



**LOCAL AUTHORITY CIRCULAR**

**LAC(93)13**

To: The Chief Executive )  
Non-Metropolitan County Councils ) England  
London Borough Councils )  
Common Council of City of London  
Council of the Isles of Scilly

Directors of Social Services

28 April 1993

Dear Colleague

**GUIDANCE ON PERMISSIBLE FORMS OF CONTROL IN CHILDREN'S RESIDENTIAL CARE**

This circular is being issued under Section 7 of the Local Authority Social Services Act 1970 (local authorities to act under the general guidance of the Secretary of State).

1. The guidance is designed to cover young people living in both secure and open children's homes. It offers positive and practical advice to staff and managers on the care and control of young people in residential accommodation. At the same time, it recognises that managers will need to decide how best to put this guidance into operation (Section XII). The guidance takes account of the comments received in response to consultations on the draft guidance circulated in August last year. It has also been strengthened to reflect the new issues and concerns addressed by Ministers in recent months in response to public anxiety about the care and control of young people.
2. Ministers are anxious that local authorities should review existing policies in the light of this guidance and make whatever changes are necessary to implement it. I am writing separately to voluntary organisations inviting them to take similar action. I am also enclosing additional copies of the guidance for you to pass on to private children's homes within your area which you inspect and register.
3. At Appendix 1 is a list of other organisations also receiving the guidance.
4. Mr K McDowell or Mrs K Darwin on 071 972 4341 or 4346 respectively, will be pleased to deal with any enquiries about this circular.

JOHN PARKER  
Community Services Division

**GUIDANCE**

**ON**

**PERMISSIBLE FORMS OF**

**CONTROL**

**IN**

**CHILDREN'S RESIDENTIAL CARE**

## **SECTION 1: INTRODUCTION**

1.1 In recent years, children placed in children's residential homes have tended to be older and more severely disturbed than their predecessors. The need for proper care and control of these young people has been highlighted by two major factors.

- a. a recognition that whilst Volume 4 of the Guidance and Regulations under the Children Act was warmly welcomed as a constructive approach to caring for these young people, it did not offer enough positive advice about the control of often volatile young people; and
- b. increasing concern by the Government and the wider public that we may have gone too far in stressing the rights of children at the expense of upholding the rights and responsibilities of parents and professionals in supervising them.

This guidance should be seen as part of the Government's efforts to adopt a concerned approach to these issues.

1.2 The aim must be to create an environment which gives a firm structure and sense of order to the lives of these children. In which they can develop and be educated. If that and the associated control and discipline are lacking they are likely to experience further difficulties when they leave residential care.

1.3 The guidance is derived from and builds upon the relevant parts of "Children Act 1989 Guidance and Regulations. Volume 4: Residential Care", all of which apply. It applies to all those establishments covered by Volume 4. It does not extend to foster care, psychiatric wards and schools (except those schools that are registered children's homes). Young people up to the age of 18 are referred to as children, in accordance with the Children Act 1989.

1.4 In implementing this guidance staff may find it helpful to refer to the forthcoming Departmental guide "Safe and Sound" which will deal with a range of management and practice issues, including control and discipline, which apply specifically to secure accommodation.

1.5 Throughout the text uses the masculine gender: this is for convenience only and all such references should be taken as applying to both males and females.

1.6 The guidance comprises the following sections:

**SECTION II: The law relating to interventions to restrain or restrict the liberty of children in care.**

SECTION III: Children remanded to or detained within local authority accommodation.

SECTION IV: The restriction of liberty.

SECTION V: Physical restraint.

**SECTION II: THE LAW RELATING TO INTERVENTIONS TO RESTRAIN OR RESTRICT THE LIBERTY OF CHILDREN IN CARE**

2.1 The legal constraints on physical intervention to restrain or restrict liberty in the child care field derive principally from the Children Act 1989. They are explained in chapters 1 and 8 of Volume 4 of the associated guidance and also the Children's Homes Regulations 1991 and the Children (Secure Accommodation) Regulations 1991 (SI 1991/1505) and the Children (Secure Accommodation) (No 2) Regulations 1991 (SI 1991/1505) and the Children (Secure Accommodation) (No 2) Regulations 1991(SI 1991/2034). The common law position on unlawful restriction of liberty and the criminal law relating to assault will also be relevant.

