PRACTICE NOTE 63

Restraint and Physical Intervention in Foster Care

Evidence of child- or adolescent-to-parent violence is increasingly available in the context of adoption (Selwyn and Meakings, 2016) and in relation to young people on the edge of care (Biehal, 2012). Unsurprisingly, there is also evidence to suggest that such behaviour is evident in foster care, and that aggression against people and property is a factor in placements breaking down (Farmer *et al*, 2004; Macdonald and Kakavelakis, 2004; Sinclair *et al*, 2004). This is supported by a range of anecdotal evidence (Maclean, 2016) and raises difficult and complex issues about how best to manage aggressive and violent behaviour in a fostering context.

Restraint and physical intervention in foster care, and the training of foster carers to undertake such activity, are controversial issues that tend to divide opinion. One perspective sees fostering as being about normal family life, and suggests that where children or young people may need to be physically restrained because of the risk they pose to themselves, others or property, then they are best cared for in a setting other than foster care. This perspective emphasises the difficulties of safely restraining children and young people in a family home when there may be only one foster carer present, and highlights the risk that training foster carers to restrain will only make it more likely that such practices are used when they could and should be avoided.

The counter view emphasises the fact that foster carers are often looking after children and young people with challenging behaviour, and it is helpful if they are confident in being able to safely physically intervene, and even restrain them if that becomes unavoidable. Furthermore, for a small minority of children their behaviour means that restraint is a necessary part of a behavioural management plan, and if foster carers are not trained in restraint, this will mean that these children may end up in children's homes. Especially when considering younger children, it may be that a foster placement will best meet their needs, and that with loving care in a family setting the need for restraint will hopefully diminish or cease over time. This view would emphasise that properly trained foster carers will understand that physical intervention should be a last resort when other approaches to managing behaviour have been exhausted, and restraint must only be used to prevent harm to people or significant damage to property.

It is worth noting that children and young people in care – albeit mainly in residential settings – say that they recognise the need for restraint in certain contexts, but emphasise that this must be a last resort, and be carried out sensitively and carefully by well-trained adults using appropriate techniques (Children's Rights Director, 2012).

This Practice Note references legislation and standards in England, but these are not dissimilar to legal frameworks in other UK countries. The issues discussed in this Practice Note should therefore be relevant to foster carers and social workers in Scotland, Wales and Northern Ireland.

Legal context

UK law

It is important that foster carers and those working with them understand the law in this area. Section 3(1) of the Criminal Law Act 1967 provides that 'a person may use such force as is reasonable in the circumstances in the prevention of crime'. This is confirmed in common law – law developed by judicial precedent – and also allows an individual to use 'proportionate force' in self-defence. In other words, although it is usually illegal to use force against another person, there are circumstances where this is permissible so long as the force is proportionate to the circumstances, not excessive and used to prevent a crime.

It is also important to be clear that foster carers have a duty of care to the children they are looking after, and are expected to act in the manner of a good parent. This means that a foster carer is likely to be at fault if a child was putting themselves and/or others at risk, and the foster carer was in a position to safely intervene using physical force, but chose not to do so. For example, if a foster child was chasing another child with a knife with intent to stab them, no one would criticise a foster carer for tripping up the attacker and holding them on the ground until the police arrived.

Fostering legislation in England

Regulation 13 of the Fostering Services (England) Regulations 2011 (as amended) sets out the following in relation to behaviour management, including physical restraint:

1. *The fostering service provided 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.*

Statutory guidance (Department for Education, 2011b) makes clear that foster carers need to be skilled in 'diffusing difficult situations and avoiding situations escalating'. Furthermore, restraint should 'only be used in exceptional circumstances' and 'in a manner consistent with the actions of any good parent'.

Standard 3 of the Fostering Services National Minimum Standards (2011) addresses the need to promote positive behaviour in the context of a relationship between the foster carer and the child or young person, and Standard 3.8 requires that 'All foster carers receive training in positive care and control of children, including training in de-escalating problems and disputes'.

