a wide, stable base. This keeps the head in a safer position, as well as turning the sensitive parts of the body away from punches or kicks. Hands should be kept visible, using open palms to communicate lack of threat.

Where physical contact is necessary:

Aim for side-by-side contact with the child. Staff should avoid positioning themselves in front of the child (to reduce the risk of being kicked) and should also avoid adopting a position from behind that might lead to allegations of sexual misconduct. In the side-by-side position, staff should aim to have no gap between the adult's and child's body. This minimises the risk of impact and damage.

Aim to keep the adult's back as straight and aligned (untwisted) as possible. We acknowledge that this is difficult, given that the children we work with are frequently smaller than us.

Beware in particular of head positioning, to avoid clashes of heads with the child.

Hold children by "long" bones, i.e. avoid grasping at joints where pain and damage are most likely. For example, staff should aim to hold on the forearm or upper arm rather than the hand, elbow or shoulder. 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. Do all that they can to 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 two members of staff might be necessary to ensure safety.

After an incident:

It is distressing to be involved in a restrictive physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened. All those involved in the incident should receive support to help them talk about what has happened and, where necessary, record their views.

The physical intervention should be recorded immediately in the incident book. Staff should inform the senior leadership as soon as possible after an incident of restrictive physical intervention; parents/carers should also be informed. There should also be a review following the incident so that lessons can be learned to reduce the likelihood of recurrence in the future.

Appendix 2

Incident/concerns report form **Please ensure you complete all relevant sections – these may need to be used in the event of further action being taken relating to the incident.** Person in charge/responsible person of place where incident occurred:

Where incident occurred:	Date:	Time:
Person/s involved and status/job role (e.g. staff; child; volunteer):		
Witnesses/status:		
Description of incident:		
Where there any injuries? Yes / No if so please detail:	H&S issues?: Yes / No	Safeguarding issues ?: Yes/No
Did the injury (if applicable) need treatment? (please detail what treatment was given)		
Action taken and by whom:		
What can be done to prevent the incident happening again?		
Is the incident/concern reportable? :	Yes/No	Dates reported
Ofsted?		
HSE?		
Police?		
Other organisation? (e.g. insurance company? Please list)		

Reporting member of staff:

Date and time form completed:

This is a true and accurate record of the incident Signed:
Date:
Parent/Carer informed: YES/NO By whom:
Please add any further information you feel relevant or where any further evidence relating to the incident may be recorded.

APPENDIX 3

Report of Incident Involving Physical Intervention

School: **Episkopi Primary School** Date of Incident:
Time:
Pupil Involved:
Staff Involved:

Circumstances leading to the incident where restrictive physical intervention was used.

Describe circumstances leading up to the incident.

Describe all attempts to de-escalate the situation and avoid physical handling.

Physical Intervention:
Reason for using physical intervention

Was the pupil/staff concerned at risk of injury? YES/NO

Were other children liable to injury? YES/NO

Was property about to be damaged? YES/NO

Was the child trying to run away? YES/NO

Was good order/discipline being compromised? YES/NO Was

this used as part of a planned intervention? YES/NO If

Yes attach the Positive Handling Plan.

Describe the type of physical intervention used.
If pupil was held, state approximate duration.

If more than one member of staff was involved, each should record their actions separately and attach such records to this form.

Are the other records attached? YES/NO

Behaviour following the physical intervention:
Describe pupil's behaviour from point when hold was released until either supervision was handed over to someone else, or normal activities were resumed.

Injuries (include details of medical attention):
To pupil:

To staff:

Signed:

Date:

Follow-up Action:

Parents notified of incident:
Time:
Date:
By whom:

Post incident support for member of staff.
Date:
By whom:

Post incident support for pupil.
Date:
By whom:

Head teacher's overview of the incident.
Could other preventative measures have been used? YES/NO

Were reactive strategies effective? YES/NO

Is the risk assessment still valid? YES/NO

Should the plan be adapted? YES/NO Signed:

Headteacher:

Date:

PLEASE ENSURE ALL SECTIONS OF THE FORM ARE COMPLETED BEFORE SENDING TO YOUR LINK SENIOR EDUCATIONAL PSYCHOLOGIST