

Physical Intervention procedure/policy

REGULATIONS AND STANDARDS

The Fostering Services (England) Regulations 2011:

[Regulation 11 - Independent fostering agencies—duty to secure welfare](#)

[Regulation 13 - Behaviour management and children missing from foster parent's home](#)

[Regulation 17 - Support, training and information for foster parents](#)

Fostering Services: National Minimum Standards

[STANDARD 3 – Promoting positive behaviour and relationships](#)

Overview

The objective of this procedure and policy is to ensure the safety and welfare of children who may at times require physical intervention to prevent harm to themselves, others or serious damage in the foster home.

The procedure provides guidance about appropriate acceptable intervention. It sets out the requirements for those working for Caldecott Fostering, foster carer training and the requirement to report incidents and events that occur.

Caldecott Fostering are committed to an holistic approach that draws on established theoretical bases, research, best practice and guidance in order to promote and develop positive behaviour. We believe in a multi-disciplinary approach to understanding and supporting children and young people. There is an acknowledgment that our foster carers cannot and should not be expected to manage what can be very challenging situations in isolation in the absence of guidance and a shared understanding and agreement with regards to the strategies of support available.

Purpose and Objectives

The purpose of this procedure is to ensure that all those who carry out work for Caldecott Fostering have clear guidance about physical intervention with children. The procedure makes it clear that the restraint of a child will only be used as a 'last resort', and then only to protect their safety or the safety of others, or to prevent serious damage to property. The procedure also sets out what must happen after a child is restrained.

This procedure is based on guidance contained within the Fostering Services National Minimum Standards 2011 (England) Standard 3 – Promoting positive behaviour and relationships. It reflects the requirement that all Fostering Agencies must prepare and implement a written policy on acceptable measures of control, restraint and discipline of children placed with foster carers.

This procedure also incorporates helpful guidance produced by CoramBAAF and NAFPP regarding Restraint and Physical Intervention in Foster Care 2017



PN63.pdf

Scope

This procedure applies to all those completing work on behalf of Caldecott Fostering regardless of employment type. It also applies to foster carers.

All employees and others who undertake work on behalf of Caldecott Fostering are responsible for

- Ensuring that they are aware of their own responsibilities in this area
- Complying with the Safer Caring Policies and other policies and procedures relevant to their role
- Recording and reporting any concerns to their line manager/supervising social worker immediately
- Responding in a timely manner and recording all events and decisions accurately

Not following this procedure could result in physical harm to a child; a Child Protection Investigation; criminal proceedings; regulatory enforcement; legal action on behalf of the child; claims for damages against Caldecott Fostering and/or an individual member of staff or a foster carer.

Any departure from this procedure must be agreed in writing by the Registered Manager, the Responsible Authority for the child and recorded in the Child's plan.

Procedure Details

Our aim is to use consistent terminology throughout this policy and all supporting documentation as follows:

Foster Home	This is a generic term which means the place where the family and the child live.
Child/Young Person	Any child or young person in the care of a foster family.
Registered Manager	The senior person with overall responsibility for the registration.
SSW – Supervising Social Worker	Members of staff that have responsibility for supervising foster families.
LASW – Local Authority Social Worker	Social Worker within the local authority who is specifically allocated to the child or young person and is responsible for their care and care plan
Foster Carer	A person caring for a child in care under a fostering arrangement.
Regulatory Authority	Regulatory Authority is the generic term used in this policy to describe the independent regulatory body responsible for inspecting and regulating services.
Physical Presence	This is where a foster carer, through their physical presence, intervenes in order to influence a child or young person, but does not touch them or prevent them from leaving an area.
Non-restrictive contact	This refers to situations where a foster carer has physical contact with a child against their will, but where the child retains a large degree of freedom and mobility and can break away from the foster carers if they wish.
Physical Restraint	Physical restraint refers to the foster carer using direct physical force to overpower and prevent or significantly restrict the movement of a child or young person against their will.

Definitions¹

Physical Presence: This is where a foster carer, through their physical presence, intervenes in order to influence a child or young person, but does not touch them or prevent them from leaving an area. This could include standing in their way or blocking an exit in order to try to engage in a conversation but allowing the child or young person to pass if they insist.

Non-restrictive contact: This refers to situations where a foster carer has physical contact with a child against their will, but where the child retains a large degree of freedom and mobility and can break away from the foster carers if they wish. They are not overpowered and have options to move away from the foster carer.

