care inspectorate

Reducing restrictive practice in daycare of children and childminding services:

A practice note to promote children's rights, safety and wellbeing

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Keeping the promise at the heart of what we do

Introduction

Our vision is that all children experience safe, high-quality care that meets their needs, rights and choices. This includes the right to person-centred and trauma-informed care and support.

In early learning and childcare, childminding and school age childcare settings, many staff will have physical contact with children to promote their care, wellbeing and safety. This includes giving children reassuring hugs if they are upset, guiding a young child by the hand when crossing the road or blocking a child's path to prevent them from running into danger. These actions are typically part of positive relationship building and address children's specific protection or wellbeing needs.

The need to use restrictive practice including restraint should only be used in exceptional circumstances. Restrictive practices which fall outwith a normal caring response must be recorded and follow the organisation's reporting procedures. They should also be reported to the Care Inspectorate. Further information can be found in our notification guidance.

This practice note aims to:

- Support staff in upholding children's rights.
- Provide clear definitions of restraint and restrictive practice.
- Promote person-centred care that leads to the reduction of restrictive practices.
- Ensure that any restrictive practice used is justifiable, reasonable and proportionate.
- Help staff support children, families and staff when restrictive practice has been used.

A children's rights perspective

Restrictive practice can compromise children's rights and has the potential to cause emotional distress and physical harm. The use of restrictive practices, including physical restraint, must be carefully weighed against the need to uphold children's rights.

Article 37 of the United Nations Convention on the Rights of the Child (UNCRC 1989) states that "no child shall be deprived of his or her liberty unlawfully or arbitrarily" and "every child deprived of liberty shall be treated with humanity and respect…and in a manner which takes into account the needs of persons of his or her age".

Legally, any use of force or restriction of children's freedom must be **justifiable, reasonable and proportionate**. For a physical intervention to be legally defensible and justifiable, the practitioner must believe that:

1. The child will cause physical harm to themselves or someone else.
2. The child will run away and will put themselves or others at serious risk of harm.

or

3. The child will cause significant damage which is likely to have a serious emotional effect or create a physical danger.

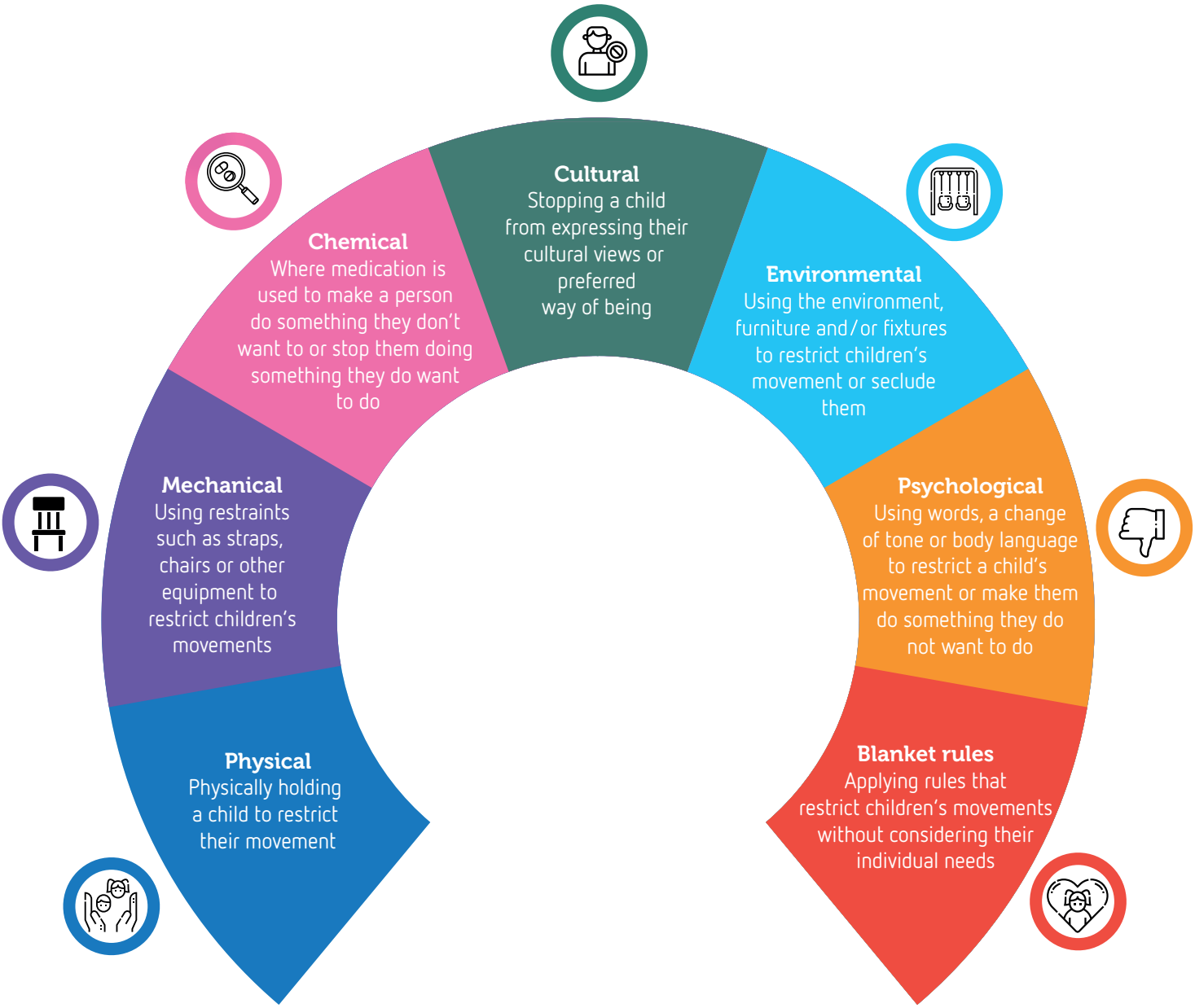
Defining restraint and restrictive practice

