

A model of restraint



Physical intervention is a risky business, but, explains **Paul Dix**, there are tried and tested techniques for ensuring difficult situations remain under control...

The restraint techniques that are demonstrated and practised by adults in training sessions look entirely sensible, proportionate and safe. Tick 'fully restraint trained' box. The problem is that we are not being asked to restrain adults (unless you count the scrum for coffee in the staffroom at break). Restraining children means that there's a huge disparity in size, strength, weight and height. Techniques that worked in rehearsal play out very differently in practice. Feet leave the floor, children struggle and get into awkward positions, the noise level increases and crowds can gather. Restraining children of primary school age is a gamble with their safety and your career. But before you roll the dice there are opportunities to mitigate your risk.

Getting physical

The trouble with any physical restraint is that it is a judgement call often made in urgent situations. There are no absolute answers, but there is a great deal of good practice out there that we can learn from. Decisions made in a moment can easily unravel in the head's office or, worse still, in a court of law. If you make the decision to intervene physically make sure you talk your way through it. Out loud, clearly and calmly. Tell the child what you are doing and why. Tell other children what you are doing. Help them feel that their teacher is in control. As you hold the child, constantly check their emotional and physical state, and be prepared to change or release your hold if they complain of being unable to breathe. It is essential that you have sight of the child's face at all times so that you can monitor their reactions accurately. Hold the long bones and do not restrict or compress the airways. If you have been trained in restraint, use your training and the holds that are necessary. Whenever possible enlist the support of a colleague before you intervene. If you can plan then take time to do it well. Talk through the holds you will use and examine the route you're going to take. Think of the obvious as well as the unlikely. Is the child an asthmatic? Do you need to pass other classes? Which is the nearest safe



place? What about negotiating door and steps? How will you prevent other children from getting involved etc.?

It would be entirely sensible to say that physical restraint should be the absolute last resort, that it should only follow a full risk assessment, intensive form filling and a protracted negotiation. "Put the Lego down and step away from the cistern, we have the toilets surrounded..." In many schools one child who refuses to comply can cause a classroom evacuation quicker than the arrival of the local fire brigade (teachers included). Yet we can all give examples of when a swift and assertive early intervention averted a protracted stand-off and nipped the incident in the bud. There are times when acting gently and swiftly can stop a stand-off turning into a siege. There are children who benefit from being restrained, some who appreciate it. Your main focus must be to act in the best interests of the child. It is this defence that often trumps 'reasonable' and 'proportionate' if there are questions posed subsequently.

The de-escalation dilemma

As with all management of behaviour, the relationships you develop with the child and family are pivotal. The knowledge you have of the child directly affects your ability to de-escalate quickly. The problem is that de-escalation to one teacher is merely a preamble for another. This inconsistency means that in creating behaviour plans for children we must be specific about the stages of intervention and time given between them. There's clearly a difference between a child who regularly disrupts the smooth running of the

Speak up

KEEP INSTRUCTIONS CLEAR, SIMPLE AND DIRECT...

Children who are being physically restrained are likely to be in a heightened emotional state. Their ability to comprehend or even hear your instructions may well be impaired. Their emotional brain will be provoking less rational responses. It is clearly not a time for complicated instructions or whispered commentaries. Your instructions must be clear, simple and direct. 'Calm down' is none of these. It means something different to every child and to every adult. Often 'calm down' simply encourages the 'Don't tell me to calm down' response and prolongs the incident. Raise your voice with your commands so that it cuts through the confusion in the child's mind. Stick to asking for the behaviours that you want to see. Avoid use of 'No' or 'Don't'. As the crisis subsides and the child begins to adjust their behaviour, lower your voice. Keep talking and de-escalating all the time.

school as they embark on daily rooftop protests and the child who is having a bad day and decides to refuse to move. Distinguishing between passive resistance and active violent resistance will help in deciding whether to intervene physically immediately (to prevent Trevor climbing the ladder) or if time, patience and some gentle reassurance will calm the situation. I have heard less experienced teachers describe de-escalation as “Telling them to calm down” or “Giving them three chances”. Others describe nuances in tone of voice, assertive yet empathetic language and giving plenty of take-up time. To create the consistency you need to work with the most tricky or defiant behaviours there needs to be a consistent agreement between the adults as to exactly what de-escalation means.

