Promoting Positive Behaviour and use of Physical Intervention Guidance and Procedure
Document title

About this document

<table>
<thead>
<tr>
<th>Title</th>
<th>Promoting Positive Behaviour and use of Physical Intervention Guidance and Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Guidance for the Fostering Services regarding acceptable methods of control, the promotion of positive behaviour, use of de-escalation and guidelines if physical intervention is likely to be required.</td>
</tr>
<tr>
<td>Updated by</td>
<td>Rosemarie Cronin, CWDC Co-ordinator (Fostering)</td>
</tr>
<tr>
<td>Approved by</td>
<td>Children in Care’s Workstream</td>
</tr>
<tr>
<td>Date</td>
<td>March 16</td>
</tr>
<tr>
<td>Version number</td>
<td>4</td>
</tr>
<tr>
<td>Status</td>
<td></td>
</tr>
<tr>
<td>Review frequency</td>
<td>Three-yearly</td>
</tr>
<tr>
<td>Next review date</td>
<td>March 19</td>
</tr>
</tbody>
</table>
## Version Control

<table>
<thead>
<tr>
<th>Date Issued:</th>
<th>Version</th>
<th>Summary of Changes</th>
<th>Created by</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2016</td>
<td>4</td>
<td>Added information in regarding the Fostering Changes Programme in under Foster Carers training</td>
<td>Rosemarie Cronin</td>
</tr>
<tr>
<td>March 2016</td>
<td>4</td>
<td>Included examples of children going missing and child sexual exploitation as behaviour issues that should be discussed with the foster carer and the SSW to ensure carers are up to date with the most recent guidance and procedures in these areas</td>
<td>Rosemarie Cronin</td>
</tr>
<tr>
<td>March 2016</td>
<td>4</td>
<td>Change in the case of physical intervention and restraint that this can be signed of by the ADM and any Director of Local Deliver rather than specifically the one with the lead for Children in Care</td>
<td>Rosemarie Cronin</td>
</tr>
</tbody>
</table>
Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and Legal Framework</td>
<td>5</td>
</tr>
<tr>
<td>Foster Carer Training</td>
<td>7</td>
</tr>
<tr>
<td>Touching and Holding</td>
<td>8</td>
</tr>
<tr>
<td>Prevention and De-escalation of Challenging Behaviour</td>
<td>8</td>
</tr>
<tr>
<td>Non Permitted Methods of Control</td>
<td>11</td>
</tr>
<tr>
<td>Permitted Methods of Control and Discipline</td>
<td>12</td>
</tr>
<tr>
<td>Support for Foster Carers</td>
<td>13</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>13</td>
</tr>
<tr>
<td>Physical Intervention and Restraint</td>
<td>14</td>
</tr>
<tr>
<td>Unplanned Physical Restraint used in Emergency Situations</td>
<td>15</td>
</tr>
<tr>
<td>Restriction of Liberty</td>
<td>15</td>
</tr>
<tr>
<td>Recording</td>
<td>16</td>
</tr>
<tr>
<td>Debriefing</td>
<td>16</td>
</tr>
<tr>
<td>Appendix 1 – Flow Chart for Behaviour Management for children and young people in foster care</td>
<td>18</td>
</tr>
<tr>
<td>Appendix 2 – Physical Intervention Flowchart</td>
<td>19</td>
</tr>
<tr>
<td>Appendix 3 – Record of the Use of Physical Restraint approaches with (child or young person) by foster carer (s)</td>
<td>20</td>
</tr>
</tbody>
</table>
Introduction and Legal Framework

Many children and young people who are ‘looked after’ have experienced traumatic situations. Others may have disabilities or conditions which severely affect their opportunity to develop healthily. Such experiences will impact upon their ability to communicate and express their needs appropriately. It is likely that, at times challenging behaviours will be presented which reflect their sense of frustration; anger; confusion; anxiety; loss and hurt. As a consequence of this children and young people who are looked after will need a greater level of care and one-to-one attention. Behaviour that may be viewed as ‘naughty’ is often an expression of past hurt and abuse. Foster carers must not use any form of corporal, emotional or physical punishment and the fostering service emphasise the importance of building up positive relationships as a means of managing behaviour.

