

Behaviour Management Guidance

SCOPE OF THIS CHAPTER

This Guidance is applicable to Children's Homes and Foster Homes.

It should be read in conjunction with the following procedures:

Sanctions Procedure

Physical Intervention Procedure

Contents

1. **Encouraging and Rewarding Children**
2. **Planning for Success**
3. **Reminders and Reprimands**
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6. **Residential Staff (Team Teach Guidance)**
7. **Life Space Interviews**
8. **Managing Group Violence**
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10. **Flowchart: Reminders and Reprimands**

1. Encouraging and Rewarding Children

Also see **Section 9, Flowchart: Encouraging and Rewarding Success**.

Whilst children bring their own values and behaviours to placements, staff and carers play a key role in influencing children.

The culture of the home, generated by the adults living or working there, is crucial.

A restrictive, unsupportive, discouraging and punishing culture will result in instability, hostility and possibly severe disruption.

Where children live in homes which have clear, fair boundaries, where they feel safe, encouraged and appropriately rewarded, they will thrive and do well. Such homes will also experience less instability and disruption.

It is for each home, primarily the people working or living in them, to create their own culture, but the following may be helpful.

1. Listen to and empathise with children, respect their thoughts and feelings and take their wishes into consideration.
2. Look for things that are going well, or any step in the right direction, and appropriately reward it.
3. Rewards should be used in a creative and diverse way, specific to children's needs, capabilities and interests.
4. This may mean that children are rewarded with toys, games, activities or monetary rewards.
5. But all 'tangible' rewards should be accompanied by use of 'non tangible' encouragement and support – by staff and carers demonstrating to children that they have done well.
6. Such 'non tangible' rewards include praising, smiling, touching and hugging children
7. Children usually benefit, early on, from rewards which may appear to outweigh that which is expected. This is normal; over time rewards can be more relevant as children's self esteem and skills improve.

For example:

- children who have few social or life skills and whose self esteem and confidence is low may require forms of encouragement and reward which are intensive, frequent or even excessive in order to help/remind them that they are doing well and appreciated.
 - a child who has previously been unable to get up for school may be offered an expensive present or activity for getting up on time for a few days.
8. Over time, as children achieve what is expected, such rewards should be reduced or children should be expected to achieve more for the same or a similar reward.

2. Planning for Success

Also [Section 9, Flowchart on Encouraging and Rewarding Success](#).

Where behaviour is the cause for concern it is critical that plans are established to manage and hopefully change the behaviour.

Consistency is the key, where staff/carers manage behaviour inconsistently, little if any progress will be made; it may result in more disruption.

Where staff/carers work together, improvements will be made.

The setting of objectives or expectations must not be ad hoc or unplanned. It should be part of a Strategy, depending on children's assessed needs, interests and capabilities.

Planning is critical; particularly where children's behavioural needs are complex or where behaviours give rise to serious concern, such as violence, drug or substance misuse, self harming, bullying.

In such situations a Behaviour Management Plan must be drawn up and incorporated into children's Placement Plans.

Behaviour Management Plans should summarise how behaviours should be managed, including the Strategies that will be adopted in managing the behaviours; they should also state how acceptable behaviours will be encouraged and promoted.

These Strategies can include Therapeutic Interventions, Physical Interventions, Sanctions and other measures; for example the use of incentive or reward programmes, charts etc.

If the Behaviour Management Plan cannot be incorporated into the Placement Plans, it can be formulated separately and be an addendum of it.

Children should be involved in drawing up Behaviour Management Plans and should understand the relevance of them; though this may not always be possible, for example, where the child has severe learning disabilities.

Children should also be capable of achieving what is expected; maybe with help or support from an adult or mentor, which may include another child.

Expectations placed upon children should never be beyond their capabilities; start small and encourage steps in the right direction.

Over time, children should be encouraged and supported to acquire the skills and level of responsibility and freedom which is within their capabilities and understanding; in turn, this will improve their self image and confidence.

If children are capable of it, they must be involved in monitoring and reviewing their plans – and in agreeing new objectives and strategies.

3. Reminders and Reprimands

3.1 Reminders

Whilst it is important to reward acceptable behaviour, it is also critical to manage unacceptable or disruptive behaviour in the same, positive and consistent manner.

Matters of concern must be raised and discussed with the child, with a view to giving the child a fresh start – with support and encouragement.

If misbehaviour is persistent or serious, other strategies may have to be adopted; but minor or non-persistent behaviours should result in staff/carers reminding or cautioning children.

This is a strategy adopted successfully by the criminal justice system, assuming that children respond positively to cautions accompanied by active encouragement and support to put things right.

Reminders and cautions should be clear and to the point, with clarity about:

- The behaviours which are unacceptable;
- The impact or influence that the behaviour is having on the child or others;
- Clarity about what is accepted;
- Help, advice and encouragement to put things right;
- A Fresh Start with no recriminations or further reminders.

Staff/carers should employ a range of non-verbal and verbal techniques to show their disapproval; but they must avoid moody looks, innuendo and public scoldings.

Any step in the right direction must be approved of and rewarded whilst mistakes or problems should be openly discussed and strategies for change identified and encouraged.

The overall strategy should be to help the child do well.

3.2 Reprimands

Where behaviour is persistently or seriously unacceptable, it may be appropriate to reprimand children.

However reprimands may only be used in the following circumstances:

- If children are capable of behaving acceptably and, preferably, understand what is expected;
- Where children have persistently or seriously failed to do as required/expected;
- Where nothing else can be done to change the behaviour, for example, by encouraging and rewarding acceptable behaviour rather than noticing and reprimanding unacceptable behaviour.

If it appears that a Reprimand is justified, it should preferably be delivered in private, on the spot or as soon after the misbehaviour as possible.

