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Guidance

Positive environments where children can flourish

Updated 6 October 2021

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Introduction

Inspectors should use this guidance to evaluate how providers, managers and carers create a positive environment where children can live and learn and where staff interact positively with children. This guidance applies to all social care inspections and to the inspection of schools. [\[footnote 1\]](#)

While the principles we set out are important and apply to all children, inspectors

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should pay particular attention to settings that provide care or education for children who have neuro-disability, communication support needs or special educational needs.

This guidance is not a summary of the law or guidance on the area of physical intervention and restriction of liberty. This is about an approach to inspection.

Our approach

Restraint of any kind can have a negative impact on a child's mental health^[footnote 2] and damage relationships between children and those who care for them.

All behaviour is a form of communication. Those who care for children have a duty to understand what the children's behaviour communicates. We expect staff to respond in ways that help everyone to stay safe and value and respect each child.

We start from a perspective that respects the child's rights before we consider whether incidents of physical restraint or restrictions on children's liberty comply with the legislative framework, national minimum standards (NMS) and relevant guidance.^[footnote 3]

We start from the premise that staff should work positively and confidently with children and find the least intrusive way possible to support and empower them and keep them safe. The foundation of good practice in working with children should be:

- protecting and promoting children's rights
- recognising that staff have a responsibility to understand children's needs
- building relationships of trust and understanding
- understanding triggers and finding solutions
- if incidents do occur, knowing enough about the child and positive behaviour support techniques to defuse the situation and/or distract the child wherever possible

While restraint is permissible^[footnote 4], it should be used for the shortest time possible and only when there is no other alternative to help children and staff to stay safe. It should never be used routinely and must be used proportionately. We will consider how the provider balanced the impact of the restraint on the child with the original risk. That does not prevent providers from taking the steps they may need to keep children safe.

We expect adults to support children by understanding the impact of a child's history on their behaviour, including any past trauma or special educational needs, and seeking specialist help when necessary. We expect adults to be skilled and confident in finding the best ways to keep children safe: ways that promote their rights, respect their dignity and help equip them for the future.

Nothing in this document is intended to undermine actions that we would expect from any reasonable parent to keep their child safe or to imply that adults should adopt a 'no touch' approach.

In practice, this means that we will set out to **question and understand** any type of physical intervention or restriction on children's lives, including the use of isolation/seclusion in schools. We expect providers to ensure that staff are appropriately trained to avoid any practice that may expose a child to trauma and to deal immediately and effectively with any such practice should it occur. We expect staff to be skilled in how to avoid restraint and to be able to identify other interventions at the earliest opportunity. We will check that staff understand how to balance physical safety with the impact on the child's emotional well-being. We expect staff to help children develop the skills they need to understand and respond constructively to their own feelings and behaviour.

Understanding culture and practice

The culture of a setting is critical in enabling good practice to flourish. How children's behaviour is supported and their personal development nurtured will be reflected in the environment surrounding them. An open and enabling culture is one where staff carry out effective risk assessment that balances a child's need to explore and learn new skills with the need to keep them safe. Similarly, effective assessment and planning based on an understanding of individual children's needs, personalities and wishes will help staff to spot signs of distress at an early stage. This will help them to support children without the need for restraint or restriction. Offering children information, new experiences and opportunities to develop new skills increases the choices they can make. A risk-averse culture does not support children to develop their potential.

When we are considering whether a setting complies with its legal requirements, we ask:

- Was this action legal and necessary – for example, was it taken to prevent a child from injuring themselves or someone else or causing serious harm to property or in a school to maintain good order and discipline?[\[footnote 5\]](#)
- Could this action be considered 'reasonable' in this particular circumstance? Was it the minimum force necessary? Was it proportionate?

Restraint that deliberately inflicts pain should never be used.

It is always unlawful to use force as a punishment.

In all residential settings and schools, we expect staff to build effective relationships with the children they are responsible for. We must not forget that, as well as having a general duty of care, staff in children's homes must (by regulation)

build trusting and respectful relationships with children. When looking at how incidents have been dealt with, we need to give significant weight to the requirements relating to positive relationships. These are set out clearly for children's homes in the ['positive relationships' quality standard \(regulation 11\)](#) of the Children's Homes (England) Regulations 2015.

Questioning an approach is about being able to challenge constructively. Just because restraint is permissible, it does not mean that it is the best and/or only way to manage a concern or situation. We should be challenging providers through our inspection activity to consider their own practice and think hard about the most constructive and positive ways to work with children.