Restraint is an intervention in which staff hold a child to restrict their movement. This is only necessary to prevent immediate harm. Any physical contact must be gentle, non-restrictive, and brief. Restraint is rarely appropriate for young children - they respond best to comfort, redirection, and calming strategies.

Restrictive practice is defined as making someone do something they do not want to do or stopping them from doing something they do want to do. This involves restricting or restraining them, or depriving them of their liberty (CQC, 2023).

Restrictive practices relate to different types of restraint. These can be physical, mechanical, chemical, cultural, environmental, psychological, or blanket rules. The Care Inspectorate has developed a policy position statement for the use of restrictive practices. You can read our policy position on the use of restrictive practices on our website.

A closer look at restrictive practices



Listen to children's words, actions, and emotions. What are they telling you when restrictive practices are used?

What could staff do instead?

Restrictive practice should always be a last resort. Here are positive, rights-respecting approaches that help prevent the need for restriction and support children in ways that uphold their dignity and wellbeing:

- Talk, listen and respond to children, respecting their rights.
- Nurture children with care and compassion.
- Try to understand how children feel about things.
- Help children to explore their choices.
- Have a personal plan that reflects children's current needs and how best to support them.
- Create safe spaces for children to move and play freely.
- Work in collaboration with families and professionals.
- Learn about and implement de-escalation strategies.
- Support and learn from restraint if it happens.

Supporting children's wellbeing

Sometimes a child demonstrates that they are dysregulated through their words or actions. To help a child feel emotionally secure, here are some positive approaches staff could take:

- Make sure the child is in a safe space.
- Consider if the space promotes the child's dignity and privacy. Avoid over-crowded, noisy environments.
- Remain a calm, regulated adult presence - your own tone, posture, and pace matter.
- Be patient - give the child time to process how they are feeling.
- Think about who might help support the child (keyworker, sibling, best friend).
- If the child does not want to or cannot talk, consider using minimal words. Use visual cues or communication aids (for example, emotion cards, now/next boards) to help the child express themself.
- Consider methods of distraction that may help regulate the child (a walk outdoors, something to eat and drink, removal of clothing if too hot, physical activity, offering their favourite toys or special interests).
- Use co-regulation strategies (breathing together, rhythmic movement, singing softly).
- Give choices to restore a sense of control (for example, "Would you like to sit here or there?").

Support after the event

If restrictive practices or restraint are used, it can be distressing to everyone involved. Here are some approaches staff can use to rebuild trust, reassure the child and reflect on the incident:

- Ensure the child knows they are not to blame - this is crucial for emotional recovery.
- Acknowledge the child's feelings and reflect on the event through a trauma-informed lens.
- Maintain a calm, open and relaxed posture to help the child feel safe.
- Focus on creating psychological safety through open communication, active listening and empathy.
- Communicate with the child in a way that helps them understand what has happened.
- Be honest and clear with the child about expectations and boundaries.
- Be willing to compromise.
- Inform parents/carers of the incident, taking a supportive approach.
- Involve the child and/or their family in their future care planning.
- Identify the triggers that led to the incident and how they could be prevented in future.
- Take a proactive approach to prevent further distress.
- Consider if staff training is needed.
- Where needed, seek support from other agencies.
- Notify the Care Inspectorate. Find further guidance here.