Routine parenting will involve a degree of non-restrictive contact and it is permissible in law. For example, taking a child's hand or putting an arm around their shoulder to physically guide them away from a situation, or pulling a child away from another child they are trying to hit in order to get between them. Another example could be if a child is told that they cannot have any ice-cream until after dinner, but they refuse to accept this and try to access the freezer. It would be appropriate and the behaviour of a good parent to physically intervene and move them away.

Both physical presence and non-restrictive contact should be recorded appropriately by the foster carer and also reported to their supervising social worker without delay.

Physical Restraint: Physical restraint refers to the foster carer or other adult using direct physical force to overpower and prevent or significantly restrict the movement of a child or young person against their will. Practically, this means any measure or technique designed to completely restrict a child/adult's mobility or prevent a child from leaving. It is important to understand that babies and toddlers will be restrained by parents and foster carers in the course of normal family life. The most obvious example is using a car seat or booster chair to prevent injury to the child. On other occasions, a good parent will simply hold a small child for the purpose of keeping them safe. So, restraint in the context of this procedure does not include normal age-appropriate parenting with babies and toddlers.

Restriction of Liberty: Caldecott Fostering does not endorse the use of any arrangements which are seen to be restrictions of liberty when comparing the restrictions placed on a child that would be part and parcel of normal family life against those which are seen to be more than that (when comparing a child of a similar age regardless of need and circumstances). In any circumstances, arrangements for and agreements to any restrictions of liberty must be recorded in the individual child specific safety plan. Restriction of liberty includes, but is not limited to:

- The use of surveillance mechanisms including video cameras, surveillance cameras and baby monitors when used other than for their sole intended purpose
- Locking of doors other than for the purposes of securing the property, with the intention of preventing a child or young person from leaving the foster home.
- Installing of high door handles with the intention of preventing the child or young person from opening doors to move about freely
- The use of weighted blankets
- Excessive or unwarranted levels of supervision and monitoring.
- Physical restraint

¹Taken from CoramBAAF and NAFP PRACTICE NOTE 63 Restraint and Physical Intervention in Foster Care. 2017.

Underlying Principles

The Caldecott Relational Model of Care

The 'Caldecott Relational Model of Care' underpins our ethos, values and practice. Our model supports children and young people to feel safe through the development of nurturing, reparative relationships. Through the consistent application of our Relational Model of care across the entire organisation, we are able to offer our young people the experience of a secure base from which they can feel safe enough to address issues in their lives positively. Foster carers play an important part in the day-to-day life of a child, therefore good parenting, supported by training on behaviour management techniques and strategies, will enable them to achieve and develop a more positive relationship with the child and a more harmonious life and will enable the child to feel good about themselves.

In Practice this means the following strategies are universal and are at the heart of our approach:

- Children and young people rarely respond positively to being addressed by an adult raising their voice and will either become extremely distressed, withdrawn or over-stimulated (dysregulated), exacerbating any inappropriate behaviour. Other children and young people observing such behaviour may also become distressed or over-stimulated, causing incidents to escalate. Therefore, where a correction is felt to be necessary and effective, it should be delivered calmly and quietly, avoiding unnecessary distress/stimulation and bearing in mind that the relationship between the foster carer and child is fundamental.
- We encourage our foster carers to see the need behind the behaviour, and to focus on meeting the need rather than working consequentially with the behaviour.
- The Caldecott Relational Model of Care asks us to be curious about the things we cannot see. We ask, "What has happened to you; what have you lived through?", rather than "What is wrong with you?"
- As well as rewarding positive behaviour, there is sometimes a need for consequences. Consequences are to be used only to register the disapproval of unacceptable behaviour. Consequences must not be used for behaviour that is trauma related.
- If the child/young person is likely to have been triggered and is responding (showing dysregulation) and not able to think, then consequences are not appropriate. If offering a consequence to a trauma-related behaviour it is unlikely to have any impact. This is because the child is responding from a place of survival. We ask that the foster carer considers the need behind the behaviour.
- Consequences should only be used when the behaviour is representative of a development age/stage. i.e. toddler-like behaviour. The child must be given a clear understanding of what the consequence is, and an opportunity to respond. The consequence offered must be proportionate to the behaviour. It must be offered in a non-shaming way and considered as a correction process, rather than a punishment. It must not be delivered as an expression of power.