When we assess restrictive practices, including restraint, we consider the culture of the setting. We expect leaders to demonstrate how they promote a positive culture that minimises any restrictive practices. This will include:

- involving children, parents and carers in reviewing practice
- training and developing staff so that they understand children's unique needs and how they communicate
- the use of positive approaches to supporting behaviour
- effective reporting and reflective practice

There are different ways to approach the same situation. Some providers are more likely to find safe, creative and child-focused solutions than intervene physically and/or restrict a child's liberty. As inspectors, by questioning and understanding practice, we can be a force for improvement and encourage providers to find better solutions to the challenges they face.

If we always start with the question 'does this practice comply with the regulation/guidance about restraint?' we may miss opportunities to challenge the provider's practice and help them to look differently at how they work with children. We cannot underestimate the emotional impact that incidents can have on children, including long-term, adverse effects on their mental health.

Physical restraint

The practice of physical restraint includes many approaches, some of which, although lawful, are more restrictive and more likely to create an unsafe or harmful environment for children. If they are used, this may indicate that children's needs are not being met consistently. The following triggers will always make us curious and want to explore and understand more about staff practice and its impact on children:[\[footnote 6\]](#)

- the use of prone holds and/or taking children to the floor and/or 'ground' holds[\[footnote 7\]](#)
- restraining children in their bedrooms and/or on their beds

- long periods of physical intervention
- frequent or lengthy periods of single separation or 'managing away' in secure children's homes
- high numbers of staff involved in an incident
- situations that are escalating, with restraint being used more frequently
- restraint practices becoming the norm/being applied universally or indiscriminately
- children sustaining injuries
- repeated incidents or patterns that are easily identifiable
- incidents that involve care staff being used on school premises to 'manage' children's behaviour (as opposed to staff who hold multiple roles)
- incidents that involve children being administered prescribed medication on an 'as required' basis to calm, relax or sedate them
- incidents that involve the intentional use of equipment to physically restrict children, with or without staff being present (for example, safe space beds, a wheelchair, reins or a safety harness or a seatbelt)

While there is nothing in statutory guidance that says that any of the above is not permissible, inspectors should consider whether children have been safeguarded throughout. We need to understand why providers believed these to be the best or only solutions, how the action was proportionate to the circumstances, any impact on the child, and how the child's rights were respected.

Staff working with children need to use their professional judgement in deciding how best to respond to a situation. Each circumstance can only be viewed on a case-by-case basis. Their professional judgement should be underpinned by a good understanding of how best to support children's individual needs. This includes how children communicate their wishes and feelings. Providers will need to explain to us their understanding of the impact their intervention had on the child, why this was the right intervention, and what they are doing to reduce the need for such an approach in the future.

Inspectors will not know in detail the myriad 'behaviour management' and restraint techniques that exist. The names of holds can be ambiguous and misleading and can be based on different models of physical intervention. If we are in any doubt, we should ask for pictures or diagrams or a demonstration. Inspectors will want to be assured that providers review the records of restraint to identify any anomalies in the use of physical measures and take action to address poor practice. These can be included in the evidence base if needed.

There is no universally recognised accreditation system or government standards for models of restraint and/or physical intervention for children. However, it is generally considered to be good practice to use a positive approach to supporting behaviour. This approach will have the individual child at the heart of any assessment of need, analysis of behaviour and strategies that promote continuous development. Any good behaviour support plan will result from a multi-disciplinary review that includes children and their important adults. There will be

regular, evidence-based reviews of how well the plan is working.

Her Majesty's Prison and Probation Service has developed guidance for managing restraints in secure training centres and under-18 young offender institutions. ['Minimising and managing physical restraint' \(MMPR\)](#) aims to help staff understand the triggers for young people's unsafe behaviour and to minimise the use of restraint by using de-escalation and diversion strategies. Staff should explore all the available options for managing an incident (such as de-escalation techniques and verbal communication) before using restraint. Records must explain why restraint was necessary.

There are differing views on whether interventions such as guiding children by the hand (sometimes called 'touch support', or 'guide') are restraint or not. If the intervention does not include an element of force, then it is not restraint. If it is not restraint, it does not need to be recorded as such. A provider may choose to record these interventions to understand what is happening for children and improve practice, but that is their decision.