Reprimands don't have to be loud but the person delivering them should appear 'in charge' or 'in control' and it should be said with feeling, with the adult stating clearly what is wrong, how s/he and others are affected by the misbehaviour and – critically – what should be done to put things right.

The person delivering the reprimand should provide the child with an opportunity to explain but should not necessarily expect an apology. However, there should be clarity for the child that improvement is expected – and as necessary the adult should discuss what support and encouragement will be given to put things right.

An effective reprimand is over and done with in a few minutes – and then the child should be given a fresh start.

4. Sanctions

This guidance should be read in conjunction with [Sanctions Procedures](#).

4.1 Guidance on use of Sanctions

Sanctions can be very effective but, before imposing them, think about it.

Most looked after children have come to view themselves, and are viewed, as failures.

They have had their fill of sanctions, usually imposed inconsistently, unfairly or as acts of revenge.

Before imposing sanctions, adults should do all they can to support and encourage children to do well.

If children do not behave acceptably, strategies should be adopted that are encouraging and rewarding.

Rather than noticing and sanctioning misbehaviour it is always better to notice and reward good behaviour – or any step in the right direction.

For example, it may be more effective to allow a child to have use of a video or TV at bedtime for getting up on time, rather than taking the TV away for getting up late. Same deal, different meaning!

The former is discouraging and causes resentment; the latter is encouraging, can improve self-esteem and relationships between children and staff/carers.

Be creative, think outside the box!

If children continue to behave in unacceptable ways, they should be reminded about what is expected and given further encouragement to get it right.

If misbehaviour persists or is serious, effective use of reprimands can act as a disincentive or firm reminder. If this does not work, or may not, sanctions may be effective.

Where sanctions are used they must be reasonable and the minimum necessary to achieve the objective. Also, there should be a belief that the sanction will have the desired outcome – increasing the possibility that acceptable behaviour will follow.

If sanctions are imposed, adults should apply the following principles:

- a. Sanctions must be the exception, not the rule. A last resort.
- b. Sanctions must not be imposed as acts of revenge or retaliation.
- c. Think before imposing the sanctions; don't apply it in the heat of the moment.
- d. Sanctions may only be imposed upon children for persistent or serious misbehaviour; where reminders and reprimands have already failed or are likely to fail.
- e. Sanctions should only be used if there is a reasonable chance they will have the desired effect of making the point and in reducing or preventing further unacceptable behaviour.
- f. Before applying any sanction, make sure the child is aware that his/her behaviour is unacceptable and, if possible, warn him/her that sanctions will be applied if the unacceptable behaviour continues.
- g. It is the certainty not the severity of sanctions that is important.
- h. Sanctions should only last as long as they need to, allowing the child the opportunity to make a fresh start as quickly as possible.

4.2 Approved Sanctions

Certain sanctions are approved to be imposed on children in children's homes and foster homes; they are outlined in **Sanctions Procedures**.

4.3 Non-Approved Sanctions

The following sanctions are non-approved, which means they may never be imposed upon children:

- a. Any form of corporal punishment; i.e. any intentional application of force as punishment, including slapping, punching, rough handling and throwing missiles.

*This not prevent a person using necessary **Physical Intervention**, see **Physical Intervention Procedures** and guidance on the use of Physical Intervention contained later in the chapter.*

- b. Any sanction relating to the consumption or deprivation of food or drink.

It is well established that the enjoyment of eating and drinking is fundamental to a child's healthy physical and emotional development. Meal times are well-managed, orderly, social occasions in the life of a child and it would be quite inappropriate for a child to be refused meals or routinely excluded from communal meals.

Deprivation of food and drink should be taken to include the denial of access to the amounts and

range of foods and drink normally available to children in the home but would not include instances where specific food or drinks have to be withheld from a child on medical advice. Equally, it would be inappropriate to force a child to eat foods, which he disliked. It would be right, however, to encourage a child to try a wide range of foods. Medical advice is sought if children consistently refuse to eat, over eat or have eating disorders. Meals are provided at reasonable set mealtimes and food is available to children when they miss a set meal.

c. Any restriction on a child's contact with his or her parents, relatives or friends; visits to the child by his or her parents, relatives or friends; a child's communications with any of the persons listed in **Section 4.3.1, Persons with whom the child can have contact**, below; or his or her access to any telephone helpline providing counselling or advice for children;

This does not prevent contact or communication being restricted in exceptional circumstances, where it is necessary to do so to protect the child or others.

See the following:

**Correspondence: Telephones, Mobile 'Phones and Letters Procedure
Family Contact Policy and Procedures
Delegated Authority Guidance**

The value for most children of maintaining contact with their families and friends cannot be overstated. The restriction or refusal of contact as a punishment is not permitted but it is recognised that in some circumstances as part of the management and planning of his/her care, some restrictions may have to be placed on contact with certain individuals or on the facility to receive, or – especially – make visits. Children sometimes need to be protected from visits. The home must be guided in its approach to contact by the planning decisions of those with parental responsibilities. Where contact is restricted in accordance with these plans it should be recorded on each occasion in the child's personal records".

In general, arrangements for making and receiving visits and for other contacts will have to be compatible with the reasonable requirements of the efficient management of the home. It will continue to be legitimate to control unplanned visits. Where parents insist on visiting a child, despite this being contrary to the care plan which has been drawn up, it will be necessary for staff to find tactful ways of dealing with this and to counsel the child.

d. Any requirement that a child wear distinctive or inappropriate clothes.