Definitions

Physical intervention can take a number of forms. For the purposes of this Practice Note, these are defined as physical presence, non-restrictive contact, and restraint.

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.

Luke

Luke was aged 16 and had been fostered by us for about four years. Although he had a great relationship with our family, he was quite troubled, and we really struggled to influence his offending behaviour that was linked to drinking and fighting. Eventually Luke was sent to a young offender institute and when he came out was given a curfew that meant he couldn't leave the house after 6pm. On a couple of occasions I stood in front of the door to stop him leaving, and one day he started shouting at me to get out of his way. If he had pushed past me I wasn't going to stop him, but I said, 'You're not going to punch an old man like me to get out, are you?' That really upset Luke, who said of course he wasn't, and he stormed upstairs to his bedroom. I know that was a bit of a risky strategy, but it did help Luke, and six years later he is still living with us and has settled down and is doing really well.

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 carer if they wish. They are not overpowered and have options to move away from the foster carer.

This might include 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.

It is important to understand that normal parenting activity with toddlers and younger children will inevitably involve non-restrictive contact, such as physically re-directing a toddler from trying to join his older sister as she plays in an organised school football match. Similarly, depending on their mood, amongst other things, a child might object and resist if a parent insists on holding their hand near road traffic. This describes routine parenting activity appropriate to the age and development of the child.

It is important to be absolutely clear that non-restrictive contact is permissible in law, and may need to be used by foster carers in a similar way to how it is used by birth parents. If a seven-year-old is told that they cannot have any ice-cream until after their dinner, but refuses to accept this and tries to access the freezer, it is entirely appropriate to physically intervene and move them away. This is a proportionate response, and the behaviour of a good parent.

Billy

I was a single male respite foster carer for Billy, aged seven, who used to come and stay with me every other weekend. He was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), although I always felt that the lack of boundaries at home contributed to some of his difficulties.

Billy particularly struggled to settle at bedtime and wanted to get out of bed and run around the house. So, we had a routine where after reading a story with him, I would sit on the landing for a while. If Billy tried to get up and come out of his room, I would stand up and block him from getting through the door, and if he tried to get past I would hold his upper arms and walk him back into bed. After a while, Billy stopped this behaviour and bedtime was much easier. I made my supervising social worker aware of this practice and recorded it in my notes, but no one ever had a problem with what I was doing.

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. Restraint must only ever be used for the purposes of preventing harm to the person being restrained, harm to other people, or to prevent significant damage to property. It might be used in an unpredicted emergency or as part of an agreed plan with a particular child or young person.

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 securely for the purposes of keeping them safe. So restraint in the context of this Practice Note does not include this normal age-appropriate parenting with babies and toddlers.

Justin

In the 1980s, I was employed with my partner as a therapeutic foster carer in the USA, to work specifically with Justin, a 14-year-old boy with moderate developmental delay and challenging behaviour, who was placed as the only child in the foster home. The system there was very different to the UK, and within the first week of taking up the post we were trained in a system of physical restraint. Justin was used to being restrained when he was aggressive, and records showed that in the two years prior to us coming into post, he had averaged about one restraint every other day, often for very lengthy periods.

This pattern of restraint continued, and various experts were engaged to help us look at alternatives to this practice, but without success. The consensus was that at some point he would likely need to move into a secure setting as he was getting bigger and stronger, and undoubtedly would not be able to manage in a unit with other children. However, after a few months of us caring for him the number of restraints began to reduce, and Justin began to make better use of the highly predictable routine and strict behavioural programme that we were operating.

After six months, Justin went a whole month without being restrained and began to make unprecedented progress in a number of areas. I know that the idea of restraining children like this sounds bad, but the acceptance of restraint as a valid management tool meant that Justin could live in a foster home as the only child, and have a regime designed specifically for his needs. Some years later, as a young adult, he moved into a group home, and went on to have a much better quality of life than had been anticipated at an earlier stage, and restraint was no longer necessary.

