

## TWYFORD PLAYGROUP EY484175

### PHYSICAL HANDLING POLICY

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**Review date: Annual**

**Manager Signature: Rachel Knott**

**Chair of Committee Signature: Pamela Lawrence**

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This policy has been written using policy guidance provided by Hampshire County Council (Restrictive Physical Handling Guidance for Early Years Settings January 2023).

All staff aim to help children learn to manage their feelings and behaviour, helping children to take responsibility for their own behaviour. A variety of strategies are used depending on the needs of the child (see Behaviour Policy). Approaches include:

- A trauma informed approach, including emotions coaching.
- Positive role modelling
- Planning a wide range of interesting and challenging activities that engage children in learning
- Setting and consistently reinforcing appropriate boundaries and expectations
- Providing children with positive feedback and encouragement
- Use of individual behaviour management plans where necessary

However, there are very occasional times when a child's behaviour presents challenges or threats to safety that may require restrictive physical handling. This guidance sets out expectations for the use of physical intervention.

When a child is accompanied by a parent/carer (e.g. at a drop-in or stay and play session), Playgroup staff will expect that adult to take full responsibility for their child's behaviour and safety. This may include physical handling by that adult in certain circumstances. Staff may need to offer advice and support to a parent/carer when appropriate. In circumstances where staff are concerned about a child's safety, they will need to act in accordance with the Playgroups Safeguarding Children Policy. When children are in the care of playgroup staff (e.g. in the setting) then the following guidance must be followed.

#### Definitions

There are three main types of physical handling:

1. **Positive handling:** The use of touch is a normal part of human interaction. Touch might be appropriate in a range of situations. For example, giving guidance to children (how to hold a paint brush, or when climbing); providing emotional support (placing an arm around a distressed child); physical care (first aid or toileting).

In these circumstances, 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, or from certain cultural groups. This policy does not intend to imply that staff should no longer touch children.

2. **Physical intervention:** Physical intervention can include mechanical and environmental means such as highchairs, stair gates, locked doors or adult height handles on doors. These may be appropriate ways of ensuring children's safety.

**3. 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. In most cases this will be using the adult's body rather than mechanical or environmental methods. This guidance refers mainly to the use of restrictive bodily physical intervention and is based on County and National guidance.

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

Restrictive physical intervention (RPI) must be used within the context of the positive behaviour management approaches used within the Nursery School (see Behaviour Management Policy). RPI must only be used in extreme circumstances and 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 and should only be used when there is no other practical, less intrusive alternative.

Staff will aim to do all they can to avoid using RPI through a variety of well- established and well-planned strategies. However, there are rare situations of significant risks to safety that create an immediate need for the use of restrictive physical intervention. Restrictive physical intervention in these circumstances should be used alongside strong communication with the child such as saying "stop". Staff must only use RPI when they believe that its use is in the best interest of the child: their needs are paramount.

All staff have a duty of care towards children in the playgroup. When children are in danger of hurting themselves or others or of causing significant damage to property staff have a responsibility to intervene. In most cases, this would involve an attempt to divert the child's attention or another activity or the instruction 'stop!', 'I can't let you do that' or 'That's not safe'. However, if it is judged as necessary, staff may use RPI. Safety is always a paramount concern, and staff are not advised to use restrictive physical intervention if it is likely to put themselves at risk.

When RPI is used, it must be within the principle of reasonable minimal force, i.e. an amount of force in proportion to the circumstances. Staff should use as little restrictive force as necessary to maintain safety. Staff should use this for as short a period as possible.

#### **Who can use restrictive physical intervention?**

The physical handling policy should state 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 when possible. 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 providing it is consistent with the setting's policy.

Where an individual child's behaviour is such that they are likely to require RPI, staff should be identified as the most appropriate to be involved (as part of a behaviour plan). It is important that such staff have received appropriate training and support in positive behaviour management as well as physical intervention. It is also important to consider the physical and emotional health of both staff and children involved.

If restrictive physical intervention is required for individual children with physical and/or sensory impairments, consideration will be given to contacting the relevant Specialist Teacher Advisor if involved for advice and support.

Staff supporting children with physical needs who may require manual handling e.g. in and out of seating/wheelchairs/standing frames, will receive appropriate training prior to child attending the setting.