As well as managing any challenging behaviour of children and young people who are looked after, foster carers are also expected to apply the same principles in relation to managing behaviour positively for any of their own children. Children and young people who may have experienced traumatic and difficult experiences will not only respond to how they are treated but how they see other children and young people in the household treated. For example, seeing another child or young person being smacked could bring back traumatic memories for the looked after child and may also cause him or her to be fearful that it could happen to them and of other behaviours that may follow. It is therefore the policy of the fostering service that foster carers should not use the methods of control that are not permissible on either their own children or on any looked after children or young people.

The Fostering Services Regulations 2011, Regulation 13 states:

13.—(1) The fostering service provider must prepare and implement a written policy on acceptable measures of control, restraint and discipline of children placed with foster parents.

(2) The fostering service provider must take all reasonable steps to ensure that—
   (a) no form of corporal punishment is used on any child placed with a foster parent,
   (b) no child placed with a foster parent is subject to any measure of control, restraint or discipline which is excessive or unreasonable, and
   (c) restraint is used on a child only where it is necessary to prevent injury to the child or other persons, or serious damage to property.

(3) The fostering service provider must prepare and implement a written procedure to be followed if a child is missing from a foster parent’s home without permission.

The National Minimum Standards for Fostering Services (2011) state:

3.1) Foster carers have high expectations of all of the foster children in their household.

3.2) Foster carers provide an environment and culture that promotes, models and supports positive behaviour.

3.3) Children are able to develop and practice skills to build and maintain positive relationships, be assertive and to resolve conflicts positively.
3.4) Children are encouraged to take responsibility for their behaviour in a way that is appropriate to their age and abilities.

3.5) Foster carers respect the child’s privacy and confidentiality, in a manner that is consistent with good parenting.

3.6) Foster carers have positive strategies for effectively supporting children where they encounter discrimination or bullying wherever this occurs.

3.7) Foster carers receive support on how to manage their responses and feelings arising from caring for children, particularly where children display very challenging behaviour, and understand how children’s previous experiences can manifest in challenging behaviour.

3.8) All foster carers receive training in positive care and control of children, including training in de-escalating problems and disputes. The fostering service has a clear written policy on managing behaviour, which includes supporting positive behaviour, de-escalation of conflicts and discipline. The fostering service’s policy is made clear to the responsible authority/placing authority, child and parent/s or carers before the placement begins or, in an emergency placement, at the time of the placement.

3.9) Each foster carer is aware of all the necessary information available to the fostering service about a child’s circumstances, including any significant recent events, to help the foster carer understand and predict the child’s needs and behaviours and support the child within their household. The fostering service follows up with the responsible authority where all such necessary information has not been provided by the authority.

3.10) The fostering service’s approach to care minimises the need for police involvement to deal with challenging behaviour and avoids criminalising children unnecessarily.

The Fostering Guidance 2011 states:

3.96 Being able to promote positive behaviour and manage children’s behaviour well is central to the quality of care provided in any foster home. Negative behaviour should usually be managed through building positive relationships with children. Foster carers need to be able to respond positively to each child or young person’s individual behaviour and to be skilled at both diffusing difficult situations and avoiding situations escalating. The child’s placement plan must set out any specific behavioural issues that need to be addressed or approaches to be used.

3.97 Every fostering service must prepare and implement a clear written policy about acceptable measures of control, restraint and discipline of children placed with foster carers (regulation 13 and standard 3). All foster carers should be made aware of the policy and apply it at all times. The service must ensure that no form of corporal punishment is used on any child by a foster carer or a member of their household, and that no foster child is subject to any excessive or unreasonable measure of control, restraint or discipline.

3.98 The policy should make it clear that restraint should only be used in exceptional circumstances where it is the only appropriate means to prevent likely injury to the child or other people, or likely serious damage to property, and in a manner consistent with the actions of any
good parent. Sanctions for poor behaviour must be clear, reasonable and fair and must not include restraint or corporal punishment.