Avoiding and minimising physical intervention

Wherever possible, foster carers should manage behaviour using a positive and proactive relationship-based approach, backed up with clear expectations and predictable routines. Appropriate sanctions and consequences for unacceptable behaviour may also be part of a framework that helps avoid the need for the foster carer to use physical intervention or restraint. There are a number of publications that promote and encourage positive approaches to managing behaviour (Davidson *et al*, 2005; Pallett *et al*, 2008; Department for Education, 2011b; Department of Health, 2014).

The vast majority of foster carers manage the behaviour of the children in their care through such techniques, and should have received training in this area, including training in de-escalation techniques. De-escalation refers to a range of measures that can be taken by the foster carer to minimise conflict and avoid behaviour becoming increasingly challenging. The NICE (2015) framework suggests that effective training in de-escalation will help 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.*

More specifically, this will likely 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 verbose, preachy, confrontational, or argumentative; using distraction or humour to diffuse a situation where violence or aggression look likely; and walking away from a discussion or situation where the child or young person is becoming agitated.

These skills are particularly important for foster carers who are looking after some of the more challenging

adolescents, and behaviour management will always need to be supported through ongoing training and effective supervision.

Fostering manager

All of our foster carers are required to attend a four-day university accredited training programme that is specifically designed to encourage therapeutic parenting with children who have experienced abuse or trauma. There is also a follow-up day to be completed within a year of the original course. It helps our foster carers to understand behaviour and offers practical guidance about the prevention of behavioural problems as well as techniques for calming and de-escalating potentially volatile situations. We think it is better to put our efforts into this, rather than training carers in physical interventions. Although we care for some quite challenging young people, our carers have never needed to resort to restraint. If they had, we would be concerned, as in our opinion this would not be appropriate.

Following the death of a foster carer at the hands of the 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). There are a number of specific training programmes designed to teach de-escalation skills, some including self-defence techniques, although these are most usually marketed for residential rather than fostering contexts (Maclean, 2016, p 330).

The decision to physically intervene or restrain

While physical intervention is never desirable, it might sometimes be necessary and compatible with the actions of a good parent. Decisions in this regard are often finely balanced. When considering a physical intervention, the foster carer will need to make a dynamic risk assessment that considers:

- 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 the foster carer must use only the 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 behaviour have been tried and failed, or are not appropriate, and that 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 relationship 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 factors set out here will help to determine the extent of that risk. Foster carers will also need to take into account the known history of the child or young person, their sex 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 who might witness the restraint.

Emma

My wife and I had been fostering 15-year-old Emma for about two months – her third placement after coming into care a year earlier; she seemed to be surprisingly settled and happy with us and things were going well. Emma was known to be sexually active, with low self-esteem, and had been brought back to us by police after being found drinking cider in the local park with an older boy, so we were trying to discourage her involvement with this lad. One day, when my wife was

out and I was cooking dinner, the boy pulled up outside our house in his car. Emma said that she didn't want any dinner and was going out. I tried to reason with her but she pushed past me, and for a moment I did think about holding her to prevent her from going.

I had to make a decision really quickly, but in the end I decided not to touch her. Emma is quite petite and I am quite large, so I could easily have stopped her, but given her previous experience of sexual abuse and of violent men it wouldn't have felt right, and I would have been putting myself at risk of an allegation. I was also mindful that I didn't really know for sure that she really would be at risk on this occasion, and attempting to physically stop her might have ruined our developing relationship. It was difficult though; I really didn't want her going out with that boy. Hopefully I made the right decision.