The use of consequences should be characterised by certain features, such as:

- It must be clear why the consequence is being applied,
- It must be made clear what changes in behaviours are required to prevent a similar situation,
- There should be a clear distinction between minor and major incidents,
- The focus should be on the behaviour, not the child/young person.

The child should be offered a nurturing environment with appropriate boundaries. This should enable the child to develop a sense of safety, stability, and belonging. This lays the foundation for children to begin to heal and build a healthy self-esteem.

De-escalation techniques should usually be deployed to minimise and reduce harm.

- Praise and positive responses should be used to reinforce desirable behaviour, and sanctions will be used minimally
- All children need rules and boundaries, but the focus of these should be to keep the child safe
- No child will be subject to any measure of control, restraint or discipline which is excessive or unreasonable
- Restraint is to be used on a child **ONLY** where it is necessary to prevent serious injury to the child or other persons, or serious damage to property, and only as a last resort
- Adults and foster carers should only **plan** to 'restrain' a child if they have been trained how to do so safely. However, it is accepted that there may sometimes be unexpected, emergency situations that require a child to be restrained by somebody that has not undertaken training. The Child's Individual Safety Plan will always be reviewed following any such incidents, and appropriate training will be delivered to foster carers or other adults as required.

The following **are not** acceptable means of sanctioning children or controlling their behaviour:

- Corporal punishment (including smacking, slapping, nipping, squeezing, shaking, throwing objects at a child, rough handling, and all forms of treatment or punishment designed to humiliate the child. It includes punching or pushing in the heat of the moment in response to violence from a young person).
- Deprivation of food or drink
- Withholding of medication, medical or dental treatment
- Intentional deprivation of sleep
- The use of disrespectful, intimidating, or abusive language or gestures
- Requiring a young person to wear distinctive or inappropriate clothing
- Restriction or refusal of visits or communication
- The use of accommodation to physically restrict the liberty of any young person
- Imposition of fines
- Intimate physical searches.
- Name calling or criticism of the child's looks, intellect or family
- Curtailment of leisure extras, or outings. It is not acceptable to curtail activities such as birthday parties, after school clubs or scouts, that are helping a child or young person to develop much-needed social skills. Discuss this with your supervising social worker.
- Reactive and punitive sanctions around removal of TV, and games consoles.
- Removal of pocket money (the only exception to this is if a child is required to contribute some pocket money to the repair/replacement of any property damage – this must be agreed with the Supervising Social Worker and Local Authority Social Worker).
- This list is not exhaustive

Actions such as these would not only be contrary to Caldecott Fostering expectations for the behaviour of adults towards children and young people but would generally be viewed as abusive and in most circumstances, illegal. Any such instances will be reported through the notification procedure and could attract referral and investigation under Standards of Care or Child Protection procedures and possible referral to the police for criminal investigation.

Agreeing Expectations

Pre-empting and predicting a child's behaviour can greatly assist foster carers and other adults to manage difficult and challenging situations. During the matching and placing processes, any known issues should be identified and planned for.

- The child's Care Plan should set out details of potential issues in relation to a child's dysregulation and also agreement about how this will be managed by the foster carer(s). Where there have been

occasions or situations in which restraint has been previously required, these details and any known triggers should be provided.

- The Placement Agreement should include specific details about supporting children and young people to self-regulate, what is permissible and what is not, by whom and in what circumstances
- The Child's Individual Safety Plan should identify potential risks either from historical information or information gathered once living with the foster carers, and outline agreed safety strategies.
- The plan for supporting a child with dysregulated behaviour must be addressed and agreed between the Supervising Social Worker, Foster Carer, the child's Social Worker and the child.
- The child must be actively engaged in the planning process in an age-appropriate way by the Supervising Social Worker and the Foster Carer, so that they understand the rules and possible consequences for not following them.
- At the point a child is introduced to new foster carers, the rules of the household must be explained to them and be included in the Safer Caring Plans.
- It is important that the child is treated consistently by everyone who is caring for them, particularly when there are two foster carers. Rules and boundaries that are clearly explained and understood can help with this.

It is important that foster carers understand why a child may behave in a perceived 'challenging' way. Supervising social workers can assist carers to understand that at the point a child arrives to live with them they may feel vulnerable and act out their fears and feelings in a way which foster carers may find challenging.