As inspectors, we should avoid getting into these debates. If staff have the **intent** of using any form of physical intervention to direct a child to do something that they did not want to do, or to divert them away from something they did want to do, our concern should be:

- the impact on children
- how managers or staff monitor, understand and review the practice
- what the risks were and why restraint was the least restrictive option
- how practice then evolves
- whether that leads to fewer incidents over time

Restrictions on children's liberty

We should always question the use of restrictions on children's movement and/or intrusive observations. This will help us to understand whether this was the best and/or only way to support the child and keep them safe. We need to know what else has been tried, that the practice is kept under review and that steps are taken to use a less restrictive approach wherever possible. Children's needs do change over time and any approaches to supporting them should be responsive to the child's current needs. Practitioners need to recognise this and think about what the least possible restrictions are to keep a child safe and promote their independence.

We should always question blanket approaches to restrictions so that we understand whether they meet individual children's needs. One example is when a provider routinely locks common areas such as kitchens or lounges.

In all instances, the provider needs to give us evidence about why it has taken a

particular approach. It also needs to give us evidence that it has been proportionate with individual children and recognised that a group of children can all be at different stages of understanding and development. The provider should also have considered whether the situation and/or the response has escalated, or if the restriction is a universal one that has resulted from a single incident.

Types of restriction

Terms such as time out, isolation, chill out, single separation and managing away may suggest that a child has been segregated and had their liberty restricted. Locking a door is only one method of preventing someone from leaving a room. Other methods, such as leaving alone a disabled child who cannot move independently or making a real and/or perceived threat to the child, can equally be a restriction. On some occasions, a child may find that time on their own is a positive intervention at times of distress, but these interventions should be used sparingly, and the situation must be managed sensitively. Long-term isolation and segregation are never acceptable for children.^[footnote 8] Human interaction and opportunities for intellectual stimulation are essential in helping children to understand and respond well to their feelings and ultimately their behaviour. We should always explore why isolation is being used and its impact on children, even when it is part of a court order. While a court order may permit restrictions, it does not mean that they must always be used.

There are many types of equipment that, when used under supervision and with occupational therapy oversight and training, can make children's lives more comfortable. Sensory rooms and tents can offer some children positive experiences. Specially adapted wheelchairs and seats provide postural support that improves children's inclusion in their surroundings. Weighted belts and limb bands can help children to move around their environment more confidently. Weighted blankets and quilts can help children to block out unwanted sensory information and feel more secure.

When this kind of equipment is used, we should take account of how well staff know and use the child's occupational therapy programme. When children are using any kind of additional equipment, we expect staff to observe them constantly for signs of distress and take prompt action to alleviate their discomfort. If children cannot easily leave equipment such as sensory rooms or tents, or staff actively discourage them from leaving, then that could become a restriction. We expect to see detailed care plans that set out how such equipment is to be used. The plans should be regularly reviewed with the child, parents and carers by an appropriately qualified person.

Restrictions can also include the use of high bed sides or high door handles so that children cannot leave the bed or room without staff support. We recognise that children have a right to develop independence and exercise choice. We expect the setting to be taking action to reduce the need for such measures in the

future. The same principles set out in this guidance apply to our approach – that is, to question and understand.

In children’s homes, the [guide to the quality standards](#) makes clear reference to how some restrictive interventions can form part of a child’s education, health and care plan. This does not permit poor practice but does exempt the provider from some recording. We still expect the provider to review staff practice regularly and analyse whether the intervention remains appropriate for the child.

Residential special schools and children’s homes with education

The requirements about the use of restraint differ between school settings and children’s homes. Government guidance permits members of staff at any school to use reasonable force to maintain good order and discipline as well as to prevent a pupil from committing an offence or causing injury or damage to property. School leaders must also have regard to the Department for Education’s advice [‘Behaviour and discipline in schools’](#) when designing and publishing their school’s approach to children’s behaviour.^[footnote 9] The guidance and advice [‘Reducing the need for restraint and restrictive intervention’](#) sets out that restrictive physical interventions for children with learning disabilities, autistic spectrum conditions and mental health difficulties should be reduced and that settings should have a plan for doing so. We will explore with school leaders how this guidance has informed whole-school policy on pupils’ conduct, and how they have engaged children about their plan/approach.

A consistent approach to managing behaviour is what best meets children and young people’s needs. Therefore, we expect the regulations and statutory guidance for children’s homes about restraint to be applied consistently in both educational and children’s home settings where they are on the same site. If there are differences between the home and school, we need to understand the impact on children, how this is managed and how this is in the children’s best interests.