In the context of residential care, there has been a lack of clarity about the appropriateness of physically intervening, and restraining if necessary, in relation to young people 'leaving the home to carry out gang-related activities, use drugs or to meet someone who is sexually exploiting them or intends to do so' (Narey, 2016, p 44). Current guidance for staff in children's homes (Department for Education, 2014) indicates that such intervention is permissible but only where there is an *immediate* risk. Following challenge on this matter (Narey, 2016, p 44), the Department for Education clarified that: 'It is vital that staff feel confident in their ability to prevent children putting themselves in potential danger even where there may not be an immediate risk of harm' (2016, p 11), and promised additional practice guidance to address this issue.

This, of course, raises issues for foster carers and their fostering services when they are faced with these same situations. In some cases, where it is a relatively safe option for a particular foster carer to restrain a particular child, the dilemmas will be very similar to those currently identified in residential care. In other contexts, it might be felt that where a young person is putting themselves at risk in this way, and the actual or proposed foster carers are unable to prevent this, then it may be that the placement is not right for that young person. It is impossible to have a blanket policy in this regard; each case will need to be considered on its merits.

How to restrain

Restraint systems tend to be quite commonly employed in children's homes, secure settings and youth offending contexts, and yet 'there are no universally accepted standards for the use of physical restraint' (Department of Health, 2014, p 36). Hart and Howell (2004, p 13) point out that:

> *There is very little scientifically robust research on the use of physical restraint with children, methods of restraint that are safe for use with children, training effectiveness, or comparisons of different training methods.*

There is also considerable controversy about some of the techniques that are used. The Ministry of Justice *et al* (2015) set out a number of physical restraint techniques in a training manual for use by trained staff in secure training centres and youth offender institutes, although this document is only released to the public in a redacted format. It has been claimed (Allison and Hatterstone, 2016) that a report commissioned by the Ministry of Justice has found that some of the techniques authorised in this document are unsafe, resulting in injuries such as fracture, dislocation or ligament/tendon damage, and relating to airways and breathing. It is suggested by these authors that use of these techniques 'could kill children or leave them disabled'.

However, there is a range of other techniques designed for use when either one or two people are present that do not bring these identified risks. Some of these will only be appropriate where the adults are considerably stronger or bigger than the child who is being restrained. It is not appropriate for this Practice Note to recommend one set of techniques over another, but there are a number of factors for fostering services to consider if they decide to commission restraint training for their foster carers. Specifically:

- training in restraint should only be provided to foster carers alongside or following training in managing behaviour and using de-escalation techniques;
- any recommended techniques should be assessed as both effective and suitable for use by foster carers, bearing in mind that they operate in their own homes and cannot rely on "colleagues" to be available to assist;
- the ethical values inherent in the approach must be compatible with fostering legislation, and with the ethos of that fostering service;
- if a technique or system has been designed for adults, it must have been medically assessed as safe and suitable for use with children;
- arrangements should be in place to routinely review the effectiveness of the system, including a check that medical assessments about its safety have not changed;
- information about the particular restraint system should be set out in the fostering service policy on restraint, and in the statement of purpose.

In terms of specific individual restraint techniques, 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, p 10).

- '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 behaviour plan, although it may be appropriate in a one-off unanticipated emergency scenario (ADCS, 2009, p 9).

Davidson *et al* (2005) give similar advice and their detailed guidance, although designed for residential staff, may also be useful to foster carers. It is worth noting that the British Institute of Learning Disabilities (BILD) and the Institute of Conflict Management (ICM) offer voluntary accreditation schemes for organisations offering restraint training; fostering services may wish to commission only from accredited organisations.

Where a training programme is commissioned for foster carers, consideration should be given to whether refresher training is required and, if so, how regularly.

Plans for individual children or young people

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

In some cases, behaviour necessitating restraint will be linked to a child's disability, and in these situations (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 must be made to minimise and reduce the behaviour that leads to the need for physical restraint.