Our Approach / Strategies

Wherever possible, foster carers should manage behaviour using a positive and proactive relationship-based approach, backed up by clear and consistent expectations and routines.

Appropriate sanctions and consequences for unacceptable behaviour should also be part of a framework which helps to avoid the need for foster carers to use physical intervention or restraint.

The vast majority of foster carers will be able to support children in their care to regulate themselves through the use of de-escalation techniques. Following the death of a foster carer at the hands of a child she was caring for, the subsequent Fatal Accident and Sudden Death Inquiry in Scotland in 2015 concluded that de-escalation techniques should be taught to all foster carers of children in middle childhood or adolescence (Maclean, 2016, p 330). This is set out as a requirement in the National Minimum Standards for Fostering in England (Department of Health, 2011a).

De-escalation refers to a range of measures which can be taken by the foster carers to minimise conflict and avoid behaviour becoming increasingly challenging. The NICE (2015) Framework suggest that effective training in de-escalation will assist foster carers to:

- Recognise the early signs of agitation, irritation, anger and aggression
- Understand the likely causes of aggression or violence, both generally and for each child
- Use techniques for distraction and calming, and ways to encourage relaxation
- Recognise the importance of personal space
- Respond to anger in an appropriate, measured and reasonable way and avoid provocation

This is likely to mean:

- Communicating calmly and quietly
- Actively listening to the child or young person
- Knowing when to remain silent and to delay or postpone addressing potentially difficult issues
- Communicating in a style that is not confrontational, argumentative or verbose
- Using distraction or humour to diffuse a situation where aggression or violence look likely
- Walking away from a discussion or situation where the child or young person is becoming agitated.