3.99 Wherever possible foster carers should use constructive dialogue with the child or guide them away from a confrontational situation. They should also have an understanding of their own emotional response to a confrontation or threat, and know when to withdraw, concede or seek help.

This guidance should be read in conjunction with the Essex County Council Physical Intervention Policy.

**Foster Carer Training**

Foster carers receive training regarding managing behaviour as part of the Skills to Foster Training. In addition to this further training is available post approval and it is expected that all carers in the household complete this within 12 months of approval. This includes distance learning (option for secondary carers only) and face to face training courses (See Training Programme for more information).

In addition this the fostering service are committed to the Fostering Changes Programme. This is a 12 week programme which looks at de-escalation skills, observation, reinforcement of positive behaviours, extinguishing negative behaviours, triggers and payoffs (ABC), the use of praise to encourage positive behaviour, helping children regulate their own emotions, supporting a child’s learning, the use of rewards (both tangible and social) giving clear instructions, ignoring minor negative behaviours, positive discipline, time out and problem solving skills for the carer to use and to teach children. It raises an awareness of the impact a child’s history could have on their behaviour. As from April 2016 it is agreed that they main carers in the fostering household should complete this programme. It is not compulsory for family, friends or connected persons or short breaks carers, however they can access the programme if they wish to.

Additional training and guidance will be provided for carers where it is identified that the use of physical intervention or the use of force to control a young person may be required. The training provided should equip foster carers to remain safe and keep the child and young person safe. This training will include the following example key learning outcomes:

- To establish a common value base that should underpin all aspects of care and explore the implications of these for practice
- Understand the relationship between communication, personal and environmental setting conditions and challenging behaviour
- To recognise the factors that trigger challenging behaviour and warning/danger signs
- To understand personal responses and its impact on situations involving challenging behaviour
- Employ primary/secondary prevention and communication approaches when responding to challenging behaviour
- Recognise the importance of incident awareness, initial approach and positive body language
- Be aware of own personal safety and that of others
- To know and demonstrate different methods and skills designed to reduce the risk of escalation during the initial stages of provocation and to manage challenging behaviour
Utilise a range of safe and effective holding (low level escorting and physical intervention techniques) and self-protection techniques (breakaways).

**Touching and Holding**

A child or young person may be held for a reason not directly concerned with control, in a manner which does not carry the full force of physical intervention e.g. holding a hand to cross a road, leading away from danger. There may be occasions when a child or young person is upset and needs comfort and reassurance. Foster carers must ensure that their contact is not seen as threatening, intrusive or subject to misinterpretation, and should only be offered where it is seen as comfortable by the child/young person. Children should be encouraged to instigate the physical contact rather than the adult.

Extra caution may be required where it is known that a child or young person has suffered previous abuse or neglect. In the child or young person’s view, physical contact might be associated with such experiences and lead to foster carers being vulnerable to allegations of abuse. It is recognised that some children and young people are extremely needy and seek out inappropriate physical contact. In such circumstances foster carers should support the child or young person to seek and receive appropriate physical contact. Such issues should be discussed at the Placement Planning Meeting and the Family Safer Caring Plan should be updated accordingly.

Physical contact should never be secretive, or for the gratification of the adult, or represent the misuse of authority. If an adult believes that an action could be misinterpreted, the incident should be recorded in the foster carer logs and reported to the supervising social worker as soon as possible.

**Prevention and De-escalation of Challenging Behaviour**

Foster carers are expected to promote positive behaviour in children and young people through the care they provide and should be able to manage challenging behaviour through building positive relationships with the children that they look after. To enable them to do this it is crucial the foster carers are provided with all the relevant information about the child or young person. This should include any information about previous challenging behaviour and advice about how this should be managed in the future. It is the responsibility of the child or young person’s social worker to provide this information but the fostering service should follow this up if it is not forthcoming.