2.2 The legal position derived from judgements in respect of *Gillick v West Norfolk Health Authority* 1985 suggests that a parent's authority diminishes with the age and competence of the child. In a recent (*Re W* [1992]WLR758), however, the Court of Appeal held that parents or others with parental responsibility, which would include a local authority which as the benefit of a care order, or the courts, may overrule the withholding of consent to medical treatment of even a 16-17 year old.

### **SECTION III: CHILDREN REMANDED TO OR DETAINED WITHIN LOCAL AUTHORITY ACCOMMODATION**

3.1 This section deals with:

- a. children remanded to or detained within local authority accommodation under Section 23 of the Children and Young Persons Act 1969 (as amended by the Criminal Justice Act 1991), and Section 38 of the Police and Criminal Evidence Act 1984;
- b. children detained under Section 53 of the Children and Young Person's Act 1933;

Children to whom these statutory provisions apply, and indeed children subject to an order under section 25 of the Children Act 1989, are lawfully detained. When living in secure accommodation the detention of these children ought to be guaranteed. But there will be occasions when staff will have responsibility for detained children outside the secure unit or within an open children's home.

### **GUIDANCE ON PHYSICAL INTERVENTION TO PREVENT A LAWFULLY DETAINED CHILD FROM RUNNING AWAY FROM AN OPEN UNIT**

3.2 The fact that a child is detained under a court order is in itself a proper basis for imposing requirements on the child which do not apply to all children in an open home. Staff should intervene positively if a child, subject to one of these orders, indicates or attempts to leave the home without authority. It is essential that staff take full account of the nature and seriousness of the offence that has led to the refusal of bail, in considering the kind of intervention and level of physical restraint that is necessary to prevent the child causing injury or serious damage.

### **GUIDANCE ON PHYSICAL RESTRAINT OF CHILDREN IN SECURE ACCOMMODATION**

3.3 When the child is within the confines of the secure unit, the criteria for physical restraint should be the same as for a child living in an open setting. Only if the child tries to run away would different criteria be appropriate. Subject to what follows staff should intervene physically, including restraining the child in accordance with the following principles:

- i. the staff member must have reason to believe that the attempt to escape has a realistic chance of success unless some sort of intervention is made;
- ii. physical restraint should be attempted only when there are sufficient staff at hand to ensure that it can be achieved safely;
- iii. physical intervention should not be substituted for waiting patiently when

for example, a child has got onto a roof and, although in some danger, is unlikely to escape further; physical intervention could create greater danger.

#### **SECTION IV: THE RESTRICTION OF LIBERTY**

4.1 The use of accommodation to restrict physically the liberty of any child is permitted in a community home only in secure accommodation approved by the Secretary of State. The Government is considering extending to the voluntary and private sectors the ability to provide secure accommodation. Any placements in secure accommodation must fulfil the criteria set down in section 25 of the Children Act 1989. These are that the child:

- a.
  - i. has a history of absconding and is likely to abscond from any other description of accommodation; and
  - ii. if he absconds he is likely to suffer significant harm; or
- b. that if he is kept in any other description of accommodation he is likely to injure himself or other persons.

These criteria are subject to modification in certain circumstances: see in particular regulation 6 of the Children (Secure Accommodation) Regulations 1991.

4.2 The situation regarding restricting liberty by locking children up is clear. Ambiguity could arise with regard to measures which fall short of locking children up, but which clearly restricts their liberty. The interpretation of the term 'accommodation provided for the purpose of restricting liberty' ("secure accommodation") in section 25(1) of the Act is ultimately a matter to be determined by the court. The Department advised that such actions should be restricted to circumstances where immediate action is necessary to prevent injury to any person, or damage to property, as is the case with physical restraint described in section V. Local authorities should seek legal advice when formulating their guidance to staff. Naturally this does not apply to children in secure accommodation.