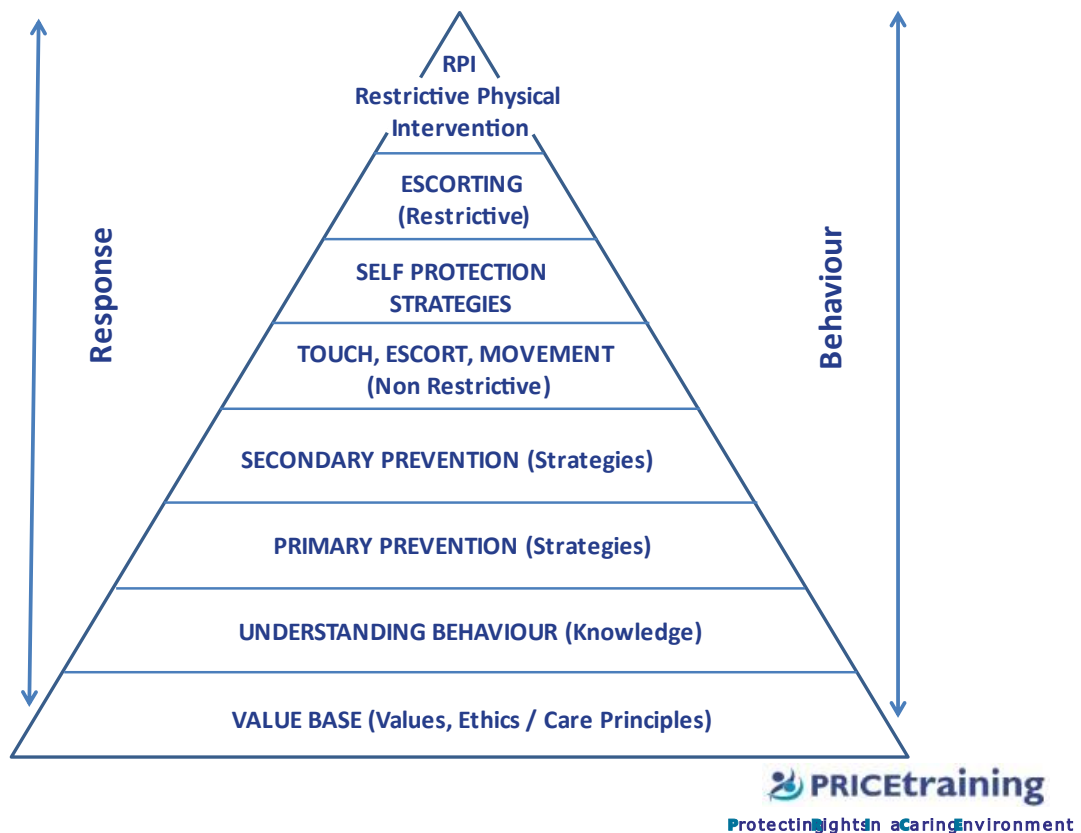
- Giving a child personal space when they are dysregulated, but this needs to be time-limited (not hours or days). Remain close by and tell the child what you are doing so that they are aware you are not walking away from them in distress.
- Anticipating when a child may be stressed based on what you know about their history and their triggers and have a strategy in place for coping. This can form part of the safety plan and the therapeutic plan.
- Understanding how a child may present when emotionally dysregulated - we may see redness in their cheeks, a look of fear or anger in their eyes, clenched fists, throwing things, hitting things, or screaming. Emotional dysregulation may also look like 'shutting down'. A child may be pale, quiet, or non-responsive to attempts at conversation. In these states children are expressing themselves from the lower parts of their brain, the brainstem and the limbic system. Thinking and reasoning with the child is not helpful because the thinking part of the brain is inaccessible to the child at times of high distress. The lower parts of the brain respond more to the senses and this is why a sensory approach to dysregulation, de-escalation and soothing is important.
- Understanding that emotional regulation is something a child needs to be taught and this happens through experiencing co-regulation with an adult caregiver. Co-regulation happens in relationship. It is a You-Me experience. An emotionally regulated adult teaches a child about their emotions and supports them as they experience the emotion. The adult teaches a child to differentiate their emotions and that all emotions are ok. When a child is distressed and dysregulated, they need to experience an attuned, safe, calm, and accepting adult response.
- Acknowledging that sometimes, a foster carer may be faced with a rejection of their attempt to support a child through co-regulation. Children who have a history of relational trauma are less likely to trust an empathic response from a caregiver and are more likely to feel uncomfortable when an adult attunes to them and tries to offer the soothing their nervous system needs.
- Putting words into feelings if a child is angry or hurt, by validating their feelings, their need to keep communicating them through their behaviours is reduced. Let them know that you know they are angry or hurt.
- Remembering that this behaviour feels as bad for the child as it does for you and look for ways of helping the child out of the 'fix' they may have got themselves into. It is important to leave the way open for them to back down.
- Empathising with how the child may be feeling and naming the feelings of anger, sadness, hurt or rage that you can see.
- Remembering whatever works and using it next time.
- Talking to your supervising social worker about revisiting plans for the child to give you more strategies for next time.
- Once everything is calm, spending time with the child talking about what has just happened. This may need to take place much later or even the next day when the child is completely calm. Ask the child what might help them in future if they feel distressed in the same way again. Involve the child in the plan as to how you might help them the next time they are feeling big, uncontained feelings.
- Offering repair to our children which is an important aspect of managing emotional dysregulation and de-escalation. Repair is taking time to reflect on what happened with your child and reminding them that your relationship is still intact. The foster carer, as the regulated and grounded adult, is the one to initiate repair and understands that the behaviours came from a survival response. Be curious about what was going on for the child, ask them how they were feeling and what upset them, focus on understanding their internal world.
- Understanding that a child may apologise to the fostering family, but this is not to be an expectation of repair. Initiate the repair as the adult/foster carer and be prepared to start afresh on a daily basis. Learning guilt and regret for behaviours develops over time. Learning empathy for others also develops over time. An individual needs to experience empathy from others in order to develop it themselves.
- Being firm but fair about any house rules that may have been breached and agree with the child any consequences that need to be put in place. Do not use this time to list all the things you did not like

about the behaviour and how it made you feel as that will be counter-productive, and the child will still not feel understood.

- Understanding what happened - this is empowering for a child and enhances development of identity and their ability to relate to themselves and others. The foster carer also grows through the experience of co-regulating a distressed child.

All of these skills are particularly important for foster carers who are looking after children, and in particular adolescents, who are easily overwhelmed and therefore foster carers will always need to be supported through ongoing training and effective supervision.

At Caldecott Fostering all foster carers will receive appropriate training in methods of behaviour support, including the use of restrictive physical intervention and restraint where this forms part of an individual child safety plan. Caldecott Fostering uses PRICE Training (Protecting Rights In the Caring Environment). This training is accredited by the Restraint Reduction Network and adheres to that organisation’s training standards. The organisation believes that providing training which adheres to these standards serves to ensure the highest possible standards of care and accountability. A primary aspect of these standards is the view that practice should be focussed on reducing the need for restrictive practices (e.g. restraint) and this view is firmly in line with the agency’s own principles and ethos. Initial training includes both proactive (i.e. preventative) and more reactive strategies which focus on the behaviour response triangle (below). Interventions should be measured to the state of arousal and response strategies should be proportionate in aiding the behaviour to reduce to acceptable level/base line.