We should consider the likely impact on individual children and their understanding of the distinction between the home environment and the education environment, such as whether they are in separate buildings.

Recording

Schools are not required to record and report incidents of the use of restraint. Similarly, informing parents is also good practice but is not required unless there has been a serious incident. As it is simply good practice to inform parents, if they have not been, we can ask why. If the provider’s reason is that informing parents

would place a child at greater risk, then we should expect the provider to have made a safeguarding referral.

Although the Children's Homes (England) Regulations 2015 set out what should be recorded, several variables, such as 'description of the measure', are still open to interpretation by providers and inspectors.

Given this, it is not helpful for us to focus too much on **what** is recorded. Our emphasis should be on the **impact of** what is recorded.

- How does the recording influence practice?
- Does the manager or school leader monitor trends and patterns about individual children, individual staff and groups of staff (such as shift patterns or lessons)?
- Does the manager or school leader identify, explore and take action to improve any poor staff practice?
- Does the manager or school leader take account of the views of children, including those who communicate non-verbally?

This requires good-quality recording but also aggregation and intelligent use of the data. Our inspection time should focus on this analysis as a way of determining how a provider is safeguarding the child's welfare, rather than focusing on isolated concerns about the content of individual records.

Some of the differences in interpretation arise because the records can be designed to serve several purposes. For example, a manager of a children's home may use them to review practice, a child to understand their history and a placing authority to know what has happened in the placement.

The requirement to hold individual children's case records does not prescribe the level of detail that is required, and neither should we. The important thing is to focus on the impact of the records and whether sufficient information is recorded (in the case of children's homes) that sets out the date and circumstances.

If the school and residential services are on the same site, it is reasonable to expect any incidents to be recorded where the incident occurred. What is most important is that the relevant managers can review practice and make sense of what is happening for a child. If a provider has different arrangements, our questions should be about what these mean for the child and how leaders can use the information to support improvements over time.

Use of isolation and seclusion in schools

The Department for Education guidance ['Behaviour and discipline in schools: guidance for headteachers and staff'](#) allows schools to adopt a policy where disruptive pupils can be placed in isolation from other pupils for a limited period. If

a school uses isolation rooms as a disciplinary penalty, this should be made clear in its behaviour policy. As with other disciplinary penalties, schools 'must act lawfully, reasonably and proportionately in all cases. Any separate room should only be used when it is in the best interests of the child and other pupils. Any use of isolation that prevents a child from leaving a room of their own free will should only be considered in exceptional circumstances and if it reduces the risk presented by the child to themselves and others. The school must also ensure the health and safety of pupils and any safeguarding and pupil welfare requirements. Isolation can also be used to give a child a place of safety.

Schools should make reasonable adjustments to ensure that expectations of pupils with special educational needs and/or disabilities are developmentally appropriate and fair.^[footnote 10] It would not be fair, for example, to isolate a child who has attention deficit hyperactive disorder or other special needs because they were not able to sit still when required to do so. Equally, for some children in care, the experience can reinforce trauma and/or result in an escalating scenario that leads to disciplinary measures for the child.

We should question and seek to understand any use of isolation or seclusion in any setting.^[footnote 11]

Some pupils are likely to feel locked in even if they are not. A threat or the presence of staff outside the door may be enough to keep them from leaving of their own free will. Inspectors will explore these incidents if they believe that this has happened.

Our focus should not be on whether an act is called seclusion or isolation. Children's experiences are what matters.

Summary

There is no automatic judgement of inadequate attached to any of the matters raised in this guidance. As always, each case needs to be carefully assessed on its own merits. What we are making clear is that our starting point should be about the child and their experiences. There are triggers that should always make us question practice. If we have concerns, we identify whether and how the practice has failed to meet the relevant regulatory requirements.

Similarly, providers' decisions to intervene to keep children safe may be an important part of ensuring that they do not hurt themselves or others. In some instances, the decision to intervene may be right but the actions disproportionate. In others, the actions will be proportionate and legitimate.

We know that emergencies and unforeseen circumstances can happen. We may find instances of an unplanned response to prevent harm in an emergency. If this has happened, we expect an immediate review and risk assessment and a plan that considers the use of proactive strategies and less restrictive options.

In all cases, we should focus our attention on the rationale for the intervention (physical or restriction) and the impact of the post-incident review – that is, the experience of the child and the extent to which both staff and children experience a restorative approach following any incident. Inspectors should recognise the progress providers make and an innate willingness to keep reflecting on and challenging their own practice.