Some children in homes will already have a very negative perception of themselves. Requiring them to wear distinctive or inappropriate clothing would serve only to further undermine their self-esteem and to damage their self-confidence. Distinctive or inappropriate clothes should be taken to include not only recognisable punishment uniform or badge, for example, but also clothes, which are inappropriate to the time of day and/or the activity being undertaken. This applies also to footwear and hairstyles. The wearing distinctive clothing for purposes connected with education or any uniformed organisation, i.e. Scouts and Girl Guides, is of course, not excluded.

Children are able to exercise choice in clothes they buy. Younger children are accompanied by staff and older children and are given the choice of shopping alone or with the guidance of staff, subject to a risk assessment where shopping alone involves significant risks.

Choice of clothes are supported and positively promoted with regard for cultural, racial, ethnic and religious expectations.

e. The use or withholding of medication or medical or dental treatment.

This would be a dangerous and utterly unacceptable practice and is accordingly totally forbidden in all circumstances, whether as a disciplinary measure or other wise, to control the child.

f. The intentional deprivation of sleep.

g. The modification of a child's behaviour through bribery or the use of threats;

h. Any sanction used intentionally or unintentionally which may humiliate a child or could cause them to be ridiculed;

i. The imposition of any fine or financial penalty, other than a requirement for the payment of a reasonable sum by way of reparation.

Fines imposed by courts must, of course, be paid but it is not considered appropriate for those, carrying on homes to impose such sanctions. In cases of wilful damage or of misappropriation of monies or goods belonging to others, however, it would be perfectly proper for the perpetrator to be required to pay for or at least to make a contribution towards the costs of repairs or replacement of misappropriated monies or goods.

There is a policy implemented in practice and known to the children and young people on personal allowances. The policy makes clear the purpose of different allowances; the arrangements for receiving monies and why it may be withheld; monitoring of how money is used and how requests for special allowances should be made and decided on.

j. The Court may impose fines upon children which staff should encourage and support them to repay.

k. Any intimate physical examination of a child. In some circumstances it may be appropriate to search a child and/or his/her belongings. See **Searching Children or their Belongings Procedure**;

l. The withholding of aids/equipment needed by a disabled child;

m. Any measure which involves a child in the imposition of any measure against any other child; or the Sanction of a group of children for the behaviour of an individual child;

n. Swearing at or the use of foul, demeaning or humiliating language or measures.

4.3.1 Persons with whom the child may have contact, in relation to **Section 4.3 (c)** above:

- a. Any solicitor or other adviser or Advocate acting for the child;
- b. Any officer of the Children and Family Court Advisory and Support Service appointed for the child;
- c. Any social worker for the time being assigned to the child by his placing authority;
- d. Any person appointed as an Independent Person in respect of the Complaints Procedure;
- e. Any person appointed as an Independent Visitor;
- f. Any person representing the **Regulatory Authority**;
- g. Any representative from the local authority in whose area the children's home is situated;
- h. Any person with delegated authority from the Secretary of State to conduct an inspection of the children's home and the children there.

5. Physical Interventions (Including Restraint)

This guidance should be read in conjunction with **Physical Intervention Procedures** and with **Section 6, Guidance for Residential Staff (including Team Teach Guidance)**.

Physical Interventions are interventions that employ a level of physical force to protect a child or others from injury or to protect property from being damaged.

5.1 Definition of Physical Intervention

5.2 Who May use Physical Intervention

5.3 Planning Ahead – Care and Placement Planning

5.4 Justification for Restraint and Other Physical Interventions

5.5 Guidance on Meaning of Injury and Damage to Property

5.6 The Meaning of 'Predictable Future'

5.7 The Meaning of 'Immediately Necessary'

5.8 The Meaning of 'Last Resort'

5.9 The Meaning of 'Minimum Force'

5.10 Use of Physical Intervention as a Sanction

5.11 Preventing Children from Leaving or being Absent

5.12 Forcing Compliance

5.13 Locking or Bolting Doors

5.1 Definition of Physical Intervention

There are four broad categories of Physical Intervention.

1. **Restraint:** Defined as the positive application of force with the intention of overpowering a child. Practically, this means any measure or technique designed to completely restrict a child's mobility or prevent a child from leaving, for example:

- Any technique which involves a child being held on the floor;
- Any technique involving the child being held by two or more people;
- Any technique involving a child being held by one person if the balance of power is so great that the child is effectively overpowered; e.g. where a child under the age of ten is held firmly by an adult.
- The locking or bolting a door in order to contain or prevent a child from leaving.

The significant distinction between the first category, Restraint, and the others (Holding, Touch and Presence), is that Restraint is defined as the positive application of force with the intention of overpowering a child. The intention is to **overpower** the child, completely restricting the child's mobility. The other categories of Physical Intervention provide the child with varying degrees of freedom and mobility.

2. **Holding:** This includes any measure or technique involving the child being held firmly by one person, so long as the child retains a degree of mobility and can leave if determined enough.
3. **Touching:** This includes minimum contact in order to lead, guide, usher or block a child; applied in a manner which permits the child quite a lot of freedom and mobility.
4. **Presence:** A form of control using no contact, such as standing in front of a child or obstructing a doorway to negotiate with a child; but allowing the child the freedom to leave if they wish.

5.2 Who may use Physical Intervention

Under normal circumstances, only staff/carers who have been trained to an appropriate level may use Physical Intervention.

However, in an emergency, the use of physical intervention by other people may be justified if it is the only way to prevent injury or damage to property.

In these circumstances, the interventions used must be consistent with the procedures outlined in this manual – and the guidance set out in this chapter.

Whenever possible, the techniques used should reflect the person's previous training in the appropriate use of physical interventions.