PRICE training endorses that Physical intervention is a **Last Resort** and forms part of a wider strategy for managing challenging and violent behaviour in line with our therapeutic approach which aims to support children and young people to regulate themselves.

Individual Child Safety Plans

All children and young people at Caldecott Fostering have an individualised Child Safety Plan. This section should be read in conjunction with the Safety Plan Framework. It is the responsibility of the Registered Manager to ensure that:

- All children and young people have a current and up to date Child Safety Plan, with strengths and needs being evaluated regularly and discussed with the child where possible. They are active and dynamic documents which need regular updating in order to ensure that strategies employed are current and effective.
- The Child Safety Plan is reviewed every 6 months as a minimum and also following incidents, where known strategies did not fully work or where a new behaviour occurred which requires specific approaches to be used.
- Where appropriate the child/young person has read and understands Part 2 of their Child Safety Plan and is encouraged to participate and contribute to the planning process,
- The Child Safety Plan is shared with the foster carers and relevant authorities.

A Child Safety Plan includes information about:

- How the environment needs to be managed to support the child/young person,
- The skills the child/young person needs to be taught to enable them to behave in a more positive way
- Strategies for managing and responding to inappropriate behaviour when it occurs including proactive, active, and reactive phases
- Gradient of Responses in that interventions should be measured to the state of arousal and response strategies should be proportionate in aiding the behaviour to reduce to acceptable level/base line
- Any rewards to be used and any actions which should not be carried out during a particular phase
- Areas to be considered and relevant strategies to be used in order to prevent potential relapse of the behaviour.

Decisions to Physically Intervene or Restrain

The purpose of physical intervention is to take immediate control of a dangerous situation, in order to end or significantly reduce the risk of harm to the person and others around them. Physical intervention involves some form of physical contact and application of force to guide, restrict or prevent movement.

While physical intervention is never desirable, it may sometimes be necessary and compatible with the actions of a good parent. Decisions in this regard are often finely balanced and foster carers will need to ensure the minimum necessary force to protect the child or another person from immediate danger.

The existence or absence of a Child Safety Plan or other behaviour support plan does not prevent foster carers from acting to keep themselves or others safe when addressing violent or potentially harmful behaviour. However, Foster Carers may only deviate from agreed plans where they are able to demonstrate that that the plan would not be sufficient to prevent injury or damage to property, and the alternative actions they take are consistent with the principles contained in the PRICE training. Any deviation from agreed plans must be reported to the Supervising Social Worker and Registered Manager as soon as practicable thereafter.

When considering a physical intervention, the foster carer will need to make a dynamic risk assessment which considers the following:

- The risk or potential risk identified, and the extent to which the outcome is imminent
- The range of opportunities available to minimise or negate that risk
- The risks inherent in intervening, and the risks inherent in not intervening

Any decision about physical intervention must be proportionate, and foster carers must only use the minimum amount of force necessary to achieve the desired outcome, and for the shortest period of time possible (Davidson et al, 2005, ADCS, 2009; Department for Education, 2014; Department of Health, 2014; Ministry of Justice et al, 2015; NICE 2015). This means that, wherever possible, attempts should be made to use physical presence before any physical contact and to use non-restrictive contact before moving to restraint.

Every effort should be made to avoid the need for restraint, and foster carers must be absolutely clear that this is a last resort, only to be used when other attempts to address dysregulation have been tried and failed, or are not appropriate, and it is the only way to keep a person safe or to avoid significant damage to property. There is never any other justification. Restraint is not a technique to be used to ensure compliance with expected norms, or as a disciplinary measure; neither can it legitimately or lawfully be used in the context of any kind of “holding therapy” (BAAF, 2006)

It is impossible to set out the various scenarios in which restraint might be appropriate, but in making a decision about whether or not to restrain a child or young person, the foster carer should take into account the range of factors identified as applicable to staff in children’s homes (Davidson et al, 2005; Department for Education, 2014):

- The age and understanding of the child
- The size of the child
- The relevance of any disability, health problem or medication to the behaviour in question and the action that might be taken as a result
- The risks of not intervening
- The child’s previously sought views on strategies that they considered might de-escalate or calm a situation
- The method of restraint that would be appropriate in the specific circumstances
- The impact of the restraint on the carer’s future relationships with the child.