Where the need for restraint remains, despite these efforts, this should be formally agreed as a behavioural management plan in the context of a placement agreement meeting or in a similarly formal setting. The record of that meeting should set out the child or young person'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 carer, 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 routinely be taken to avoid the need for restraint;
- the likely behaviours that 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 that the foster carer is fully trained in relation to restraining children and/or this particular child;
- preparation of the child or young person, and any other foster children who are living in the home;
- arrangements for recording following a restraint, and who will be notified;
- arrangements for debriefing the child and foster carer following each incident of restraint;
- arrangements for supporting the child or young person, including with advocacy services, where appropriate;
- arrangements for monitoring patterns of restraint and reviewing the behavioural plan.

Given the seriousness of restraint, it is essential that the child's behavioural plan is signed off by senior managers in the placing local authority, senior managers in the fostering service, and by the Independent Reviewing Officer (IRO).

Delroy

As supervising social worker for a recently approved fostering couple, I was concerned to hear that despite them being evidently very skilled, they were struggling to manage the behaviour of six-year-old Delroy, who had been with them for about a month. They were very fond of him and spoke about his positive qualities, and in some respects he was making good progress. However, at times – often linked to contact with birth family – Delroy was completely unable to control his temper and would kick and punch and try to damage property. Most recently, he had taken a cricket bat and was about to hit the foster carer's car until the bat was removed from him as he was taking a swing.

The couple didn't want the placement to end, but felt very vulnerable in having to try to manage this extreme behaviour. I discussed the situation with my manager and we agreed that if the foster carers were willing, and other key professionals including the IRO were in agreement, we should put in place a behavioural plan including arrangements to restrain Delroy if that became necessary. This was subsequently agreed as the best way forward, so we instigated a number of specific measures to reduce the risk of aggressive behaviour in the

home, removed items that could be used as weapons from easy reach, and commissioned an accredited trainer to provide half a day's restraint training for the couple and their two adult children who lived at home.

I observed the training, that concentrated on a technique where two adults would sit or stand either side of Delroy and hold his arms until he had calmed. We talked with Delroy about what would happen if he lost his temper and couldn't calm down, and notified his parents of our plans. We agreed arrangements for recording and notifying key people after an incident, and set out the actions that would be taken by each party. Over the next two months there were six incidents of restraint, and in the end the placement did break down as the carers felt unable to live with the ongoing threat of aggressive outbursts, and the fact that two adults needed to be with Delroy at all times. This was a sad outcome, but at least we knew that we had done everything possible to try and make it work.

Post-restraint activity

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

- 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 foster carer should notify their supervising social worker/fostering service of what happened, in line with locally agreed procedure, and have the opportunity to be debriefed;
- the child should be given the opportunity to be debriefed by a responsible adult who was not involved in the incident, in line with locally agreed procedure;
- depending on the locally agreed policy and any individual behavioural management plan, the child should be given a copy of the foster carer's record 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.

Policy considerations

Fostering services are often reluctant to sanction the use of physical intervention and especially restraint, and might indicate to foster carers that this must be avoided. While this is understandable, the fact remains that the foster carer will have a moral and legal duty of care to children they are looking after, and if one child is attacking another, for example, they might be deemed to be at fault for not intervening if they could safely do so. Similarly, foster carers, like everyone else, have the right to self-defence, so long as their actions are proportionate. This means that any rules that prohibit foster carers from physically intervening or acting in any circumstances are probably unhelpful and unworkable.

Fostering services will therefore need to draft their policies in a way that recognises the legal rights and duties of foster carers and their families in terms of protecting themselves and others, and recognises that in emergency and unpredicted situations foster carers may need to physically intervene. For some fostering services, this might indicate the benefit of providing training to foster carers in physical intervention; for others it will be considered sufficient to provide training in de-escalation techniques, with additional guidance in policy and procedures. Within an approach that does not routinely train all foster carers in physical interventions, there may be scope for the training of individual carers in relation to a specific child whom they are fostering or are planning to foster.