Previous behaviour and behaviour management of the child or young person should be discussed prior to placement as part of the matching process and also at the Placement Planning Meeting. If there are specific behaviours that the foster carer is likely to have to manage then it will be necessary to think in advance about management techniques which could be used. This will include areas such as children going missing and child sexual exploitation. SSW’s should ensure that foster carers are up to date with the current guidance and procedures in these areas.

Wherever possible, rewarding acceptable behaviour should be the preferred and usual method of reinforcing and encouraging acceptable conduct and behaviour.

Foster carers will be encouraged to seek help and advice where appropriate and this could be from their supervising social worker, the child or young person’s social worker, EWMHS.
(Emotional Wellbeing and Mental Health Service) or others who may have managed the behaviour previously e.g. school. Foster carers are to be provided with in-depth information about the child and their family, such as Placement Plan / Placement Information Record, care plan, risk assessments that can help the carer in fully understanding the needs of children or young people placed and any current behaviours or potential future difficulties.

If the risk assessment for a child or young person who is placed or planned to be placed identifies that physical intervention techniques may be required, the process for use of physical intervention must be followed. This will include a multi-disciplinary meeting which should be attended (chaired) by a physical intervention instructor. (see page 11 and appendix 2)

Foster Carers will be supported in obtaining knowledge of external specialist services to assist in the management of particularly difficult or extreme behaviours for example, EWMHS (Emotional Wellbeing and Mental Health Service) and drug and alcohol services. These groups can only advise on non-physical interventions.

It is always better to catch behaviour before it escalates and foster carers may have their own ways which have worked. Below are some techniques that could be useful:

- With younger children, warm face flannel/moist perfumed tissue: gently wipe the face of the child in the flannel/tissue and acknowledge that they are becoming upset and that you have noticed that they are finding something hard but that you have also noticed how hard they have tried to control their temper/behaviour and think they have done a good job
- Ignore the particular behaviour (if safe to do so) and address it in a positive way at another time
- Divert attention
- Involve your support network
- Be calm, reasonable and reassuring
- Transmit calm with body language by using normal and relaxed movements
- Transmit calm with your voice by using normal, reassuring tone
- Establish eye contact, but don’t stare aggressively
- Try and consider any relevant information regarding the young person or any previous plans
- Try to involve the young person in solving the problem/situation
- Work on any positives, confirming any positive statement or behaviour
- Suggest alternative strategies and help the young person see there is a way out of the situation
- Offer a choice or a compromise. If doing this always make sure that the options can be given or further frustration is likely
- Ask the child or young person if they have a solution (this would depend on age and level of understanding)
- Reflect and recap on events
- Give personal space
- Provide empathy for the child or young person’s position in an active way
- Use of humour – care should always be taken with this as it can be misinterpreted
- Speak in a quieter tone than the child or young person
- The foster carer should retain their own self-control. Sometimes it may be better to walk away from the situation (as long as it is safe to do so) rather than risk losing control which is likely to escalate the behaviour
- Do something unusual – but not frightening – this can help to diffuse the situation
- Red card: give a child/young person a red card or some such which they can put up to show you that they are getting to a trigger point. This will not only indicate to you that you may need to change tack but also helps the child to start to identify triggers points before they are actually triggered
- Look at what the child is doing rather than just what they are saying: the child may be provoking you with what they are saying but their behaviour may not be challenging - i.e. a child may consistently tell you they are not going to clean their room but in fact, they are actually attempting to do so
- It is important for foster carers to remember that the child or young person’s comments are not to be taken personally – they are more likely to be a measure of the frustration and anger that the child or young person is feeling
- Re-frame what is happening by trying to make it positive: i.e. a child may be on the verge of flying into a temper when they could not achieve a task, be positive about how far they did get and suggest they try again later
- Seeking to reward good behaviour – at times this may be difficult and carers should try hard to notice something positive, however small. It can also be a good means of de-escalating behaviour
- Adopt a non-confrontational approach
- Establishing a good relationship/rapport with children and young people which is based on mutual respect
- Establishing house rules which are consistent, explicit and applicable to all the children and young people within the household
- Acknowledging and appreciating the past life experiences that children and young people bring
- Working within a multi-agency context – be prepared to discuss with other relevant people the behaviour you are experiencing and work together to consider strategies
• Working in partnership with children, young people, carers, parents, professionals and voluntary agencies