In any case, the techniques used should:

- a. Not impede the process of breathing
- b. Not be used in a way which may be interpreted as sexual
- c. Not intentionally inflict pain or injury
- d. Avoid vulnerable parts of the body, e.g. the neck, chest and sexual areas
- e. Avoid hyperextension, hyper flexion and pressure on or across the joints
- f. Not employ potentially dangerous positions

5.3 Planning Ahead – Care and Placement Planning

It is accepted that Physical Intervention will often be used reactively, by adults faced with situation posing potential risks of injury or damage to property.

However, research evidence shows that injuries to adults and service users are more likely to occur when Physical Intervention is used to manage events which have not been foreseen, and for this reason great care should be taken to avoid situations where unplanned Physical Interventions might be needed.

PLAN AHEAD!

As a matter of routine, preferably at point of referral or placement or as soon as possible thereafter, managers must conduct Risk Assessments to tease out whether the child's placement poses any risk of injury or damage to property – to the subject child or others living in the home.

Alternatively, such risk assessment and planning should occur after incidents where Physical Intervention may have been applied.

If continuing risks exist, managers must establish a plan outlining the Strategies to be adopted to reduce or prevent the behaviour occurring.

As far as possible, as described elsewhere in this manual, those strategies must avoid the use of Physical Interventions.

For example, the best way of helping a child to tolerate other children without being violent may be for an adult or mentor (another child, for example) to 'shadow' the child to help him/her.

However, such plans should include contingencies outlining whether Physical Intervention should be used; and advising the adults which techniques may be beneficial.

These plans and strategies, if possible, should be shared with the child concerned and should be reviewed – either routinely or after serious incidents have occurred.

5.4 Justification for Restraint and Other Physical Interventions

There are different justifications for Restraint, intended to overpower a child, and other, less intrusive forms of Physical Intervention.

Restraint is the intentional use of force with a view to **overpowering** a child, and therefore may only be justified where the likely injury is **SIGNIFICANT** or the likely damage to property is **SERIOUS**. These terms are defined in **Section 5.5. The meaning of Injury and Damage to Property**.

Other forms of Physical Intervention, which are less intrusive by degrees, such as Holding, Touching and Presence, may be justified to prevent Injury or damage to property which is less than significant or serious; which is also defined below.

However, for any form of Physical Intervention to be justified, the person applying it must be satisfied of the following (more detailed guidance is contained below):

1. That injury or damage to property is likely to happen in the predictable future, see **Section 5.6 The meaning of Predictable Future**
2. **And that** immediate necessary action to reduce or prevent the likelihood of the injury or damage, see **Section 5.7 The meaning of Immediately Necessary**
3. **And that** the use of physical intervention is a last resort, see **Section 5.8 The meaning of Last Resort**
4. **And that** the amount of force used is the minimum necessary to achieve the objective, see **Section 5.9 The meaning of Minimum Necessary**

5.5 Guidance on Meaning of Injury and Damage to Property

There are differing justifications for the use of Restraint and other Physical Interventions.

Restraint is a form of Physical Intervention used to overpower a child, and should therefore only be used where the likely injury is **SIGNIFICANT** or the likely damage to property is **SERIOUS**.

Other forms of Physical Intervention, which are less intrusive by degrees, such as Presence, Touching and Holding, may be justified where the likely injury or damage to property is less significant or serious.

It is not possible to provide an exhaustive definition given the variety of situations that adults may face or how they should act. It is for the adult(s) on the spot to decide themselves and act accordingly – in keeping with procedures and guidance set out in this manual and the training they have received.

However, Injury and Damage (which is not significant or serious) may justify less intrusive Physical Interventions such as Presence, Touching or Holding include the following:

- a. Minor injuries caused to the child or others;
- b. Wilful or reckless behaviour which may result in the child/others being at risk of harm;
- c. The likelihood of criminal offences not involving violence or potential risk of injury;
- d. Minor drug or alcohol misuse
- e. Minor damage to property belonging to the child, the authority or others

For Restraint to be justified (the use of Physical Intervention with the intention of overpowering the child) the likely injury must be **significant** and the likely damage must be **serious**.

Significant Injury is broadly defined as actual or grievous bodily harm, physical or sexual abuse, risking lives of or injury to, the self or others by wilful or reckless behaviour and self-poisoning. This may include the following:

- a. Abduction
- b. Actual and grievous bodily harm or more serious violent offences
- c. Attempted suicide or death
- d. Contact with known or suspected **Person who Poses a Risk to Children**
- e. Poisoning
- f. Injury requires medical attention
- g. Serious drug or alcohol misuse
- h. Sexual exploitation, including sexual abuse, child pornography or prostitution
- i. Theft/being carried in a stolen vehicle, or other criminal offences of a serious nature
- j. Serious damage to property

For any form of Physical Intervention to be justified those using it must firstly believe that injury or damage is likely in the predictable future.

5.6 The Meaning of 'Predictable Future'

For **any form of Physical Intervention** to be justified, there must be a risk the injury or damage is likely in the predictable future.

The fact that injury or damage has already occurred would not be a justification for Physical Intervention UNLESS there is a risk that further injury or damage would follow if adults did not act. For example, a child may break a small window, which may be interpreted as a minor misdemeanour and unlikely to be repeated; therefore Physical Intervention may not be justified.

However, if the child is likely to use fragments of the glass as a weapon to cause significant injury to him/herself or another person, the use of physical intervention, even restraint, may be justified in order to protect the person(s) and confiscate the glass.

Adults must not only believe that the injury or damage is likely in the predictable future but also that action is immediately necessary.

5.7 The Meaning of 'Immediately Necessary'

Immediately Necessary means that staff/carers believe it is necessary to act, at the time, to prevent a child or others from being injured or to prevent property from being damaged at some time in the Predictable Future.

If at all possible, all the adults caring for the child should consult each other before acting; even if there is an agreed plan or strategy in place to manage the behaviour.