Reflect on practice

These challenge questions are designed to help staff in the process of reflection.

Knowing and understanding children

- How well do personal plans support staff to meet children's needs?
- What does children's behaviour tell staff about their needs?
- How can staff ensure that any interventions are always in the child's best interests?
- What strategies can staff use to support children in managing big emotions?
- What could be the long-term emotional impact of being restrained at a young age?

Creating a safe and nurturing environment

- How do staff create an environment where children feel consistently safe and nurtured?
- How does the environment support children to regulate their own emotions?
- How can staff involve children in learning about boundaries and problem solving?
- How do you ensure that children's movements are not restricted during daily routines?

Engagement

- How well do staff work with families to ensure that children receive care and support that meets their individual needs?
- How do staff collaborate with families and other agencies to ensure children receive the right level of support?

Skills, knowledge and expertise

- How do your policies support staff to make decisions around restrictive practice?
- What training have staff received on trauma-informed care that helps them to reflect on the psychological effects of restraint?
- How do staff document and reflect on incidents involving restraint to improve future practice?
- Do staff feel confident and supported in challenging unsafe or inappropriate practice?

Case studies

Scenario 1

Mohammed is nine years old and lives at home with their mum. Their parents recently separated, and Mohammed has been struggling with feelings of rejection.

Mohammed attends a busy school age childcare service at a church hall every day. Mohammed enjoys participating in team games, but they sometimes struggle with the rules.

One day, children were playing dodgeball in the physical area, with two staff members supervising the game. Mohammed was struck by the ball, and a staff member said they were 'out' of the game and should sit at the side.

Mohammed became upset and started shouting aggressively at the child who hit them with the ball. A staff member told them again to sit down.

Mohammed approached the seated area, picked up a chair and threw it towards the children playing dodgeball. A staff member told Mohammed to "stop that" and apologise. Mohammed didn't verbally respond but picked up another chair and threw it. The chair hit a table where a group of younger children were painting. Mohammed then started to swipe things off the table. The younger children became frightened. Staff were unable to de-escalate the situation, and Mohammed became aggressive towards them.

Discuss the scenario:

- How do you think Mohammed is feeling?
- What strategies, if any, could staff use to de-escalate the situation?
- Do you think restraint or restrictive practice is needed? Why?
- What support could be offered to Mohammed moving forward?

Scenario 2

Daisy is an 18-month-old child who attends nursery. Recently, Daisy has started biting their peers.

After a busy lunchtime period, Daisy and some other children were placed in a cosy area of the room to explore a treasure basket. They were playing happily while staff began to clear the lunch tables. At that time, a staff member suggested strapping Daisy into a highchair and commented, "let's keep everyone safe."

Daisy was offered some toys while they sat in the highchair and appeared to be content. Staff continued cleaning the lunch area around them. When staff finished cleaning, Daisy was removed from the highchair and placed with the other children. A staff member stayed in the area to supervise the children.

Discuss the scenario:

- Do you consider this to be a lawful use of restraint? Why?
- What other strategies could have been used to keep Daisy and the other children safe?
- How does placing Daisy in the highchair support them to understand boundaries and development of social skills?
- How can the team support each other to create a more responsive and respectful environment for all children?

Scenario 3

Lea is four years old and is currently being assessed for a developmental delay. They have limited verbal communication. This can make it difficult for them to communicate their needs.

Lea can become extremely distressed during transitions, particularly when moving from one area to another.

Lea was playing with building blocks when an unplanned fire alarm sounded. Staff began to guide the children out of the building. Lea refused to leave and crawled under a table. In response to this, staff lifted Lea and carried them outdoors to the fire meeting point. Lea was crying and screaming as staff held onto them.

Once it was safe, staff and children returned indoors. Lea was placed back at the building blocks to play. They remained upset and unsettled throughout the day.

At the end of the day, Lea's parents were informed. The incident was recorded in their chronology, and their personal plan was updated.

Discuss the scenario:

- Do you consider this to be a lawful use of restraint? Why?
- How do you think Lea felt during and after the incident?
- Following the incident, how could staff repair the relationship with Lea and support their wellbeing?
- What information should be shared with the parent and why is this important?
- Is there any further action that should be taken?

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