**Not Permitted Methods of Control**

Foster carers must **not** use the following methods of control:

• Corporal Punishment – Foster carers should not use any element of force as punishment including slapping, pinching, squeezing, shaking, throwing missiles, rough handling, punching or pushing in the heat of the moment and/or in response to violence from young people

• Punish or treat in any way that is humiliating, including requiring a child to wear distinctive or inappropriate clothing

• Refuse meals or deprive of food or drinks, deny access to amounts and range of foods and drinks normally available to children and young people being cared for (unless this is on medical advice). If a child or young person has missed a meal the foster carer would need to consider how to manage this but the principle is that no child or young person should be left hungry

• Use or withhold medication, medical or dental treatment

• Use accommodation to physically restrict the liberty of any child e.g. locking or otherwise blocking doors

• Restrict contact to and from family and friends. This will include, independent visitors, advocate, any officer appointed by **CAFCASS**, solicitor, social worker, independent person regarding complaints and any person representing **Ofsted**

• Intentionally deprive a child of sleep

• Impose fines, except for reparation and restitution (see acceptable forms of control and discipline)

• Conduct intimate physical searches. If it is suspected that a child has secreted drugs/weapons on his/her person, then consideration should be given to notifying the police, following consultation with child/young persons social worker or the carers supervising social worker

• Withholding equipment needed by a disabled child

• Allow participation in the consideration of, or the administration of any form of punishment by a child or young person on any other child or young person. A foster
carer’s own child should only do this if they have been clearly authorized to do so and this should only be adult family members. If there has been any physical attack on a foster child either within the foster home or outside this should be reported immediately to the fostering service and the social worker of the child (see also countering bullying policy and procedures)

- Foster carers should not intentionally punish a group of children for the behavior of an individual child or young person. This could be seen as or encourage bullying

- Any threat to use any of the above

**Permitted methods of control and discipline**

- The curtailment of leisure activities, loss of privileges and use of increased supervision. Activities which are agreed as part of the care plan should not be curtailed

- The giving of additional chores to be undertaken as a consequence of their behaviour – these would need to be manageable and ones where it may be possible to complete in say 10 minutes - the aim of this is to reinforce the fact that their behaviour is unacceptable and not for the task to be seen as a punishment. If this is not complied with, then again the withdrawal of a privilege may result

- Use of reward systems. Have a clear set of expectations for the child and where necessary use reward systems that the child can participate in and track themselves, e.g. star charts

- Have a clear set of targets but be realistic and choose achievable targets so that they are attainable. By attaining them, the child will not only obtain their “reward” but this will go towards improving self-esteem

- Have a clear understanding about ‘Time Out’. Start with say 5 minutes and slowly add minutes but it should never exceed 9 minutes in total. Before considering ‘Time Out’ consideration should be given to the child or young person’s previous experience to ensure that this form of punishment does not create additional trauma e.g. if being sent to the bedroom is linked with a child’s experience of abuse

- If ‘Time Out’ does not create the desired effect, then loss of privileges would be another option but it should already have been made known to the child that this was likely to happen at this stage

- The appropriation of pocket money to repair damage or for the replacement of loss. Restitution may be in full, in part or merely token but the children and young people must not be deprived of more than two-thirds of their total spending money a week. It is advisable to discuss this with the supervising social worker and/or the child or young person’s social worker

- Where possible, pre-teach a child a skill - i.e. going to a supermarket without wanting to buy lots of sweets. Explain what you are going to the supermarket to buy, give the child the task of finding some of the items and if necessary, restrict your time at the supermarket, gradually increasing this as the child is better able to cope
The confiscation, temporarily, or permanently, of any article or substance belonging to a child if that article, material or substance is considered to be potentially dangerous, for example, a knife or gas canister. Caution should be taken when considering this as it could also escalate behaviour and could trigger further negative behaviours

Support for Foster Carers

1. If foster carers are experiencing difficulties in managing a particular child or young person’s behaviour they should discuss this with their supervising social worker and the child’s social worker as soon as possible. This is good practice and a means where there can be discussion regarding possible techniques which could be useful and foster carers should not see this as a weakness regarding their skills.