However, if this is not possible, the adults must act as they see fit on the spot – as far as possible within the parameters of the child's Care Plan, Placement Plan or other plan in place.

If no plan/strategy is in place, the adults must act as they see fit within the procedures and guidance in this manual and the training they have received.

Before acting, the adults must satisfy themselves that their actions are necessary as a Last Resort.

5.8 The Meaning of 'Last Resort'

Last resort means:

- That all other non-physical methods of persuasion or control failed;

Or

- That all available non-physical methods would not work in the circumstances.

The other methods, which may work in the circumstances, can include less intrusive Physical Interventions. However, adults may not use any Physical Interventions unless they are satisfied that non-physical interventions have failed or would not work in the circumstances.

If possible, adults must adopt verbal and non-verbal skills, engaging children, calming, reaching; using humour, the intervention of colleagues; negotiating, listening, ignoring or leaving the situation if it works.

If these actions are not working (or adults believe they would not work if tried) they may use Physical Interventions.

However, adults who use Physical Intervention before trying or considering non physical methods leave themselves open to criticism and could be subject to complaint, disciplinary action, involvement of the Police or Child Protection agencies.

Also, if Physical Intervention is required, adults may only use the minimum force necessary to achieve the objective

5.9 The Meaning of Minimum Force

If Physical Intervention is immediately necessary (see **Section 5.7 The meaning of Immediately Necessary**), as a last resort (see **Section 5.8 The meaning of Last Resort**), the force used must be the minimum necessary to achieve the objective.

The minimum necessary means exactly that:

The amount of force used must be commensurate with the desired outcome and the specific circumstances in terms of intensity and duration.

For example, it may be necessary to hold or restrain a child for a short period whilst s/he calms down sufficiently to re-join a group or activity; or to temporarily block or prevent a child from leaving the home to give staff/carers time to divert the child's attention from absconding.

It may also be appropriate for a person to block or prevent a child's mobility or movement using restraint whilst help is summoned, then giving the opportunity for the intervention to be reduced when they arrive.

In all cases, the measures must be used for the minimum or shortest time necessary; and the amount of force used must be the minimum that is necessary. The possible adverse affects associated with the measures used be less severe that the adverse consequences which may have occurred without it.

The minimum necessary may mean that proximity or use of physical presence will work in the circumstances; and that it will not be necessary to use more intrusive forms of Physical Intervention.

However, where the risks are greater, and other less intrusive interventions have failed or would not work, holding or restraint may be the minimum that is necessary to achieve the objective.

In any case, caution should be exercised in releasing or reducing interventions too early; to do so may escalate rather than calm the situation. Disengagement should normally be undertaken in a planned and controlled manner.

If it is not possible to consult others before acting, the onus is on adults, on the spot, to decide what level of intervention is appropriate in the circumstances; considering, for example:

- a. Any agreed strategy or plan that may exist for managing a given situation;
- b. The age, size and ability of the child and person managing the behaviour;
- c. The understanding of the child and ability to make informed decisions;

- d. Any disabilities or medical conditions the child may be suffering;
- e. The abilities, skills of the person(s) managing the incident, and the training they have undertaken;
- f. The emotional and mental state of the child; and whether the child is under the influence of alcohol, drugs or other substances;
- g. The child's background, history of using violence etc.

Whatever interventions or measures are taken, the adults must not place themselves in a position where anyone's safety is seriously compromised. In such circumstances they should call for help, maybe from the police, or retreat if that is the only safe option open to them.

5.10 Use of Physical Intervention as a Sanction

Physical Intervention may not be used as a sanction.

5.11 Preventing Children from Leaving or being Absent

Also see [Protocol for Children and Young People Missing from Home and Care](#) (West Midlands Safeguarding Children Procedures).

Using restraint to prevent a child from leaving

Restraint may be used to prevent a child from absencing him/herself in the following circumstances:

- To prevent any child from leaving where there is a likelihood of Significant Injury or Serious Damage to Property (See **Section 5.5 The meaning of Injury and Damage to Property**) at some time in the predictable future.
- To prevent a child who is Remanded or otherwise lawfully detained in local authority accommodation from leaving, if the offences for the remand/detention are serious, for example, of a violent nature.

Restraint may include the locking of a door temporarily to prevent a child from leaving; further guidance on such measures, are contained in **Physical Interventions Procedures**.

Using other, less restrictive forms of Physical Intervention to prevent a child from leaving

Physical Interventions which fall short of Restraint, such as holding, touch or presence, may be used to prevent a child from leaving where the risk of injury is not significant or the risk of damage is not serious.

These measures can include the bolting of a door temporarily to restrict a child's mobility or win time to call for help from others.

Such measures may be appropriate in the following circumstances:

- Where a child aged 11 or 12 persistently attempts to leave the home in the evening against the instructions of the adults, where these instructions are based on a considered and

reasoned view that the child's welfare is likely to be prejudiced or s/he is likely to come to harm.

- Where a teenager is known to be engaged in vice or criminal activity or otherwise known to be under negative influence or be at risk of harming him/herself or others.

In these and other similar circumstances which do not necessarily constitute Significant Injury or Serious Damage to Property (See **Section 5.5 The meaning of Injury and Damage to Property**) adults must first try persuasion and patient engagement in trying to prevent children from leaving; but if these actions fail or it is believed they would fail adults can use their presence, touch or holding to prevent children in these circumstances from leaving.

It may also be reasonable for adults to bolt a door temporarily to restrict a child's mobility, or in order to win time, slow a child's progress or call for help from others.

However, the Physical Intervention used must be used as a Last Resort (see **Section 5.8 The meaning of Last Resort**) and must be proportional to the risks.

