**HARROW SAFEGUARDING PARTNERSHIP**

**MULTI-AGENCY PRACTICE PROTOCOL FOR RESPONDING TO PARENTS APPLYING PHYSICAL OR RESTRICTIVE RESTRAINT TO CHILDREN WITH ADDITIONAL NEEDS**

**Background and purpose**

This Multi-agency Practice protocol has been produced in response to learning from a Harrow Child Safeguarding Practice Review ‘Child M’ to ensure a consistent approach by agencies when it is understood that parents are applying physical or mechanical restraint or anticipate that they might do so. The protocol **must** be applied in partnership with parents, and wherever possible with the child.

For details of the Case Review please see: <http://www.harrowscb.co.uk/wp-content/uploads/2021/08/Overview-Child-M-Publication-Version-24.06.21.docx>

Whilst foster carers and regulated settings such as schools and residential homes have clear government advice for practitioners on when such restraint is appropriate and how to apply it in a lawful, proportionate and sensitive manner, there is no equivalent advice available for parents. Parents can be left without advice and support on this matter and may become subject to safeguarding procedures without having realised that their actions could be perceived as harmful to their child.

The unwarranted or inappropriate use of force may constitute an assault. In addition, the application of physical restraint may infringe the human rights of a child or young person.

This document sets out a multi-agency care planning agreement and is **not guidance on the application of lawful restraint.** It intends to keep the best interests of the child at the centre of practice, whilst helping to ensure that parents are supported and guided in their decisions on such intervention.

**What do we mean by Physical and Restrictive Restraint?**

*It is known the use of restraint and restrictive intervention can have long-term consequences on the health and wellbeing of children and young people – and so using alternatives to de-escalate harmful behaviour, and tackling the reasons for it, is the preferred approach. It is also recognised that some children and young people may react to distressing or confusing situations by displaying behaviours which may be harmful to themselves and others and are at heightened risk of restrictive intervention to minimise any harmful impact of their behaviour, on them and on other people. There will be times when the only realistic response to a situation will be restraint or restrictive* intervention e.g. to prevent a small child running into a busy road or putting their hand in a fire.***Reducing the Need for Restraint and Restrictive Intervention – HM Gov’t June 2019*** [***https://www.gov.uk/government/consultations/restraint-and-restrictive-intervention-draft-guidance/outcome/reducing-the-need-for-restraint-and-restrictive-intervention-government-response***](https://www.gov.uk/government/consultations/restraint-and-restrictive-intervention-draft-guidance/outcome/reducing-the-need-for-restraint-and-restrictive-intervention-government-response)

*"Restrictive physical interventions involve the use of force to control a person’s behaviour and can be employed using bodily contact, mechanical devices or changes to the person’s environment."* ***(Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders; DfES LEA/0242/2002*** [***https://dera.ioe.ac.uk/15434/1/guidance%20on%20the%20use%20of%20restrictive%20physical%20interventions.pdf***](https://dera.ioe.ac.uk/15434/1/guidance%20on%20the%20use%20of%20restrictive%20physical%20interventions.pdf)

Mechanical/Restrictive restraint involves use of a device to prevent, restrict, or subdue movement of a person’s body with the aim of controlling their behaviour. Such restraint may be used to manage extreme aggressive behaviour directed towards others or to limit self-injurious behaviour of extremely high frequency and intensity. This contingency is most notably encountered with small numbers of children and young people who have severe cognitive impairments, where devices such as arm splints or cushioned helmets may be required to safeguard them from the consequences of their behaviour.

**Supporting Parents in Keeping their Children Safe**

**Multi-Agency Practice – Actions to be taken**

1. When a child’s behaviour can be harmful to themselves and others, practitioners should proactively seek information from parents on how they manage these behaviours
2. Any known or anticipated contingency for physical or mechanical restraint by a parent **must** be discussed as part of a multi-agency care/support plan for a child. It should not be left to one agency to make a unilateral decision about what is safe and acceptable intervention by a parent.
3. The multi-agency team **must** include expertise on the child’s health and development or ensure that such appropriate expertise is obtained to advise on each child’s care/support plan.
4. The multi-agency team should help the parents identify a support plan which is governed by principles of ethical practice\*. Interventions should:
* Be in the best interests of the child and young person
* Where possible, involve the child in developing the plan
* Be reasonable and proportionate to the circumstances
* Use the minimum force necessary for the minimum time necessary in order to address the presenting risk
* Be based on a comprehensive risk assessment
* Have regard for other young people or adults present
* Respect the safety and dignity of all concerned
* Aim to obviate the need for its continued use

\* <https://adcs.org.uk/assets/documentation/ADCS-Restraint-Protocolrecording-form-Feb09.pdf>

1. The care/support plan should be clearly documented and reviewed annually **as a minimum**