4.3 In the ordinary course of maintaining control over a child or children, an adult may tell them to do things which they do not want to accept, including refusal of permission to leave the building. If a child complies with reasonable instructions, the question of restricting liberty by the use of accommodation does not normally arise.

4.4 For a young child, the potential danger in leaving a home is real and obvious, and the case for action to prevent this is clear. In addition to physically restraining such a child it may be necessary to hold or closely supervise him for a matter of hours to ensure he does not run off. However, for an adolescent whose absence from the home is judged unlikely to lead to injury or serious damage, physical restraint would be inappropriate. Staff should recognise that there are practical limitations on their ability to prevent young people running away from an open children's home if they are determined to do so. The

use of physical restraint in these circumstances cannot become a substitute for secure accommodation. Where there is concern for child likely to run away and suffer significant harm or inflict injury, then consideration should be given to whether the criteria for placement in secure accommodation can be satisfied.

4.5 The practice of not allowing out ("gating" or "grounding", as it is sometimes called) is common and acceptable provided the child is not prevented from leaving by being locked in or physically restrained, and Children's Homes Regulation 8(2)(c) (restrictions on visits or communications) is observed. If, however, staff require a child to remain in a building or part of a building for an unreasonable length of time without relief, then this may constitute the use of accommodation to restrict liberty, even through no actual locking up is involved. This will depend upon circumstances including the space available to the child within which he is restricted, his age, competence and physical and emotional wellbeing. Unacceptable practices were revealed by the Staffordshire Pindown Inquiry 1991, where control was exercised over children by depriving them of their liberty and imposing a regime of social isolation.

## **SECTION V; PHYSICAL RESTRAINT**

5.1 Section 8 of the Children's Homes Regulations 1991 deals with control and discipline. That lists discipline measures which are prohibited in children's homes and includes corporal punishment. However, the Regulations do allow for action to be taken in an emergency. Section 8(3)(b) states that: 'the taking of any action immediately necessary to prevent injury to any person, or serious damage to property' is not prohibited. By "injury" is meant significant injury. This would include, for example, actual or grievous bodily harm, physical or sexual abuse, risking the lives of, or injury to, the self or others by wilful or reckless behaviour, and self-poisoning. It must be possible to show that, unless immediate action had been taken, there were strong indicators that injury would follow.

5.2 Physical restraint is the positive application of force with the intention of overpowering the child. That is, in order to protect a child from harming himself or others or seriously damaging property. The proper use of physical restraint requires skill and judgement, as well as knowledge of non-harmful methods of restraint. The onus is on the care worker to determine the degree of restraint appropriate and when it should be used. In particular, staff must be careful that they do not overreact. Training is discussed in section II.

5.3 A staff member who has reason to be concerned about a young person who indicates his intention to leave without permission, or run away, should take vigorous action. He should give clear instructions and warn him about the consequences if he does not comply. The staff member may use his physical presence to obstruct an exit and thereby create an opportunity to express concern and remonstrate with the child, provided the principles set out in para 9.3 are observed. He may also hold the child by the arm to reinforce a point or secure the child's attention.

5.4 Where it is clear that if the young person were to leave the unit and there was a strong likelihood of injury to himself or others, it would be reasonable to use physical restraint to prevent him from leaving. However, this will only deal with the immediate problem and careful follow-up work will be necessary, probably with additional professional advice, to bring about longer term stability and prevent repeated use of physical restraint.

5.5 Physical restraint should avert danger by preventing or deflecting a child's action, or perhaps by removing a physical object which could be used to harm himself or others. Physical restraint skilfully applied may be eased by degrees as the child calms down in response to the physical contact.