If the child persisted in the circumstances and there was no risk of significant injury or serious damage to property the adult may have to allow the child to leave.

Also see **Protocol for Children and Young People Missing from Home and Care** (West Midlands Safeguarding Children Procedures).

5.12 Forcing compliance

Physical intervention may not be used simply to enforce compliance or in response to challenging behaviour unless the behaviour gives rise to the expectation of injury or damage to property.

For example, if a child was arguing or being offensive toward another child or others including the adults looking after them, it may be appropriate to remonstrate, caution or reprimand the child; it may be appropriate to impose a sanction.

It may also be appropriate to use such measures if a child was refusing to comply with a reasonable instruction, such as a request to leave the room, get up in the morning or retire at night.

Such measures as reprimands and sanctions may be appropriate if other, more encouraging measures are unlikely to work in the circumstances.

However, it would not be appropriate to use Physical Intervention unless injury or damage was also likely.

Therefore, if a child was refusing to leave a room, and the adults suspected that if the child did not leave, injury or damage to property would follow in the predictable future, they may be justified in using their presence or other less intrusive forms of physical intervention to guide or coerce the child into doing as required.

An alternative would be to ask colleagues to remove or withdraw the other children present.

The same principles may apply in getting a child up in the morning. Physical Intervention would not be justified simply to get a child out of bed if there were no likelihood of injury or damage to property in the predictable future. However, it may be reasonable to take such action if doing so prevented disruption leading to injury or damage to property within a predictable timescale.

In all these and other similar circumstances adults should discuss such issue and plan ahead; preferably setting out the strategies to be used in the child's Placement Plan.

5.13 Locking or Bolting Doors

Procedures on Locking or Bolting of Doors, are contained in [Physical Intervention Procedure](#)

6. Residential Staff (Team Teach Guidance)

This guidance, which is designed for Residential Staff, must be read in conjunction with other guidance in this Chapter, in particular **Section 5, Physical Interventions**. Procedures on the use of Physical Intervention (including Restraint) are contained in **Physical Interventions Procedures**

Any conflicts between the following guidance and other procedures or guidance in this manual must be brought to the attention of Procedures Manual Project Manager.

6.1 Principles

Residential care should be viewed as a "positive choice" and a "positive experience", both by staff and children alike.

Relationships between staff and children should be based on honesty, mutual respect and good practice.

All children and children should have a Care Plan and Placement Plan, clearly stating the aims and objectives to be achieved and the time period this is likely to take. The individual boundaries of behaviour and means of control should be particularly well defined and documented.

The foundation of control of children and children in care is the strength of the relationship between the carers and those for whom they care.

Each Residential Unit should have clearly thought out statement of philosophy and procedures, which staff should implement consistently on a day to day basis.

To exercise control primarily through the example of staff in their day to day dealings with their clients and each other and by use of positive reinforcement of good behaviour.

Where further action is necessary to achieve control and throughout any control situation, "TEAM-TEACH" is the recognised and acceptable approach to be used within Children's Residential Services. It promotes effective safe verbal, non verbal and physical techniques designed specifically for children.

TEAM TEACH enables services for children to develop acceptable and appropriate responses to serious incidents of “out of control” behaviour, in a manner that maintains positive relationships and provides safety for all.

Any form of Physical Intervention should be carried out in a manner, which preserves the child’s self respect and helps him/her exercise self-control.

A child should be held with the minimum necessary force and for the shortest possible period.

All other behaviour management strategies should be used, or considered to be inappropriate, before physical intervention.

Control is more likely to be achieved where there is a structure to the child’s day, with the correct balance between free and controlled time. Each child should have a set programme, outlining their daily/weekly commitments.

It is essential that children are consulted regarding their wishes and feelings on matters concerning them.

Children should routinely be involved in decision making about their care; in this way, they should be encouraged to accept responsibility for their own care and actions, appropriate to their age and understanding.

Accordingly the age and competence of the child should be taken into account in deciding what degree of intervention is necessary for control and good discipline.

It should be acknowledged that in the case of children who have suffered severely damaging experiences and have difficulty in developing self-control, that good relationship and consistent practice will not always guarantee the maintenance of good order. It is therefore essential that all staff are aware of what sanctions are permissible and when the use of Physical Intervention or restriction of liberty becomes appropriate and necessary.

When sanctions or Physical Intervention becomes the sole remaining course of action, the residential social worker must be mindful that:-

- a. The physical intervention should be appropriate to the circumstances.
- b. The degree and duration of any sanction/physical intervention applied should be proportional to the circumstances.
- c. The failure of a particular intervention does not automatically signal the immediate use of a more forceful form of intervention.
- d. The use of physical intervention is only permissible, in relation to the potential for injury to self or others, or damage to property.

It should be noted that there is a distinction between the use of a “one-off” intervention, which is appropriate in a particular set of circumstances and its repeated use as part of the Home’s regime.

The appropriateness of interventions should therefore be assessed on each individual set of circumstances.

Guidance on the definition of Restraint and other forms of Physical Intervention is contained in **Section 5.1 Definition of Physical Intervention** above.

Guidance on the circumstances where Physical Intervention may be necessary, including the meaning of Last Resort, are contained in Section 5 Physical Interventions, above

Physical Interventions should rarely be necessary and be the Last Resort, when all other methods have failed or are inappropriate in the situation. The consequences of unacceptable behaviour are clear to staff and children and any measures applied are relevant to the incident.

The need for Physical Interventions should be avoided whenever possible, by staff being aware of the build up of tension which may be due to illness, bullying or disability and other forms of physical intervention and by using Behavioural non physical verbal techniques as an early intervention.

The use of Physical Interventions should relate to the child's age, understanding and competence.