Restraining a child or young person inevitably carries the risk of injury to both the child and the foster carer and considering the above factors will help determine the extent of that risk. Foster carers will also need to take into account any known history of the child or young person, their gender and that of the person likely to be restraining them, and in particular whether they have a known history of sexual abuse or other harm by adults that might make the experience of being physically restrained particularly traumatic. They will also need to take into account the likely reaction of any other foster children or members of the public who might witness the restraint.

Restraint as part of safety plan

Where it is recognised that a particular child will or may routinely need a level of physical intervention or restraint, then it is important that careful consideration is given as to whether the child can safely be cared for in the context of a foster home.

In some cases, the individual needs of children and young people may change and evolve due to past traumas and/or emerging needs. Some children may develop new behaviours or regress to old behaviours which require foster carers to physically intervene with children to effectively manage such situations and maintain safety.

Therefore, it may be appropriate and necessary to plan for and include restraint as part of a Child Safety Plan in order to successfully ensure stability for the child, where this is in the child's best interests.

In some cases, situations necessitating restraint will be linked to a child's disability, and in these circumstances (and others) it is essential that the foster carer is encouraged to make full use of any strategies or techniques that have been developed in school or by other professional services. Every effort should be made to minimise and reduce the behaviour that leads to the need for physical restraint.

Where the identified need for restraint remains, despite these efforts, this should be formally agreed as part of the Child Safety Plan in the context of a placement agreement meeting or in a similarly formal setting. The signed record of that meeting should set out the child's views and how these were taken into account, the birth family's views and how these were taken into account, the views of the foster carers, and those of other professionals involved in the care of the child. The plan itself should address a number of factors:

- The efforts that will be taken to avoid the need for restraint
- The likely behaviours which will lead to restraint, where known
- The type of restraint that will be employed and who will be involved in this (considering the role of the foster carer's support network where appropriate)
- Arrangements to ensure that the foster carer is fully trained in relation to restraining children and/or this particular child. Appropriate training in restraint techniques must be sourced for the foster carers from the placing authority and through Caldecott Fostering in such situations.
- Preparation of the child or any other foster children living in the home
- Arrangements for recording following a restraint, and who will be notified
- Arrangements for debriefing the child and foster carer following an incident of restraint
- Arrangements for supporting the child, including advocacy services, where appropriate
- Arrangements for monitoring patterns of restraint and reviewing the behaviour plan

Given the seriousness of restraint, it is essential that the child's Safety Plan is drawn up in conjunction with the child or young person (where appropriate) and signed off by senior managers in the placing authority, the social worker, the Registered Manager in the fostering service and by the Independent Reviewing Officer (IRO).

Inappropriate Restraint

There are no universally accepted standards for the use of physical restraint. However, guidance from the Government and others is helpful and applicable:

- Foster carers should not restrain children 'in a way that impacts on the airway, breathing or circulation, such as face down restraint' (Department of Health, 2014, p10)
- Holding a child by the neck carries a risk of suffocation or restricting blood flow to the brain, as well as a risk of spinal injury, and so on no account should neck holds be used as a way of restraining children (Department for Education, 2014, p 10).
- The so called "nose distraction" technique and other techniques that inflict pain cannot be deemed proportionate and so are unsuitable to be used in children's homes or in fostering settings (ADCS, 2009, p 10; Department for Education, 2014)
- Techniques should not be used where they extend, or flex, or put pressure on the child or young person's joints (ADCS, 2009, p 9)
- The use of mechanical restraints would usually be an entirely **inappropriate** way of managing behaviour in a fostering setting. The only exception to this might be in relation to the small number of severely disabled children where a device such as an arm splint might limit or prevent high frequency and intense self-injurious behaviour (Department of Health, 2014)
- Neither would it be appropriate to lock a child in a room as part of an agreed safety plan (ADCS, 2009, p 9)
- This list is not exhaustive

Post-Restraint Activity and Responsibility

Following a one-off unpredicted incident of restraint, or a more predictable restraint that has been authorised in the context of a Child Safety Plan, a number of actions should follow, in line with the general guidance for staff in children's homes (Department for Education, 2014)