5.6 The principles relating to the use of physical restraint may be summarised as follows:

- i. Staff should have good grounds for believing that immediate action is

necessary to prevent a child from significantly injuring himself or others, or causing serious damage to property.

ii. Staff should take steps in advance to avoid the need for physical restraint, eg through dialogue and diversion; and the child should be warned orally that physical restraint will be used unless he desists.

iii. Only the minimum force necessary to prevent injury or damage should be applied.

iv. Every effort should be made to secure the presence of other staff before applying restraint. These staff can act as assistants and witnesses.

v. As soon as it is safe, restraint should be gradually relaxed to allow the child to regain self control.

vi. Restraint should be an act of care and control, not punishment.

vii. Physical restraint should not be used purely to force compliance with staff instructions when there is no immediate risk to people or property.

5.7 At Annex A is a summary of operational/procedural points. Managers should ensure adherence to these, together with the principles in 5.6 in deciding the policy for their homes.

## **SECTION VI: THE CARE AND CONTROL OF CHILDREN OUTSIDE OF THE HOME**

6.1 Staff in children's homes must have regard for the care and control of children when they go outside the home. Plans made in accordance with Arrangement for Placement Regulations and subsequent reviews should address all the relevant considerations which staff will need to take into account when making individual judgements. Normally a child of sufficient age and competence may be allowed out to the shops, to school and to visit friends etc. There may be children for whom going out presents risks of harm to themselves or getting into trouble.

6.2 Those with parental responsibilities should be party to this planning. When it is desirable for a child to go out even though this carries some risks, very firm requirements should be agreed with the parties concerned. When a child is on a visit he responsibilities of those visited should be made clear. This may include requirements for the friend or family to report that he has arrived safely, times of return, or agreements that the child should be escorted and by whom.

6.3 A child who is living in a children's home may, with the knowledge of and preferably the agreement of those with parental responsibilities, be refused permission to go out. Local authorities accommodating children should not be constrained from taking steps to control children in accordance with this guidance. For children who are subject to care orders these decisions can in any case be made by the local authority alone if parents' exercise of their parental responsibility has been restricted under section 33(3)(b) of the Children Act.

## **SECTION VII: POSITIVE CARE PRACTICES AIMED AT CREATING AN ENVIRONMENT CONDUCTIVE TO GOOD CARE AND CONTROL**

7.1 Each home will have established rules for conduct and behaviour. Managers and heads of homes should set the conditions which ensure that positive child care practices prevail. Staff must convey a strong sense of wanting to form constructive relationships with resident children, and of caring about them, even when the period of care is very short. Generally children will behave better within a setting which they value. Some children will seek to jeopardise positive relationships, either to test them out or because their low self-esteem cannot allow them to enjoy such relationships. They may do this by hurting themselves or others, or by destroying property. This will be very difficult for the staff, but it cannot be allowed to justify low standards of care of a poor living environment. It is up to staff to create a positive ethos in which to care for children, drawing on their professionalism, expertise and on the literature on the subject.

7.2 Good practice should involve children in examining and discussing prospectively the implications of behaviour which would demand staff intervention. Staff should initiate this work with children both individually, and as a group. If the behaviour of a child has been a reason for placement in the home, then individual work with the child must address these issues and the question of acceptable behaviour.

7.3 Group discussions allow an opportunity for staff and children to discuss right and wrong, define unacceptable behaviour and examine together its consequences. Homes for older children will need to operate to a degree on the basis of a consensus, arrived at between staff and children, about what is reasonable and acceptable conduct. The children should be left in no doubt as to their responsibilities. Such discussions may air discontents at an early stage before they develop into formal complaints, and so contribute both to good order and the prevention of abuse. This does not mean that the authority of staff is to be subordinated to the wishes of children. The authority and responsibility of the staff should always be clearly defined.

7.4 Managers must ensure that their staff are familiar with the relevant histories of children for whom they have responsibilities. Staff should take this into account in deciding how they respond to a child, and in making judgements about appropriate interventions. This history should be noted in care plans which may include agreed approaches to the control of individual children who present particular behavioural difficulties.