Staff will obtain online physical intervention training.

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

RPI can be justified when:

- someone is injuring themselves or others
- someone is causing significant damage to property which is dangerous.
- there is a suspicion that, although injury or damage has not yet happened, it is at immediate risk of occurring.

Staff might need to use RPI if a child is trying to leave the site, and it is judged that the child is at risk. However, the Playgroup has planned other protective measures such as secure doors and adequate staffing. Duty of care would also extend to when staff have charge of children off site (e.g. on outings).

It is important to recognise that in certain circumstances, RPI, although justified, may make a situation worse. Staff need to make a judgement and then use an alternative strategy (e.g. an instruction to stop, seek help, make the area safe, remove other children, etc.) consistent with their duty of care.

The main aim in using RPI is to restore safety for both the child and those around him or her and only when reasonable, proportionate and necessary. RPI must never be used out of anger, as a punishment or as an alternative to measures that are less intrusive and which staff judge would be effective.

### **What type of RPI can and cannot be used?**

Any use of RPI should be consistent with the principle of reasonable minimal force. Where it is deemed necessary to use, staff should:

- Aim for side-by-side contact. Avoid positioning themselves in front (to reduce the risk of being kicked, or receiving a backwards headbutt) or behind (to reduce the risk of allegations of sexual misconduct)
- aim for no gap between the adult's and the child's body, where they are side by side to his minimise the risk
- Aim to keep the adult's back straight as possible
- Be aware 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. This means avoiding holding a child around the chest cavity or stomach and not holding them whilst they are lying on the ground
- Avoid lifting children

Staff are not permitted to use seclusion (where children are forced to spend time alone in a room). RPI should not be used to bring children to or hold them in 'time out' type strategies.

Staff will receive appropriate training for their role as part of induction and regular reminders in weekly professional development meetings.

### **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 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.

Staff will also need to develop an Individual Behaviour Support Plan, where RPI is seen as one part of a whole approach to supporting a child's behaviour.

### **The Behaviour Support Plan should outline:**

- An understanding of what the child is trying to achieve or communicate through their behaviour
- Identifying and anticipating triggers for the behaviour to put proactive strategies into place to prevent the behaviour happening in the first place
- 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 behaviours
- How the child can be rewarded when he or she makes progress with learning these new behaviours
- How staff respond when the child's behaviour is challenging (responsive strategies – see below)

There are a range of responsive strategies that can be used as a direct alternative to RPI (e.g. humour, distraction, relocation, offering choices, etc). These must be considered first, with RPI as the last option.

When it is likely that a child's Behaviour Support Plan necessarily includes the use of RPI, then staff will consult widely with involved parties (parents, staff working with child, therapists, educational psychologist, etc). The outcome of such planning meeting will be recorded and written parental consent will be sought. Behaviour Support Plans will be reviewed every four to six months or more frequently if required.

### **Recording and reporting**

Incidents of the use of RPI must be reported to the manager or SENDCo and recorded as soon as possible (and within 24 hours). Record sheets are held by the playgroups SENDCo. According to the nature of the incident, the incident should be noted in other records such as the accident book or individual child's tracking sheets.

After using RPI, the manager or SENDCo will inform the parents by phone, on collection from nursery or by letter to go home with child (whichever is possible at the time). Parents should receive a copy of the record form. The record form will also be forwarded to the local authority where required.

### **Supporting and reviewing**

Situations that result in the use of RPI are distressing for those involved, whether as the person doing the holding, the child being held, or someone observing or hearing about what has happened. Support must be given to the child so that they can understand, wherever possible, why they were held and to provide emotional support. Where appropriate, staff may have similar conversations with children who observed the incident. In all cases, staff must wait for the child to have 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 must also be offered to staff involved by having the opportunity to talk through the incident with the most appropriate member of the staff team. Team members can also access support through the Employee Assistance Programme on 0800 030 5182 (24 hours).

It is important that after RPI, staff and child can repair any potential strain to their relationship. The Behaviour Support Plan should also be reviewed to see if there are ways of reducing the risk further in the light of what happened.