We must always recognise when providers are doing the best they can and when children are having difficult times. There may be times when interventions increase but the provider can explain these changes clearly. We need to take the time to understand what is happening and why it is happening.

Our primary focus should be on what is happening for children. We should be more focused on how information is used to improve practice than how it is recorded.

We can and should continually question practice from inspection to inspection because we would expect to see changes in response to children's needs and development. This may mean that what is acceptable at one inspection is less acceptable at the next and vice versa. We should always have 'fresh eyes'. This is not the same as being inconsistent.

Annex A: Single separation in secure children's homes

Enforced or directed 'single separation' in a secure children's home is when a child/young person is locked in their room or other area by themselves or when they are placed in the area and have the perception that they cannot leave.

'Managing away' is when a child is locked in an area of the secure children's home but with a staff member present or when they are placed in the area and have the perception that they cannot leave.

These methods of control should be used only when:

- they are necessary to prevent a child from absconding from the home
- They are necessary to prevent a child from seriously harming themselves or others,
- there is no other way of keeping young people or staff safe
- there is no other way of preventing significant damage to property.

They should not be used as a sanction/punishment.

Both these methods of control must be supported by clear policies and

procedures, recorded as required by [regulation 35 of the Children's Home \(England\) Regulations 2015](#) and subject to oversight and governance by managers.

Annex B: European Convention on Human Rights

The Human Rights Act 1998 sets out the fundamental rights and freedoms belong to everyone in Britain and under its protection. It incorporates the rights from the European Convention on Human Rights (ECHR) into domestic law. Some rights are absolute, but most are qualified, which means the state may 'interfere' with them in specified circumstances, provided that it has good reason and abides by strict safeguards.

The key human rights from the ECHR that need to be considered in relation to restraint are: [Article 3](#) (prohibition against torture, or inhuman or degrading treatment), [Article 5](#) (right to liberty), [Article 8](#) (right to private and family life, including personal autonomy and respect for physical and mental integrity), and [Article 14](#) (non-discrimination in the enjoyment of ECHR rights).

Annex C: References

['Reducing the need for restraint and restrictive intervention: children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and education settings'](#), Department for Education and Department of Health and Social Care, 2019

['Use of reasonable force in schools'](#), Department for Education, 2013

[The Children's Homes \(England\) Regulations 2015](#)

['Guide to the Children's Homes Regulations, including the quality standards'](#), Department for Education, 2015

[Education and Inspections Act 2006](#), Section 91–93

['Behaviour and discipline in schools: advice for headteachers and school staff'](#), Department for Education, 2016

['The special educational needs and disability code of practice: 0 to 25 years'](#),

1. Different guidance applies to practice in schools and this document reflects those differences. Inspectors are expected to be familiar with the relevant guidance for the establishment they are inspecting. ↵
2. [Trauma, challenging behaviour and restrictive interventions in schools](#) (Briefing 54, Centre for Mental Health) is a review of recent literature that examines the links between trauma and challenging behaviour. The review highlights the way restrictive interventions can create a vicious circle of trauma, challenging behaviour, restriction and psychological harm. ↵
3. Our thinking and approach must take account of the European Convention on Human Rights (ECHR). See [Annex B](#). ↵
4. As long as it is compliant with the legislation. ↵
5. Note that restraint can be used to prevent a child absconding from a secure children's home. In the case of a school, teachers have the power to use reasonable force to maintain good order and discipline. ↵
6. A panel of experts (Physical Control in Care Medical Panel – 2008) identified that certain restraint techniques presented an unacceptable risk when used on children and young people. These are 'seated double embrace', the 'double basket hold' and the 'nose distraction technique'. ↵
7. None of these 'holds' are illegal but they pose a risk to children and we should always question whether they are proportionate. ↵
8. When this is used as a punishment, it must satisfy [section 91 of the Education and Inspections Act 2006](#) if in school hours and [section 92 of the Education and Inspections Act 2006](#) outside school hours. ↵
9. See '[Power of members of staff to use force](#)', [Regulation 93, Education and Inspections Act 2006](#). ↵
10. As set out in '[The special educational needs and disability code of practice: 0 to 25 years](#)', Department for Education and Department of Health and Social Care, 2015. ↵
11. The particular issues relating to secure children's homes are set out in [Annex A](#). ↵

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