Appendix 1: 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.

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 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 setting manager 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 Plan guidance & ABCC chart

Behaviour 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 three areas. **environment, teaching new skills, praise and reward**

Environment. The environment we provide has a direct impact on a child's behaviour. We need to consider what can we 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 is able to listen to a story in a one to one situation. 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 have to 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 4: Support after an incident Life Space Interview

Physical intervention is distressing both for adults and the children and young people who are restrained. It can also be distressing to observe an incident where physical intervention has been necessary. Following such incidents, it is important to support and "debrief" those involved. The Life Space Interview can be used below as a framework for this purpose. Adaptations should be made to reflect the age and understanding of the children and young people who are being supported.

Life Space Interview

The Life Space Interview (LSI) was developed by Fritz Redl, an Austrian psychoanalyst. With his colleague David Wineman, he thought that all children and young people, including those with challenging behaviour, possess the ability to understand and change their behaviour. In particular, he saw crises (such as those involving physical intervention) as opportunities for the child to learn new ways of behaving, provided that appropriate support was available. A setting should make sure that this support is provided when the child has calmed sufficiently to be able to reflect on what has happened – this may be as much as 90 minutes or more after the event has finished.

This process can be remembered through the acronym I ESCAPE

Isolate the child

Explore the child's view

Share the adult view

Connect with other events

Alternatives – consider other possibilities

Plan how the alternatives might be put into place

Enter the normal routine

Steps in the Life Space Interview

Isolate the child – find a quiet place so that the chid can think and talk about what has happened. This has nothing to do with punishing, but with reducing the amount of distraction and stimulation, in order to maximise the chances of a helpful conversation.

Explore the child's view. This stage comes before sharing the adult view, as the child will feel most willing to receive this after they feel that they have been listened to with respect and without interruption or correction. This involves listening to their perception of what happened, and encouraging the child to reflect on the result of the behaviour that they chose. The child should be encouraged to think about whether they feel their choices were good.

Share the adult view. The LSI process recognises that there will be more than one point of view. This is the stage for the adult to explain why certain courses of action were taken, and to share their views about how they interpreted and reacted to the situation. If there was more than one adult involved (including those involved as observers), it is important to include all adults in the LSI process.

Connect with other events that the child has managed well, or not so well, so that the child can look for patterns that help make sense of what happened, and which offer hope of different solutions. The child should be helped to look for a connection between what they thought, how they felt, and what action they took. (This stage is called “Looking for patterns” on the record sheet.)

Alternatives – what other options are available to the child if they face a similar situation again? Discussion about the child’s view of how adults can best support them in similar situations can be included here. This will offer an insight into the most appropriate “reactive strategies” for responding to difficulties in future.

Plan by choosing the best option from the alternatives, and discussing what role the child, and those around him or her, can have. How will new skills be taught and practised? How will the child be rewarded and supported in following the plan? (This stage, and the alternatives stage, are summarised under “Planning for the future” on the record sheet. There is a clear link between these plans and any approaches recorded on the individual behaviour plan.)

Enter the normal routine that the child follows, at a time when it is easier to rejoin the group.

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ABCC Chart

Name of Child ……...

Date/Time	A	B	C	C
	Antecedents	Behaviour	Consequences	Communicative Function
	What is going on beforehand?	What did the child do?	What was the result for the child?	What would the child have said?

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Restrictive Intervention Record Form

Setting name …… EY Ofsted No ……

Name of child ……..……Age ……..…

Is this child a looked after child/SEN/vulnerability? ……

When did the incident occur?

Date	Day of week	Time	Where?

Staff involved

Name	Designation	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 restrictive physical intervention (RPI) ? 4. Why was a RPI deemed necessary? 5. Any other information relevant to include.

Please give details below of how the child was held……
How long was the child held? ……
What was the child's body position relative to the adult involved? .....
Has the child been held on previous occasions? ……..

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

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

Does the behaviour 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 ☐ Complaints record ☐

Skin Map ☐ Incident Record ☐

Other (please specify)
……

Life space interview

Was the child debriefed? Yes/No
Were staff offered a debrief? Yes/No
Was it taken up? Yes/No

Parents/carers were informed

Date	Time	By whom?	By direct contact, telephone, letter?

Form completed by:	Name	Designation	Date and time

Manager's signature ……..

A copy of the **first side** of this form should be send to: Psychology Research Associate, Children's Services Department, Educational Psychology Service, Clarendon House, Monarch Way, Winchester, SO22 5PW