2. Supervising Social Workers should read foster carer logs and discuss any issues regarding managing behaviour in supervision. If there are patterns of challenging behaviour from a child or young person a meeting should be arranged with the social worker of the child or young person.

3. If a meeting is arranged it should include the foster carer, supervising social worker, child or young person’s social worker and child or young person. The aim of this meeting is to discuss and review the behaviours being exhibited and consider ways of managing this in a safe way for all concerned. A written plan should be put together along with strategies to manage the situation. This should be continually reviewed to see how the strategies are working. If the agreed intervention (non-physical intervention) does not appear to be effective then the process for physical intervention and restraint should be considered.

4. If a foster carer has needed to use physical intervention they should inform their SSW as soon as possible or, if out of hours on the next working day. The SSW should arrange to speak to the foster carer either by phone or face-to-face support to discuss the incident and the circumstances around this. SSW’s should also discuss this in supervision sessions to ensure that foster carers are provided with all the support that they require to manage the situation and also an opportunity to talk through their own feelings and emotions.

Risk Assessment

If it is identified either in placement request form or by the foster carer, social worker or supervising social worker, that a young person might require physical intervention, or members of the household may need to use breakaway techniques, a risk assessment should be carried out. This should identify the benefits and risks of a range of different interventions. The use of physical intervention should be minimised by the adoption of a risk assessment and the use of preventative strategies whenever it is foreseeable.

The risk assessment must clarify the threshold for intervention and the interventions likely to be required, as well as a range of diffusion and distraction techniques.

There may be more than one risk assessment for a child or young person as different situations may cause different risks. The completed risk assessments should be used and discussed as part of the multi-professional meeting which should be convened as part of the process required if it is considered that physical intervention and restraint may be required.
Physical Intervention and Restraint

Essex Fostering Service does not encourage foster carers to use physical intervention. However, it is recognised that in exceptional circumstances it may need to be used. If physical intervention/restraint or breakaways are (is) not used properly it can pose a serious risk to foster carers, children and young people so should not be used without the appropriate training and agreement for use with a particular child or young person.

Any agreed method of physical intervention or breakaway techniques to be undertaken with the child or young person must be understood in the legal and good practice context. Foster carers should only use methods of intervention for which they have received training and have been deemed competent to undertake. The techniques used must be matched to the needs of the child or young person.

If there is a possibility that physical intervention/restraint or breakaway techniques are (is) likely to be used there is a clear process which should be followed. (See Appendix 2)

1. If de-escalation techniques and non-physical intervention do not appear to be effective in managing a child or young person’s challenging behaviour then a multi-professional meeting must be called to consider all options. This meeting should include a health representative, social worker, school representative, foster carers, supervising social worker, IRO and manual handling trainer (if it is a child or young person with disabilities) and a physical intervention instructor. The child should also be present or have their views represented. This meeting should be chaired by an independent person with knowledge of available physical and non-physical interventions. Agreement should be reached about the detail within the behaviour support/management plan. The LADO should be informed of the outcome of the meeting.

2. The agreed minutes of this meeting including the behaviour support/management plan should then be signed off both by the Agency Decision Maker for Fostering and the Director of Local Delivery.

3. The minutes of the meeting should identify specific training that should be provided that equips the foster carer to remain safe as well as keeping the child or young person safe.

4. Where physical intervention or breakaway techniques is an aspect of the behaviour support management plan the supervising social worker will be required to monitor use and compliance with the agreed techniques.

5. The specific physical intervention techniques should only be used for the child or young person that they agreed for as specified in the Behaviour Management Plan. Breakaway techniques are more generic and only used if someone is being attacked.

6. An agreed review date must be arranged at not more than 3 months ahead.

7. When physical intervention or a breakaway technique has been used the supervising social worker should visit the foster carer to discuss the incident and also to provide support to the carer and anyone else who may have been directly involved with the incident.

