Introduction

For a very small number of children at certain times physical intervention or restraint may be needed. However physical restraint should be avoided as far as possible and should only ever be used if there are good reasons for believing that immediate action is necessary to prevent a child or young person causing significant injury or harm to themselves or others or causing serious damage to property. Other techniques should be used before physical restraint is used as a last resort.

It is important to be aware that the use of physical restraint can pose risks to the safety of a child/young person and potentially to the safety of the Foster Carers applying it. If there is cause to use any form of restraint it is a requirement that the details of this are recorded on a Foster Carer Restraint Record and sent to the child's Social Worker and Supervising Social Worker who will pass this to their Managers. This will be recorded on the Foster Carers and the child/young person's file

Planning for Children

As part of the assessment and planning process for all children, consideration must be given to whether Physical Intervention may be necessary in managing behaviour.

If Physical Intervention may be necessary, the circumstances that give rise to it and the strategies for managing it should be outlined in the child's Care Plan or Placement Plan. This plan should outline the circumstances that may give rise to the use of Physical Intervention, the methods which are known or likely to be effective and other arrangements for its use.

It is also important to determine whether there are any medical conditions which might place the child at risk should particular techniques or methods of physical intervention be used. If so, this must be drawn to the attention of those working with or looking after the child and it must be stated in the child's Placement Information Record. If in doubt, medical advice must be sought. Those techniques that are used must comply with the principles and procedures set out in this document.

The absence or existence of such a plan does not prevent Foster Carers from acting as they see fit when confronted with unforeseen likely injury or damage to property, so long as the actions taken are consistent with the principles and procedures contained in this document.

Definition of Physical Intervention

There are four broad categories of Physical Intervention:

1. Restraint

Defined as the positive application of force with the intention of overpowering a child. Practically, this means any measure or technique designed to completely restrict a child's mobility or prevent a child from leaving, for example:



- Any technique which involves a child being held on the floor ('Prone Facedown' techniques may not be used in any circumstances)
- Any technique involving the child being held by two or more people.
- Any technique involving a child being held by one person if the balance of power is so great that the child is effectively overpowered; e.g. where a child under the age of ten is held firmly by an adult.
- The locking or bolting a door in order to contain or prevent a child from leaving.

The significant distinction between this first category and the others (Holding, Touch and Presence), is that Restraint is defined as the positive application of force with the intention of overpowering a child. The intention is to overpower the child, completely restricting the child's mobility. The other categories provide the child with varying degrees of freedom and mobility.

2. Holding

This includes any measure or technique which involves the child being held firmly by one person, so long as the child retains a degree of mobility and can leave if determined enough.

3. Positive Touching

This includes minimum contact in order to lead, guide, usher or block a child; applied in a manner which permits the child quite a lot of freedom and mobility.

4. Presence

A form of control using no contact, such as standing in front of a child or obstructing a doorway to negotiate with a child; but allowing the child the freedom to leave if they wish.

Restraint also includes restricting the child's liberty of movement. Restriction on liberty of movement can involve adaptations to the environment such as using high door handles or removing physical aids, but it also refers to behaviour support strategies such a requiring a child to take 'time out' in a specific area of the home, asking a child to spend time away from the group to regain control of their behaviour (i.e. if a child is struggling to maintain a socially acceptable level of behaviour at the meal table, asking them to move away from the group to another area, can be defined as restricting their liberty of movement). Where there is no need to use restrictive physical intervention (i.e. the child goes willingly once instructed to do so) a record of the incident must still be recorded (see recording and reporting). This is to ensure the intervention can be monitored and to ensure that children are not be scapegoated or unduly being isolated from the group.

Where the likely application of this strategy is a reasonable assumption due to a child's previous behaviour or level of emotional needs, this should be included in the Care plan. This should be monitored as part of the normal review process. This strategy should be clearly recorded on a Foster Carer Restraint Report and/or Accident and Incident Sheet.