Staff can and must intervene immediately to try and prevent children leaving the home where there are grounds for believing that they are putting themselves or others, at risk, or are likely seriously to damage property. Written procedures and guidance on police involvement have been agreed, which staff are knowledgeable and clear about.

All staff are trained and have a signed copy of the policy which is retained on their personal file.

Measures of control, discipline and Physical Intervention used by the home are made clear to the placing authority, child, parents/or carers.

Children are encouraged to develop a proper awareness of their rights and responsibilities. Where there has been physical intervention, the child will have right to be examined by a nurse/medical practitioner within 24 hours.

All children are given the opportunity to discuss incidents and express their views on an individual basis or during house meetings.

Children should be encouraged to have their views recorded and signed.

Carers are reminded that, in the day to day care of children, they have the responsibility and (the authority) to interpret 'harm' widely and to anticipate when it is clearly likely to happen. See **Section 5.5, Meaning of Injury**.

For example, unless the particular circumstances of the case dictated otherwise, it would be reasonable to assume that a young child of 11 or 12 years of age, who persists on wanting to leave home in the evening, against the instructions of staff, where these instructions are based on a considered and reasonable view of the child's welfare, is likely to put himself or herself at risk of harm. See **Section 5.11, Preventing Children from being Absent**

The same would be true of young teenagers known to be involved with vice or criminal activity or otherwise likely to come under bad influence or be at risk of harming themselves or others.

It would therefore, be appropriate to use physical intervention in order to prevent the child from leaving. The need to balance unauthorised restriction of liberty against permissible and reasonable forms needs to be informed by a risk assessment which includes the views of appropriate and significant others.

6.2 Emergency Situation

See **Section 5.7, Immediately Necessary**, above

Is **immediate emergency action** necessary to prevent the child from significant injury to him/herself or others, or causing serious damage to property?

In this instance, immediate action should be taken using whatever methods indicated within the guidance, to save the situation.

6.3 Non-Emergency Situation

Is a child indicating his serious intention to leave the home without permission? The written procedure of the home identifies what action should be taken.

Is there a strong and definable likelihood of significant harm to him/herself or others or serious damage to property? Any report of abuse at the home should be referred immediately to Children's Services (Walsall Safeguarding Children Partnership Procedure). recognition of possible involvement of children in prostitution.

Has the child been remanded or detained for a "serious offence", i.e. a "violent or sexual offence"?

If these circumstances exist, the staff member should then consider the following factors:-

6.4 The Age of the Child

Written records should be made of all incidents of absconding, action taken by staff, circumstances of child's return, reasons given by child. All staff are aware of the measures they can take to prevent a child leaving without permission, e.g. a child under 14 years may be more likely to come to harm if he/she ran away.

6.5 The Time of the Incident

All children between the ages of 14 – 16 years who are resident in the authorities homes should be in the home by times negotiated with y/p and their care plan unless a specific permission has been given to extend the time. Younger children should be aware of their return times which should be age linked. No child should be leaving the premises after their return times, unless they are with staff for a specific reason.

No children should be leaving the premises after 9.45 pm if staff believe that they are putting themselves or other at risk.

Persuasion and the patient engagement of children in more structured and disciplined lives, is the first line of resort in preventing a child or child from leaving a residential home which is not designated as secure.

Physical intervention should not be viewed as the primary means of intervention. But if necessary, staff have the authority to take immediate action to prevent harm occurring, even if the harm is expected to happen some time in the predictable future.

If the particular issue of confrontation persists and the child continuously fails to respond over a period of time to either physical restraint or the temporary loss of mobility, through consultation with the child's social worker and the homes management the child's Care Plan and Placement agreement should be reviewed for suitability.

6.6 Staffing Ratio

The emphasis should be on making certain that there is the availability and involvement of at least two members of staff, when the need for physical intervention occurs. This is for the protection of both staff and the child involved.

To carry out physical restraint alone, would leave the staff member open to allegations of physical and sexual misconduct.

Physical restraint should be whenever possible be authorised by the Service Manager, Home Manager or Deputy. As part of prior planning it should be recorded or indicated within the child's Service Agreement as part of his/her risk assessment.

When applicable, staff should be aware of the effect Alcohol and Drugs will have in heightening the degree of personal danger.

6.7 Personal Indicators Relevant to the Individual Child

- Confirmed past behaviours
- Recent contacts
- Personal Health
- Level of "distress"
- Any personal "trigger", prior to the event.

6.8 Can Physical Intervention Actually be Achieved?

i.e. Consideration in relation to the experience and capacity of staff members against the size and capacity of the child.

6.9 Physical Intervention

Any method, action or theory used to address or change challenging behaviour must not have a detrimental affect on the child. It must not be of inappropriate physical or verbal nature. Only theory and practice in accordance with our policy and procedures and in accordance with the best interest of the child should be used.

When all other Behaviour Management techniques have been exhausted or considered and deemed to be inappropriate, and the only option available is physical intervention, then only the techniques identified within the TEAM-TEACH training programme should be applied.

Any professional consultation or support provided for any child must not be in conflict with policies or procedures contained in the manual. If their recommendations appear to be in conflict with our policy we should continue to work within our existing framework, the dilemma should then be reported to line management for review.

Only Gradual and graded techniques that work **WITH** the bodies natural joints and movements should be used. With younger children, and children with disabilities **ALL HOLDS** should be above joints not directly on joints, as any unnecessary force applied to young developing joints may lead to developmental problems in latter life.

NO HOLD SHOULD BE USED THAT APPLIES PRESSURE AGAINST A JOINT, THE WINDPIPE, OR THAT MAY BE LIKELY TO CAUSE AN INJURY TO THE HEAD.