8. When any form of physical intervention or breakaway technique is agreed for use and used by carers, the Record of the Use of Physical Restraint approaches with (child or young person) by foster carer (s) must be completed (see Appendix 4), and returned
to the SSW within 24 hours of the incident. A copy of this form should also be sent to the social worker of the child or young person. The Supervising Social Worker should also complete the appropriate incident form and can attach a copy of the physical restraint record to it. The incident form should be processed in the usual way.

9. Review meeting relating to the incidents must take place every 3 months or when there have been 5 incidents where physical intervention or breakaway techniques were used (if sooner). The young person should be part of these. Consideration will be given to how things have been going and whether there is further need for (a) the behaviour support/management plan to include physical intervention techniques. If so the process continues from stage 1.

**Unplanned physical restraint used in an emergency situation**

Physical intervention should be used only as a last resort or when other strategies have been tried and found unsuccessful or when the risks of not employing an emergency intervention are outweighed by employing an emergency intervention are outweighed by the risk of using force.

In an emergency situation where foster carers have had to physically intervene to prevent a child being hurt or hurting someone else, this should be reported as soon as possible to the fostering service and followed up in writing. If this occurs the process for use of physical intervention (see appendix 2) should be implemented and a multi-disciplinary meeting arranged.

If the child or young person sustains, or is suspected of sustaining, an injury during a physical intervention they must be seen by their GP within 24 hours of the incident. All children and young people have the right to request a medical examination following a physical intervention regardless of whether any injury was sustained.

There may be circumstances where a child or young person’s behaviour is so dangerous that emergency services have to be involved. Wherever possible this should be discussed with the Fostering Service as to whether an incident needs to be reported. However, in incidents where there is a risk of serious harm emergency services must be called.

**Restriction of Liberty**

Children and Young People must not be kept in any accommodation which physically restricts their liberty unless it is in compliance with the legal requirements of secure accommodation. The following are not permitted:

- A child or young person should not be locked in a room, with or without another adult being present
- The locking of internal doors doors to confine a child or young person in a certain part of the home, with or without another adult present.

The following are acceptable and would not be seen as a restriction of liberty:

- The locking of external doors at night
- The securing of windows
- The locking of external doors during the day to prevent intruders from gaining access, not to prevent children and young people from going out
- Any measures that are taken to prevent children from gaining access to objects or substances which would be unsafe

There may be some circumstances, for example, younger children or a child with disabilities, who may put themselves at risk by running away. In these circumstances it is permissible to lock the external door during the day time but this should be agreed as part of the Placement Plan for that individual child or young person.

For a young child the risks of them leaving a home is real and obvious and the case for preventing this is clear and physically restraining such a child it may be necessary to hold or closely supervise them to ensure that they do not run off. However, for an adolescent, where absence from the home is judged as unlikely to lead them being injured or causing serious damage, physical restraint is inappropriate. It is important that foster carers recognise that there are practical limitations on their ability to prevent young people from running away if they are determined to do so.

The practice of not allowing children out (e.g. grounding) is common and acceptable provided that the child or young person is not prevented from leaving by being physically locked in or restrained.

**Recording**

The foster carer must record any uses of discipline that are used. This can be useful regarding showing patterns of behaviour and also to see what methods are working or not working. Some behaviours will also need to be recorded on an incident form which is completed with the Supervising Social Worker. A full record of the incident and use of physical intervention or breakaway techniques must be completed.

**The record should include:**

- The details of any methods used to avoid the need for the use of that measure
- The name of the child concerned
- Details of the child’s behaviour leading to the use of the measure
- A description of the measure used
- The date, time and location of the use of the measure
- The duration of the measure of restraint
- The name of the person using the measure and of any other person present
- The effectiveness and any consequences of the use of the measure
- A description of any injury to the child concerned or any other person and any medical treatment administered

It is good practice for the child involved to record their perception of the incident. Where necessary the child should be helped to access support from an advocate so that they are able to do this.