Often when you intervene it is impossible to plan in the moment. Intervening to ensure children don't hurt themselves or others rarely affords time for protracted risk assessments and lengthy chin stroking. If you have to act as you are thinking, then focus on using the minimum force necessary to keep everyone safe. Clearly the force necessary must be proportionate – proportionate to the situation and its consequences. It is no use trying to gently guide Kylie away when she has a fist full of Chantelle's hair and a finger in her eye. Just as sending in the SLT SWAT team to stop Trevor chewing the curtains might be a touch too eager (“Step away from the folded pleats... etc.”).

For the record

Whether your intervention is planned or an emergency you need to write down in fine detail exactly what happened, in what order, who

Intelligent intervention

STAY IN CONTROL OF STRESSFUL SITUATIONS BY FOLLOWING THESE SIMPLE GUIDELINES...

If you judge that a physical intervention is in the best interests of the child:

- **Send for support straight away: the more adults who are present, the better.**
- **Keep talking all the time, in a calm voice, explaining what you're doing and why.**
- **Be utterly in control of your emotions. Check your actions and reactions. Perform your role with flair.**
- **Make sure that throughout the incident you continue to act in the best interests of the child.**
- **Record the incident in detail immediately afterwards.**
- **Remember, too, that while using force can land you in trouble, so too can standing by and doing nothing.**
- **Make sure that you follow up with face to face contact with parents and repair any trust between you and the child.**
- **Reflect on your decisions and the incident as a whole. Agree a plan with the adults to make sure that next time lessons are learned.**
- **Talk through what has happened with a colleague before you go home.**

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said/did what. Focus on the facts, without emotion or judgement. Remember that you are judged by what is written down, not by what happened. You need to log everything carefully so that others can see that the choices you made were in the best interests of the child. At the beginning of your report on an emergency restraint you might begin with, “I carried out a dynamic risk assessment and decided that it was in the best interests of the child to physically intervene.” It is important to make it

clear what could have happened if you hadn't physically intervened.

Inform the parents as soon as possible and arrange to meet with them to draw up a plan should the need to restrain arise again. Repair trust with the child and allow them to talk through the incident with you when things are calm. Now turn your attention to yourself. Being involved in some physical interventions can have a huge impact on all concerned. Before you go home take time to offload and debrief with a colleague.

As things stand, whether or not force is necessary is a matter that's determined on a case-by-case basis. This means teachers are being asked to rely on their instincts and to make very fine professional judgements. The decision is not whether to act or not, but how best to execute your duty of care. Doing nothing is not an option, but that doesn't mean you have to restrain either. Your duty of care means that you have to do something. If your 'dynamic risk assessment' is that physical intervention will make the situation worse then you need to go and get help.

There is risk involved in using physical restraint. Of course, risks estimated in a matter of seconds don't always give accurate results. Sometimes it is better to step in before a drama turns into a crisis. Sometimes it is better to allow a crisis to subside. Sometimes observing, waiting or negotiating is not an option. There's no way to accurately predict outcomes. You can have to trust your training, your experience and your instinct. Not sure there's a tick box for that...

tip

If at any time during the restraint the child complains of feeling sick, not being able to breathe or dizziness then disengage immediately. Monitor the child's response carefully throughout. Make sure that you can see their face at all times and check the pressure you are applying continually.



Find out more

Paul Dix is co-founder of Pivotal Education, and an award-winning behaviour specialist. For more about his live and online training, or to join over 10,000 teachers in benefiting from Pivotal's acclaimed 'Free Tips on Behaviour Management', head to pivotaleducation.com