## **Monitoring**

The manager, SENDCo and SEN Governor are responsible for monitoring the use of RPI within the playgroup. This information will be used to identify training needs and the effectiveness of the playgroups ability to meet children's needs without the use of RPI. This policy will be reviewed annually.

## **Complaints**

If anyone (child, parent, carer, staff member or visitor) has a concern this will be dealt with through the school's complaints procedure.

The use of restrictive physical intervention can lead to allegations of inappropriate or excessive use.

The presence of a mark or bruise does not necessarily imply that excessive force has been used or that there was a failure of professional technique. Equally, the absence of a mark or bruise does not necessarily imply that excessive force has not been used. Any enquiries about the use of restrictive physical intervention will need to take into consideration the use of reasonable force and whether the correct procedures have been followed. This will involve consideration of whether the use of force was in proportion to the circumstances and the way in which that force was applied.

Twyford playgroup will take seriously any concern, complaint or allegation, whether expressed verbally or in writing. Written records of the concern, complaint or allegation, whether it came from child, carer or staff, how any enquiries were conducted, and the action taken in response will be recorded.

## **Appendices – To be read in conjunction with the behaviour management policy**

### **Appendix 1**

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.

There are specific circumstances where Twyford playgroup staff have identified the need for clear guidance:

Use of the workstation for children with attention control difficulties / use of Picture Exchange Communication system at snack time: some children do require an adult to sit behind them to

prompt them to maintain attention to the task. Without this, the child would not be able to access the learning task. If a child was to actively resist, then the adult would allow them to move away.

Refusal to co-operate with transitions e.g. into the classroom from the garden or out of nursery to the car. Where possible, the staff would use a range of strategies to encourage the child to walk independently. These strategies might include using a motivator to encourage the child to sit in the buggy. Adults will take their time and recognise that time spent in the short term will improve a child's co-operation in the longer term. However, there may be occasional circumstances where the child might need to be physically prompted to transition. In these circumstances adults will follow the principles of safe physical handling and think carefully about avoiding lifting and twisting. If the child resists being prompted to move adults will not lift the child.

Some children's attention and listening skills are at an early level of development, and they seek high levels of movement due to sensory processing differences. Children at Twyford playgroup access carefully planned activities to develop their attention and listening skills through the Attention Autism approach. Some children benefit from the cue of a lap belt on their seat to encourage them to remain in their seat for the activity. The length of the activity is gradually increased as the child's attention develops. The lap belt is only used by practitioners who know the child very well and can monitor the child's response. If the child actively resists, then the adult must undo the strap and allow the child to get up.

Parents are kept informed if these strategies are being used with their child and asked to sign a consent form which describes the specific strategies relevant to their child.

### **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 must 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.

### **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, 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 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. 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 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.

#### **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.

**Staff should inform the manager or SENDCo as soon as possible after an incident of restrictive physical intervention; parents/carers should also be informed. The physical intervention record sheet should be completed as soon as possible and in any event by 24 hours of the incident. 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: Writing a Behaviour Support Plan guidance and ABCC Chart**

Behaviour Support Plans ensure consistency when managing a child's behaviour and help us to look at things we can change to support a child rather than trying to change the child.

We look at five areas, **environment, teaching new skills, praise and reward, reactive strategies and positive attitude.**

### **Environment**

The environment we provide has a direct impact on a child's behaviour. We need to consider what we can do or change in the environment to support the child. E.g. How practitioners are deployed at possible trigger times, visual support, organisation of routines and or resources.

### **Teaching new skills**

After identifying from the ABCC chart what the child is trying to communicate through their behaviour we can identify what new skills the child needs to learn. E.g. unable to listen to a whole large group story but through observations we know the child can listen to a story on their own with an adult. We can teach the child with small steps to listen to a group story. First small step is for the child to sit with one or two other children. When this is achieved slowly add more children to the group. This way you are teaching the child a new skill but ensuring success. This may also be a target for the Individual Education Plan.

### **Praise and rewards**

This ensures everyone is praising the child when they are working towards their new skills and reminds us to constantly look for the positive behaviours and not focus on the negatives. Rewards must be motivating to the child so gather information about what the child likes. For some it is simply recognition from the practitioner through a smile or pat on the back. Others may need more tangible rewards e.g. time to play with a special toy or opportunity to do a special job. Ensure the reward remains motivating. This may need to be reviewed and changed over time. When giving praise be specific so the child knows the praise is for them and why you are pleased with them. E.g. rather than say 'good boy' say 'Thank you Jack for tidying up the cars, that was very helpful'.