It is also good practice to use this information, as part of discussions with the child’s social worker and their IRO. The views of the child should also be taken into account.

**Debriefing**

Incidents that require the use of restrictive physical intervention or breakaway techniques can be upsetting for all concerned. Any medical or first aid provision must be immediately provided but opportunities to talk through the incident must be made available when they have recovered their composure. This should be in a safe, calm environment, where exactly what happened is
discovered and what effect it has had. This is not to apportion blame or punish anyone. The child/young person and the foster carer should be given separate opportunities as well as community discussion to talk and reflect on the incident and any future action to prevent the need to intervene or make the situation safer.

If others within the fostering household/networks have witnessed the restraint, or use of breakaway techniques, or been involved in any way they should be given the opportunity to be debriefed about the incident to inform the strategy needed to prevent any recurrence

A child should be given the opportunity to be listened to; any child who has been restrained should be given the opportunity to be debriefed by a responsible adult who has not been involved in the restraint incident and to talk through their experience within 24 hours. Children must be offered the opportunity to have access to an advocate to help them with this.
Information gathered from Care Plan, Risk Assessment, or Placement Matching Information

Foster Carer Safer Caring Family Plan updated to take into account new placement and any safer caring issues.

If there is behaviour management issues the Behaviour Support Plan should be completed by the social worker and risk assessments completed by the SSW.

Is physical intervention/breakaway techniques likely to be required?

Yes

Follow the Physical Intervention procedure regarding access to training and support for foster carers (Appendix 2)

No

Continue to monitor behaviour management and support strategies through CLA Statutory Reviews, Household Reviews and Supervision Meetings

Behaviour Management Plan working

Behaviour Management Plan not working
Appendix 2

Physical Intervention Flowchart regarding access to training and support for foster carers

Behaviour management plan is insufficient to manage the behaviour and further options including physical intervention/breakaways are thought to be needed.

Multi-professional meeting called to consider all options. To include health, social worker, education, IRO, carers, manual handling trainer, where the child has disabilities, the child and a Physical Intervention Instructor. Where the use of force is a consideration, the Instructor will (to) show the proposed holds. LADO to be informed of outcome of the meeting.

Agreement reached about behaviour support/management plan. Where physical intervention is an aspect Supervising Social Worker must agree to monitor use and compliance with agreed techniques. Review arranged not more than 3 months.

Fostering Decision Maker/Director of Local Delivery reviews and agrees plan prior to training delivery.

Foster carers with the SSW are provided with a training package of supporting and managing challenging behaviour and the agreed specific physical intervention techniques. Participants are assessed and when competent are provided with recording forms.

SSW to monitor use and if used should visit the foster carer to provide support and complete the appropriate paperwork.

Appendix 3

Record of the Use of Physical Restraint approaches with (child or young person) by foster carer(s).

<table>
<thead>
<tr>
<th>Date of incident:</th>
<th>Time:</th>
<th>Name of person/people involved:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please complete all boxes and return the form to Supervising Social Worker of the foster carer within 24 hours of the incident.

<table>
<thead>
<tr>
<th>What do you think triggered the behaviour?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What did (child or young person) do?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where were you when the incident happened?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was anyone injured? If yes how?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What time did (child or young person) see a Doctor? (within 24 hours if any injuries sustained)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please confirm all the approaches used:-</th>
<th>How long for:-</th>
<th>Please note any difficulties or successes with the use of these approaches:-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Looking back, is there anything that you would do differently; before, during or after wards?

<table>
<thead>
<tr>
<th>What happened in the lead up to this incident?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What happened in this incident? What did the child do?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What happened when the incident was over? What were the consequences? How did you all de-brief?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sign:</th>
<th>Date of form completed:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Monitoring signature of Supervising Social Worker:</th>
<th>Date form reviewed:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date Fostering incident form completed (a copy of this form should be attached)</th>
<th>Date copy of form sent to Social Worker of the child or young person</th>
</tr>
</thead>
</table>

| Comments to discuss with foster carer: | Issues to share at reviews: |