During the intervention, staff **SHOULD NOT** take the child to the ground. If during the restraint the child moves him/herself to the ground only the holding techniques identified in the TEAM TEACH training should be used in a safe 'recovery' position. Any such occurrence is deemed to be a Restraint, and must be recorded as such. Any physical intervention should be preceded by risk assessment. Staff should be aware of the dangers in relation to posture and bending when going to the ground. This should be recognised and considered by the staff involved.

Whenever possible SEATED POSITIONS should be used. Children should not be routinely taken to the floor.

On arrival at an aggressive incident, the child should be approached calmly and unemotionally to avoid further escalation. Firmness should not be confused with aggression.

The proper use of physical intervention, which must be reasonable in all the circumstances, requires skill and judgement.

Every effort should be made to secure the presence of other staff, to ensure that any action taken is both safe and successful.

It would be an error of judgement if a member of staff tried to restrain a child without proper assistance and in so doing caused injury to themselves or the child because the intervention was handled ineptly.

Physically cornering a child should be avoided and it is likely to increase the potential for violence.

The child should be warned that physical restraint will be used unless he/she desists.

If restraint is unavoidable, the methods should involve the minimum degree of force necessary and be carried out without restricting the child's breathing or blood supply.

It may be necessary, initially, to grasp clothes or hold arms and/or legs still whilst the correct TEAM TEACH holds are put in place. While the grips should be firm, it should not be calculated to inflict

pain, the larger the child relative to the worker, the more difficult this will become and the more care and consideration it will need.

As soon as it is safe, restraint should be released to allow the child to regain self-control.

6.10 Unprovoked Spitting/Headbutting

Spitting can invariably invite, psychologically, a negative reaction. Any type of provocative, negative response to spitting must be avoided, staff can inadvertently create power struggles by entering in to the conflict cycle. In the case of impulsive/unprovoked spitting used the C (Communication). A (Awareness). L (Listening). M (Make safe) techniques as outlined in TEAM-TEACH documentation, and in the case of physical intervention use minimal force when placing the hands to the side of the child's head to prevent the head turning.

Where there is repeated spitting impacting on the health and safety of staff and other children this behaviour should be dealt with using the safe handling techniques identified within the team-teach techniques. In the case of repeated incidents staff should consider using REPEATED BEHAVIOUR PATTERN RECORDS using the ABC model of assessment.

7. Life Space Interviews

As part of the TEAM TEACH approach the post incident report procedure is to follow the structure of the LIFE SPACE INTERVIEW.

A Management Review must also be conducted, see [Incidents Guidance](#)

Following any crisis situation there are 3 possible outcomes.

- a. The staff child relationship can remain unchanged.
- b. If the child is hurt, or feels unsupported and the actions were purely punitive the staff – child relationship will be damaged.
- c. Following the restraint the child is given support, made to feel safe, and given time to recover then the staff – child relationship will be improved.

The interview/debrief with the child should take place as soon as possible without pressure. Allow safe space/distance, but keep communicating acceptance and warmth, if the child is responsive continue the process otherwise wait and try later when he/she is calm enough.

The basic goals of the life space interview

- i. To continue the calming process with the child so that he/she can return to the level at which he/she can function appropriately.
- ii. To explore with the child his/her responsibility for what has happened.
- iii. To identify alternative behaviours for the child to use.
- iv. To develop a plan for the child to re enter the home environment.

The staff member who has been involved in the restraint, should also have the opportunity to talk through the incident, in order that both stress and distress can be alleviated.

Staff should be able to sit down and talk about what happened in a non-blaming, supportive caring manner, to help the member of staff return to the normal level of functioning.

Following a restraint the staff involved should contact their Team Teach trainer to allow the debriefing session to take place.

The debrief should give the opportunity to: -

- i. Clarify the underlying causes which caused the restraint.
- ii. To examine what techniques the members of staff used to de-escalate the situation, what worked and what did not work.
- iii. To develop a strategy for the child should they lose control in the future.
- iv. Review how the staff felt about having to physically intervene.
- v. Alternative (or the same) intervention to be used next time, and if necessary a specific plan for the whole staff group to follow in future interventions.

In the case of inappropriate holds/techniques being used, it will be necessary for the Team-Teach trainer to inform the Line Manager of the staff involved to identify follow up actions for a positive outcome.

8. Managing Group Violence

This should be read in conjunction with **Contacting the Police Procedure**

Positive practice in relation to dealing with group violence

Group violence and aggression is a frightening situation and a calm, unemotional response is most likely to control the situation.

Damage to property is less important than injury to any person, staff or child.

Attempts should be made to control the situation by:

- Negotiation
- Staying in the situation without intervention
- Removing staff from the situation
- Physical intervention if it can be carried out safely

If it is clear that the situation has escalated beyond the control of staff present, they should call the Senior-on-call for assistance or advice, or contact the police immediately in a dire emergency. See **Contacting the Police Procedure**.

The police, when appropriate, would be contacted by the Senior-on-call where there was a clear role for them to take i.e. an assault on a member of staff, or another young person.

After any situation of group violence, the staff as a group should discuss and a report on their incident should be sent by the Home Manager to the Residential Services Manager:

- What were the factors leading up to the incident?
- Could anything have been done at this stage?
- What sparked off the incident?
- Could anything have been done to avoid it?

A group that is punished or feels itself to be punished as a group, rather than individuals, is more likely to react and respond as a group.

Staff should also consider whether the actions taken could be seen as rewarding violence or aggression and the implementations for future practice.

There is no single solution to group violence and staff should support each other, particularly workers involved in such violent incidents.

9. Flowchart: Encouraging and Rewarding Success



10. Flowchart: Reminders and Reprimands

Flow Chart: Reminders and Reprimands