### **Reactive Strategies**



If the child behaves inappropriately, it is important to have a plan of how the practitioners will react in a consistent way to support the child. Plan together as a team including parents and carers and ensure everyone is comfortable with the plan and confident to carry it through.

The plan should be dated and signed by setting and parent/carer and a review date set.

Working closely with parents, seeking their views and gathering key information to plan the way forward is always easier if a good relationship is established from the beginning- sharing good news as well as bad. The 'Good News' sandwich is a sensitive way to share concerns with parents. Start by sharing a positive followed by the concern and finish with a positive. Even the most challenging children will do something positive during the session and it is essential that practitioners look for the positives rather than focus on the negatives and share these with parents.

**Have a positive attitude**, think about what is happening when the child behaves appropriately.

### Appendix 3: Restrictive Physical Intervention Record Form Physical Intervention Record Form

School ..... DCSF No.....Year Group.....

Name of child/young person ..... Is this young person a looked after child/SEN/vulnerability? .....

When did the incident occur? Date

Staff involved Name

Day of week

Designation

Time Where?

Team

Teach trained?

Involved: physically? (P) as observer? (O)

Staff signature

Please describe the incident and include:

1. What was happening before?
2. What do you think triggered this behaviour?
3. What de-escalating techniques were used prior to physical intervention?
4. Why was a PI deemed necessary?
5. Any other information relevant to include.

Team Teach technique(s) used (tick as appropriate) Technique

Breakaway/defensive One person

Two people

Standing/escort

Sitting/chairs

Kneeling

Ground

Please give details below of hold, e.g. single elbow, double elbow, wrap, etc.

.....

How long was the child/young person held? ..... If the child/young person was held on the ground: Did they go to ground independently? \* ☐  
(e.g. did the child lift their weight off the floor, or go deadweight?)

Were they taken to ground by staff? \* ☐

\*Tick as appropriate

Good practice dictates that schools should review what happened and consider what lessons can be learned, which may have implications for the future management of the pupil. These need not be added to this form but should be incorporated in the individual plans for the child.

Has the child/young person been held before? Yes/No

A child/young person should have an individual plan clearly detailing reactive strategies and physical intervention approaches if they have been involved in physical interventions on more than one occasion.

Does the individual support plan need to be reviewed as a result of this incident? Yes/No Does the risk assessment need to be reviewed as a result of this incident? Yes/No If yes, who will action and when? (less than four weeks)

Who was the incident reported to, and when? .....

..... Was there any medical intervention needed? Yes/No

Include names of any injured person and brief details of injuries .....

.....

..... Please specify any related record forms

Accident Book ☐ Anti Bullying and Racist Incident Record Form ☐ Skin Map ☐ Violent Incident Record ☐ Complaints recorded ☐ Other (please specify)

.....

Was the pupil debriefed?

Were staff offered a debrief?

Was it taken up?

Parents/carers were informed Date Time

Form completed Name by:

Yes/No Yes/No

Yes/No

By whom?

Designation

By direct contact, telephone, letter?

Date and time

If further advice is required around any issues related to physical intervention or the completion of this form please contact Pamela Lawrence

#### Appendix 4: Background to this policy guidance

This policy guidance has been written in the light of more specific guidance that is available to schools. The main national guidance is:

DofE (2021) Statutory Framework for Early Years Foundation Stage. [Early years foundation stage \(EYFS\) statutory framework - GOV.UK \(www.gov.uk\)/](#)

DfE& DHSC (2019) Reducing the need for restraint and restrictive intervention [Reducing the need for restraint and restrictive intervention - GOV.UK \(www.gov.uk\)/](#)

Department for Education (2013) Use of Reasonable Force DfE advice template ([publishing.service.gov.uk](#))

Restrictive physical intervention in schools: Hampshire County Council guidance for schools [WHEPS-PI-Restrictive physical intervention in schools \(updated 2018\) \(hants.gov.uk\)/](#)