**FOSTER CARERS**

 **RESTRICTIVE PHYSICAL INTERVENTION RECORD**

***This record must be completed by the Foster Carer when they*** ***use any form of restrictive physical intervention (restraint, holding, positive touch or presence) to stop a child/young person from significantly injuring themselves, others or seriously damaging property.***

***The Foster Carer must inform their Fostering Social Worker immediately (or Out of Hours if between 5pm and 8.30am) and submit this incident record to their Fostering Social Worker and Child’s Social Worker within 24 hours of the incident of restrictive physical intervention.***

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| **Date of incident** |  |
| **Location of incident** |  |
| **Name of child / young person** |  | **Date of birth of child/ young person** |  |
| **Name of foster carer(s)** |  |
| **Name(s) of all other children/young people & adults present at incident** |  |
| **Start time of incident** |  |
| **End time of incident** |  |
| **Description of incident (what happened):** |
| **Before (where was the child? What were they / others doing? Was anything different? Any triggers if so what?)** |  |
| **During (what did the behaviour of the child/young person & others look like?)** |  |
| **Who / What was at risk of harm or damage?****What was the risk(s)? (e.g. hitting, biting, kicking, grabbing hair, running into danger, seriously damaging property/possessions)** |  |
| **What diversion/de-escalation strategies were used prior to the restrictive physical intervention *(e.g. verbal advice/support, humour, distraction, time out, transfer to different adult, choices, limits & consequences, reassurance, planned ignoring, success reminders/praise, positive handling, stepping away, negotiation)*?**  |

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| **Method and description of restrictive physical intervention used.**  | ***(Delete as appropriate and describe what you did)*****Restraint**: the positive application of force with the intention of overpowering a child/young person.**Holding**: 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. **Positive touch**: 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.**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.  |
| **Does the child/young person have a Behaviour Management Plan? Y/N** |  |
| **What (if any) physical intervention methods are included in the child’s / young person’s Behaviour Management Plan?** |  |
| **What training / consultation has been received in behaviour management which includes use of restrictive physical intervention *(Team Teach, Non-Violence Resistance, consultation with Team Teach Advisor, Placement Stability Team)?*** |  |
| **Body Map** | **Child** | **Adult** |
| **Any injuries sustained** |  |  |
| ***Please note underneath each body map location of injury/injuries (e.g. Front: R 13 – wrist, L 7)*** |  |  |
| **Agencies informed**  | **Medical services**  |  |
| **Police**  |  |
| **Fostering social worker** |  |
| **Child’s social worker** |  |
| **County Out of Hours *(03000 419191)*** |  |
| **Fostering Out of Hours*****(East: EK 1 & 2 & SK): 07740 184615******(West: WK & NK): 07740 184616***  |  |
| **LADO** |  |
| **Reflections on the incident with or by child/young person?** |   |
| **Further comments or reflections by Foster Carer(s) / others present at incident?** |  |
| **Signed****Foster Carer(s)** |  | **Date**  |  |

**FOR USE BY THE FOSTERING SUPPORT TEAM**

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| **Has there been discussion and reflection about the incident in the Foster Carers Supervision? Y/N** |  |
| **Has the child / young person’s Social Worker discussed with the child /young person? Y/N** |  |
| **Has the child / young person’s Social Worker updated the Placement Plan Risk Assessment (if necessary)? Y/N** |  |
| **Is there recommendation for further behaviour management advice / consultation / training for the Foster Carer? Y/N** |  |
| **Does / Has the child / young person’s Safe Care Plan been updated? Y/N** |  |
| **Do / Have the Placement Arrangements been updated?** **Y/N** |  |
| **Do / Has the child / young person’s Behaviour Management Plan been developed or updated (if necessary)? Y/N** |  |