7.5 Staff should examine issues of control in staff meetings, and develop methods of dealing with them as a team. This should include agreed approaches to defusing tension and diverting aggression. Staff will need to have a common understanding of how to detect early signs of mounting tension which could lead to disruption, and rehearse methods of communicating with each other when dealing with situations threatening the good order of the home. Only in this way will staff have confidence in one another.

7.6 Homes are required to have a written statement of permissible sanctions, such as extra domestic chores or removal of privileges. They serve largely to delineate the boundaries of acceptable behaviour and may seldom need to be used in homes which are successful in engaging children positively.

7.7 The threat of sanctions will not always deter children. Staff need to respond in the way most likely to maintain or restore control. They will be in a better position to do that if the advice given above has been followed.

## **SECTION VIII: HOW THE AGE UNDERSTANDING AND COMPETENCE OF A CHILD CAN BEAR ON APPROPRIATE METHODS OF CONTROL**

8.1 A child's age and competence bear on his ability to recognise and understand danger to himself, others and property. As such they are factors to be considered when determining the appropriate response to a child who may require to be controlled by means of physical intervention.

8.2 If he is very young, he may not respond to instructions or other signs aimed at preventing him endangering himself or bringing his behaviour under control. There would therefore be a clear need to intervene by holding or if necessary by physically restraining the child. If the child is small, physical intervention by one person is more likely to be safe and successful.

8.3 Children of any age may have an impaired ability to recognise and understand danger. This may be, for example, because of serious learning disabilities, autism or severe emotional disorder. For such children there may be a need to take action as in paragraph 5.4 above, and the need for physical intervention may be more frequent. Brief periods of withdrawal away from the group in to a calming environment may be more effective for the severely agitated child than holding or physical restraint.

8.4 In homes which look after such children there will be a particular need to ensure that children do not have unsupervised access to unsafe areas including outside of the house or grounds. The safety of the child is important. Particular care should be taken to ensure that dangerous objects and materials are locked away. Homes should adopt normal domestic approaches to security, including, for example, the locking of all external doors at night. The reasonable application of these practices would not constitute restriction of liberty.

8.5 The use of locked doors should not be an easy means of saving staff time or to keep their numbers inappropriately low. Staff should be energetic in their efforts to find ways of keeping each child safe which minimises the need for physical control and restriction of liberty.

8.6 On no account should children be locked into their bedrooms at night whatever their age and competence. However, in some circumstances, close night time supervision may be required.

## **SECTION IX: GENERAL PRINCIPLES GOVERNING INTERVENTIONS TO MAINTAIN CONTROL**

9.1 The following guiding principles provide a framework in which a residential social worker can make judgements about possible interventions. It is imperative that staff exercise sound judgement and act with discretion in deciding how to react in a particular set of circumstances.

- i. A distinction must be maintained between the use of a "one-off" intervention which is appropriate in the particular circumstances, and using it repeatedly as a regular feature of a regime.
- ii. Staff must be able to show that the method of intervention was in keeping with the incident that gave rise to it.
- iii. The degree and duration of any force applied must be proportional to the circumstances.
- iv. The potential for damage to persons and property in applying any form of restraint must always be kept in mind.
- v. The failure of a particular intervention to secure a child's compliance should not automatically signal the immediate use of another more forceful form of intervention. Escalation should be avoided if possible: especially if it would make the overall situation more destructive and/or unmanageable.
- vi. The age and competence of the child should be taken into account in deciding what degree of intervention is necessary.
- vii. In developing individual child care plans, consideration should be given to approaches to control that would be appropriate to that child's case.