Some fostering services, particularly those who routinely take challenging children and young people, may consider that training foster carers in physical intervention represents best practice and constitutes good value for money, even if most of those carers never need to use the techniques they have learned. Hart and Howell (2004, p 9) note that employers are required by law to train staff where there is a 'forseeable risk' to them, and although foster carers are not employees, they too are entitled to a duty of care. If a fostering service makes the decision to train foster carers, they will need to consider very carefully who to commission to provide this, the content of the training, and how it is implemented and supported.

Individual fostering services will need to carefully consider how best to address the issue of managing violent and aggressive behaviour, and where physical intervention and restraint sit within the range of options available to them. This should be set out in a policy document so that it is fully available and understood by foster carers and staff in that fostering service.

References

Allison E and Hatterstone S (2016) 'Approved restraint techniques can kill children, Ministry of Justice found', *The Guardian*, available at: www.theguardian.com/uk-news/2016/dec/05/approved-restraint-techniques-can-kill-children-moj-found

Association of Directors of Children's Services (ADCS) (2009) *A Protocol for Local Children's Services Authorities on Restrictive Physical Interventions in Schools, Residential and Other Care Settings for Children and Young People*, unpublished

British Association for Adoption and Fostering (2006) *Attachment Disorders, their Assessment and Intervention/ Treatment*, London: BAAF

Biehal N (2012) 'Parent abuse by young people on the edge of care: a child welfare perspective', *Social Policy and Society*, 11:2, pp 251–63

Children's Rights Director (2012) *Children's Views on Restraint*, Manchester: OFSTED

Davidson J, McCullough D, Steckley L and Warren T (eds) (2005) *Holding Safely: A guide for residential child care practitioners and managers about physically restraining children and young people*, Strathclyde: Scottish Institute for Residential Child Care, available at https://pure.strath.ac.uk/portal/en/publications/guidance-on-minimising-the-use-of-physical-restraint-in-scotlands-residential-child-care-establishments(f7c4afe6-75ef-4fdd-b7d4-6c718a540731).html

Department for Education (2011a) *Fostering Services: National minimum standards*, London: DfE

Department for Education (2011b) *The Children Act 1989 Guidance and Regulations, Volume 4: Fostering Services (as amended)*, London: DfE

Department for Education (2011c) *The Fostering Services (England) Regulations (as amended)*, London: DfE

Department for Education (2014) *Guide to the Children's Homes Regulations, Including the Quality Standards*, London: DfE

Department for Education (2016) *Government Response to Sir Martin Narey's Independent Review of Residential Care*, London: DfE

Department of Health (2014) *Positive and Proactive Care: Reducing the need for restrictive interventions*, London: DH

Farmer E, Moyers S and Lipscombe J (2004) *Fostering Adolescents*, London: Jessica Kingsley Publishers

Hart D and Howell S (2004) *Report on the Use of Physical Intervention across Children's Services*, London: NCB

Macdonald G and Kakavelakis I (2004) *Helping Foster Carers to Manage Challenging Behaviour: An evaluation of a cognitive-behavioural training programme for foster carers*, Exeter: University of Exeter

Maclean K (2016) 'Reflections on the non-accidental death of a foster carer', *Adoption & Fostering*, 40:4, pp325–339

Ministry of Justice, National Offender Management Service and Justice Board for England and Wales (2015) *Minimising and Managing Physical Restraint: Safeguarding processes, governance arrangements, and roles and responsibilities*, London: Ministry of Justice.

Narey M (2016) *Residential Care in England*, London: DfE

NICE (2015) *Violence and aggression: short-term management in mental health, health and community settings*, NICE guideline [NG10] Published date: May 2015, available at: https://www.nice.org.uk/guidance/ng10

Pallett C, Blackeby K, Yule W, Weissman R and Scott S (2008) *Managing Difficult Behaviour*, London: BAAF

Selwyn J and Meakings S (2016) 'Adolescent-to-parent violence in adoptive families', *British Journal of Social Work*, 46, pp 1224–1240

Sinclair I, Gibbs I and Wilson K (2004) *Foster Placements: Why they succeed and why they fail*, London: Jessica Kingsley Publishers

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