If a child has an EHC plan or statement of educational need in which a specific type of restraint/ physical intervention is used as part of the day to day child's routine, the home is exempted from the recording requirement. Where these plans provide for a specific type of restraint that is not for day to day use, the restraint used must be recorded. Any other restraint used must always be recorded.

Who may use Physical Interventions?

Foster Carer should only use Physical Intervention if they have undertaken approved training. However, where Foster Carers have not undertaken such training, the use of minimum force may be justified if it is the only way to prevent injury or damage to property. Where Foster Carers have not undertaken such training, the use of force may still be justified if it is the only way to prevent injury or damage to property. In these circumstances, Foster Carers must always act in a manner consistent with the values and principles set out in this manual. Any intervention used must:

- Not impede the process of breathing.
- Not be used in a way which may be interpreted as sexual.
- Not intentionally inflict pain or injury or threaten to do so.
- Avoid vulnerable parts of the body, e.g. the neck, chest and sexual areas.
- Avoid extending the joints beyond the normal limits or range of motion (hyperextension or hyperflexion), and pressure on or across the joints.
- Not employ potentially dangerous positions.

Criteria for Using Physical Interventions

There are different criteria for the use of Restraint and Holding, Touching and Physical Presence/proximity.

- Restraint may only be used where there is likely significant injury or serious damage to property;
- Holding, Positive Touching or Presence are less forceful and less restrictive and may be used to protect children or others from injury which is less than significant or to prevent damage to property which is less than serious;
- Before any other form of Physical Intervention is used, all of the following principles must be applied:
 - For the intervention to be justified there must be a belief that injury or damage is likely in the predictable future.
 - \circ $\;$ The intervention must be immediately necessary.
 - \circ $\;$ The actions or interventions taken must be a last resort.
 - Any force or intervention used must be the minimum necessary to achieve the objective.

A child can be prevented from leaving the home if it is felt they are at significant harm in the following circumstances:

- Sexual Exploitation
- Gang Related Activities
- Use of drugs or other illicit substances.



This restriction of a child's liberty should be for the minimum amount of time possible and in response to immediate danger. Foster Carers will need to ensure that in the recording of this incident they clearly outline all the steps taken to prevent the need to restrict the child's liberty using physical means.

If a child continually requires this level of intervention to help them to remain safe, there must be clear evidence of a planning meeting with the placing authority to consider the appropriateness of the placement. It may be recognised that this is a process of testing and an agreement regarding strategies will be set and reviewed in conjunction with the local authority, this will need to be clearly documented and any agreement must not conflict with regulations regarding 'Deprivation of Liberty'.

Locking or Bolting of Doors

It is acceptable to use mechanisms or modifications to a children's home or foster home which are necessary for security, for example on external exits or windows, so long as this does not restrict children's mobility or ability to leave the premises if it is safe for them to do so. It is also acceptable to lock office or storage areas to which children are not normally expected to gain access.

In foster homes, if any such mechanisms or modifications are used, they must be agreed by the manager of the fostering service and set out in the Foster Care Agreement.

Locking of external doors, or doors to hazardous materials, may be acceptable as a security precaution if applied within the normal routine of the home.

Timeout and Withdrawal

Where the following measures are used in foster homes, they must be approved and set out in writing in the Foster Care Agreement or in the Behaviour Management Plans (as part of the Placement Plan) for an individual child.

Time out involves restricting the child's access to all reinforcements as part of a behavioural programme.

Withdrawal involves removing a child from a situation, which places the child or another person at risk of injury or to prevent damage to property, to a location where (s)he can be continuously observed or supervised until ready to resume usual activities.

Medical Examination

Where physical intervention is used, the Foster Carer and others involved should be given the opportunity to see a medical practitioner if there are any apparent or reported injuries. The Registered Nurse or Medical Practitioner, if seen, must be informed that any injuries may have been caused from an incident involving physical intervention.

Whether or not the child or others decide to see a medical practitioner must be recorded, together with the outcome.