- The foster carer should notify their supervising social worker of the incident or the out of hours service as soon as possible following the incident. They should not wait until the following day. Caldecott Fostering should provide the foster carer with an opportunity to be debriefed.
- Consideration should be given as to whether medical assessment or treatment is required, or whether this should be offered to a child or young person.
- The foster carer should carefully and accurately record the incident, including the series of events leading up to the restraint, the restraint itself, and the resolution or ending.
- The supervising social worker should record the incident as a 'monitoring event' on the system. Please note that if the police are called to an incident at the foster home, then this should be recorded as a 'notifiable event' and the appropriate notifications should be made.
- The child should be given the opportunity to be debriefed by a responsible adult who was not involved in the incident. Someone other than the foster carer should see and speak to the child within 24 hours following a physical intervention and if the Local Authority Social Worker has not visited the foster home then the agency must ensure that a suitable adult has visited to complete this task to check on wellbeing and gather the child's views.
- Depending on any individual Child Safety Plan, the child should be given a copy of the foster carer's recording and invited to add their views.
- The child should be offered an advocate and reminded of their entitlement to make use of the Complaints Procedure.
- If appropriate, a Life Space Interview should be completed with the child in order to repair the relationship and reflect with the foster carer on the incident. There may be occasions when another responsible adult should complete this or it is not appropriate to conduct this interview. The Registered Manager must always be consulted prior to this taking place.
- Any training needs for the foster carer must be considered and recorded on the Record of Physical Intervention as well as on their PDP.
- The supervising social worker must complete a Record of Physical Intervention template for all 'one off' unpredicted incidents of restraint. These should be signed by the SSW, Foster Child, Foster Carer and Registered Manager and uploaded to the child's record on the system. These should also be shared with the placing local authority social worker for the child.

Training

Preparation and assessment for prospective Foster Carers will include reference to and discussion of this policy and acceptance of it. More detailed exploration of the principles and practical application of the procedure will be undertaken through mandatory online and face to face training for approved foster carers about difficult to manage behaviours and also through support provided by supervising social workers.

All approved foster carers will receive appropriate training in methods of behaviour support, including the use of restrictive physical intervention and restraint where this forms part of an individual child safety plan. As noted above, Caldecott Fostering uses PRICE Training (Protecting Rights In the Caring Environment). Initial training is 2 days in duration and there is a refresher every two years thereafter. In addition, bespoke training and workshops will be provided to meet the needs of individual young people. Training will be delivered by qualified instructors who themselves are in possession of an up-to-date certificate of their competence to deliver the training.

Full details of the content of the training, including the medical risk assessments for each technique are available from the Organisation's PRICE instructor or the Quality Improvement Department. Every course, whether an introductory or refresher, will cover the legislative requirements and the risks associated with the use of

Restrictive Physical Interventions, in particular the risks of positional asphyxiation. An up-to-date record of training received by foster carers will be maintained by the Registered Manager and used to ensure that training remains appropriate to the needs of the children in their care.

If there is an identified need for a foster carer to have specific training in restraint techniques, this can be requested by the foster carer and their supervising social worker and agreed by the Registered Manager if appropriate. This will also be considered following every incident of one-off unpredicted restraint. In addition, Local Authorities may provide training themselves in the management of dysregulated behaviour for specific children. Where this is available foster carers should attend to enable them to work collaboratively and consistently with the team around the child and to consolidate any training provided by Caldecott Fostering.

Summary

The matching of children and young people to our foster families must take into account historical information available and consider the risks of dysregulated behaviour and whether the needs of the child can be **safely** met in a foster home environment.

The matching of children and young people with disabilities and/or learning difficulties who have identified needs such as 'holding techniques', require careful consideration and the question of whether their needs can be **safely** met in the foster home must be evidenced. This must be agreed by the Registered Manager. Foster carers providing a home for children with these needs require relevant training by an accredited trainer before the child moves in and written evidence of their competency. It is important to ensure that the Local Authority are satisfied with the training provided, and they may prefer to provide their own specific training in such circumstances to ensure consistency and competency.

Foster carers are subject to mandatory training aligned to our therapeutic model of care, which provides them with the skills to recognise and de-escalate challenging behaviour so that it reduces the likelihood that 'physical restraint' is necessary.

It is acknowledged that we have a duty of care to prevent physical and psychological harm – there will be times when 'physical intervention' or 'physical restraint' is required.