## **SECTION X: METHODS OF CARE AND CONTROL OF CHILDREN WHICH FALL SHORT OF PHYSICAL RESTRAINT OR THE RESTRICTION OF LIBERTY**

10.1 In any situation where a young person's behaviour provokes intervention, dialogue is an essential response. However, staff should feel able to reinforce dialogue with actions such as standing in the way of a child wishing to leave, placing a hand on the child's arm, or holding the child if he is highly distressed. These are acceptable, provided that their use is persuasive rather than coercive. This notion is developed in the following paragraphs which identify two types of intervention that can be used in this manner: physical presence (eg: standing in the doorway); and holding.

### **Use of the Care Worker's Physical Presence**

10.2 This refers to actions which reinforce a member of staff's authority or concern. It is an aspect of the staff member's role as a supervisor of children. At its simplest level, staff member's presence in the room with children should be a deterrent to misbehaviour. A look or a gesture may send out signals to children which help to keep behaviour within acceptable limits. This guidance suggests acceptable limits can include standing in the way of a child who is ignoring instructions or losing control, and may be reinforced further, for example, by placing a hand on the child's arm. The effect of this may be to restrict a child's movement without the use of (forceful) physical restraint. This is acceptable only so long as the duration of this restriction does not extend for example into hours. It may be counter-productive if the child's anger or distress increases. Its effectiveness may depend upon the respect that the child has for the particular staff member.

10.3 The following principles apply to the use of an adult's physical presence. It:

- i. must be likely to be effective by virtue of the overall authority carried by the staff member, and not simply his physical presence;
- ii. must be used in the context of trying to engage the child in discussion about the significance and implications of his behaviour;
- iii. should not be persisted in if the child physically resists. In this case a decision will need to be made about whether another form of intervention is justified.

### **Holding**

10.4 Small children may frequently be held for a number of reasons not directly concerned with control. There are also occasions when control can be maintained by holding a child in a manner which does not carry the force of physical restraint. For example, an adult may insist on holding a child's hand when crossing the road. A child may be successfully diverted from destructive or disruptive behaviour by being led away by the hand, arm, or by means of an arm around his shoulder. Again, children having an

argument or a fight, which in itself is not likely to cause serious harm, but is nonetheless disruptive and detrimental to the well-being of other children, may be successfully separated by being held firmly and guided away. The main factor separating "holding" from "physical restraint" is the manner of intervention and degree of force applied. Physical restraint uses the degree of force necessary to prevent a child harming himself or others or property. Holding would discourage but in itself would not prevent such action. It is more likely to find application in those homes caring for younger children, particularly for those whose behaviour is unlikely to respond to verbal influence alone. However, even young adults may be successfully engaged by a hand placed firmly on the arm or shoulder to reinforce the attempts of staff to reason with them, or to emphasise the concern felt for them.

10.5 Care workers should adopt the following principles when dealing with children in this way:

- i. whenever possible, the worker involved should have an established relationship with the child and should explain to the child what he is doing and why;
- ii. holding should not arouse sexual expectations or feelings, and should cease if the child gives any indication of this;
- iii. staff should be careful where they hold children. For instance, staff should be careful not to hold a child or young person in such a way that involves contact with breasts or genitals.
- iv. if on any occasion the child forcibly resists or demonstrably objects, then 'holding' should no longer be used as a method of restraint in that particular case. Consideration should be given to other means of intervention, in consultation with other staff if circumstances at the time permit.

## **Touching**

10.6 It is not intended that the main body of this guidance should deter normal physical contact (as would be expected between good parents and their children) between care-providing adults and children. Although physical contact may on occasions be used to assert authority over a young person. It is more often an important element of care and parenting. Indeed, in the care of children with learning, physical or sensory disabilities, physical contact might be the primary means of communication, and staff may have to undertake intimate activities such as bathing the children. Staff should feel able to express "parental" affection towards children in their care, and to provide comfort to ease a child's distress. This would include giving a goodnight kiss or a hug, provided that this was done in a way that was parental and not sexual. Given that a high proportion of children in residential care have experienced sexual and physical abuse, residential care staff need to ensure that any physical contact is not misinterpreted. The following guiding principles are suggested:

- i. Before or on admission to the home, staff should ascertain, through discussion with the child, other professionals and previous carers, the significance for the child of physical contact with adults, particularly if previous abuse has occurred. If it is discovered that the child is not comfortable with physical contact, this should be taken into account throughout the child's period of residence in the home. Cultural factors will also be significant in determining unacceptable forms of physical contact.
- ii. Physical contact should not be in response to or be intended to arouse sexual expectations or feelings;
- iii. Age and gender are appropriate considerations in deciding proper physical contact;
- iv. Where a member of staff feels that it would be inappropriate to respond to a child seeking physical comfort, the reasons for denying this should be explained to the child. The child should be comforted verbally, as necessary.
- v. There should be no general expectations of privacy for the physical expression of affection or comfort, although this may be appropriate in some circumstances (eg a bereavement).

10.7 This issue of touching in general should be raised in induction training for staff, and discussed in supervision. The problem of sexual attraction between staff and young people in their care is an important one and authorities should also consider including this in their induction programme.

## **SECTION XI: TRAINING**

11.1 It is essential that authorities ensure that all staff working in secure units receive appropriate training in the techniques of control and restraint. They should make a judgement about the need for training for staff working in open accommodation.

11.2 Methods of restraint are routinely taught in some sectors of care work. Managers of children's homes may wish to consult with professionals in, for example, the psychiatric sector, who may be able to advise them on a source of training in safe methods of restraint. Above all, managers should satisfy themselves that any training sought is relevant to a Social Services setting and appropriate for use with children and young people.

11.3 Any in-service training on the use and techniques of physical restraint must only be given as part of a programme which puts its use within the full context of care and control in residential child care. This training should include:-

- i. creating a positive child care setting;
- ii. involving young people themselves in pre-emptive work discussing the issues of acceptable behaviour and control in the home;
- iii. dealing with hostility constructively to avoid spiralling tension;
- iv. defusing aggression;
- v. managing violence.

11.4 It is not usually helpful for staff to receive in-service training in self-defence in isolation from training in positive means of control.

## **SECTION XII: THE RESPONSIBILITIES OF MANAGEMENT**

12.1 Managers will need to decide how best to put this guidance into operation, but it should provide the basis of the policy on control and restraint devised for individual homes. It would be unwise to presume that once this is accomplished all will run smoothly. No matter how much guidance is given, good practice will depend on how this guidance is interpreted by different staff faced with a range of situations not all of which can be anticipated.

### **Monitoring**

12.2 In devising means of monitoring the use of physical methods of control managers should have regard to regulation 8(4) of the Children's Homes regulations 1991 (SI 1991/1506) which requires that full records are kept of the particulars of instances in which restraint and control are exercised. The frequency with which physical means of control is employed should be examined in relation to the homes, children, and staff involved. This information should underpin line management, policy and practice statement and training programmes.

## ANNEX A

### **Operational/procedural points relating to the use of physical restraint:**

1. The circumstances and justification for using physical restraint must be recorded immediately.
- ii. Afterwards, the child should be counselled on why it was necessary to restrain him. He should also be given the opportunity to put his side of the story.
- iii. The care worker's line manager should discuss the incident with him within 24 hours.
- iv. A full report of every incident should be prepared within 48 hours and submitted by the head of home to his line manager/supervising officer.
- v. Senior managers are required to monitor every such incident and take any action indicated. They should be prepared to investigate homes where, for example, there is a pattern of children absconding or where there is frequent use of physical restraint by staff.
- vi. Arising from (v) senior managers must ensure that arrangements exist for children who run away to be interviewed about the reasons and circumstances by someone who is not connected with the home in question; for example, the field social worker.
- vii. Where it is clear that the care worker concerned needs further advice/support/training the line manager should take prompt action to ensure that it is provided.
- viii. Staff meetings should provide the opportunity for a 'post mortem' of the incident. Such discussion is essential to prevent the development of a culture where a physical response becomes routine.