

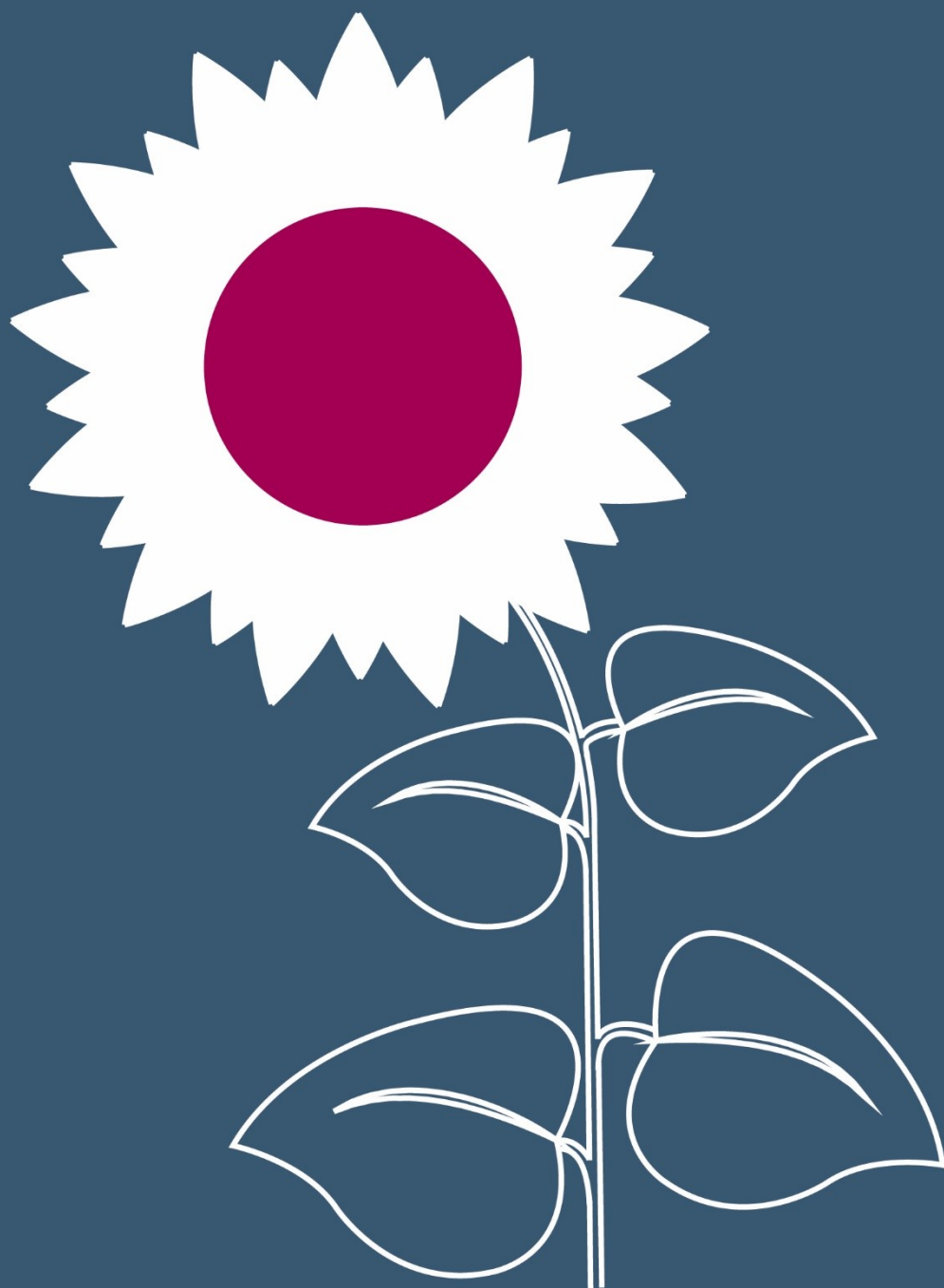


City of
Stoke-on-Trent

GUIDANCE FOR BEHAVIOUR MANAGEMENT AND THE USE OF PHYSICAL INTERVENTION IN CHILDREN'S HOMES

Tri x 4_6_5 (17 March 2022)

Review 17 March 2023



INFORMATION SHEET

Service area	Early intervention and children's social care involvement
Date effective from	January 2022
Responsible officer(s)	Strategic Manager Children and Family Services
Date of review(s)	
Status: <ul style="list-style-type: none"> • Mandatory (all named carers must adhere to guidance) • Optional (procedures and practice can vary between teams) 	Mandatory
Target audience	All residential carers within homes caring for children with emotional and behavioural difficulties; Social Workers; Managers, Placement support team staff, partner agencies
Date of committee/SMT decision	
Related document(s)	
Superseded document(s)	
File reference	

Contents

1	Introduction	3
2	Aim of the Policy	3
3	Legislative Context	4
4	Consequences for Unacceptable Behaviour.....	6
5	Prohibited Consequences and Measures of Control.....	7
6	Managing Challenging Behaviour	8
7	Individual Safety Plans	9
8	Restrictive Physical Intervention	10
9	Post-Incident Support for Carers and Child	14
10	Barricading	15
11	Illegal Substances	15
12	Training and Monitoring of Carers' Performance	16
13	Police Involvement	16

1 Introduction

- 1.1 Within residential services the aim is to create environments within each home for children and young people where they can live together as comfortably and happily as possible. As in families, a happy home is based not only on care and trust but also on understanding by all its members of the kinds of behaviour that are acceptable and unacceptable and the response they can expect when unacceptable behaviours occur.
- 1.2 These guidelines are intended to assist staff in developing and sustaining a safe environment for young people within which the boundaries of behaviour are clearly defined and understood.
- 1.3 It should be remembered that the majority of the young people have historical and traumatic experiences this will strongly influence their response to controls imposed on them whilst they are in our care.

2 Aim of the Policy

- 2.1 Every care home is required, by law, to have written policies and guidance on how to manage challenging and complex behaviours displayed by looked after children who live in the home. The aim of this policy is to give clear and thorough advice and guidance on how manage and support behaviours in Stoke-on-Trent.

- 2.2 It also states what is and is not acceptable ways of managing difficult behaviours. Specific areas are covered in order to meet national standards - in particular the Homes' philosophy; acceptable and unacceptable forms of behaviour management; permissible consequences; approved methods of physical intervention; recording; training; and Police involvement.

3 Legislative Context

- 3.1 The values of Stoke on Trent City Council are reflected in the national guidance, which themselves are reflected in the CPI SAFETY INTERVENTION training.

The relevant national guidance is located in the Children's Homes Quality Standards and Regulations 2015 The Positive Relationship Standard:

1. The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on:
 - a. Mutual respect and trust;
 - b. An understanding about acceptable behaviour; and
 - c. Positive responses to other children and adults.
2. In particular, the standard in paragraph (1) requires the registered person to ensure:
 - a. That staff:
 - i. Meet each child's behavioural and emotional needs, as set out in the child's relevant plans;
 - ii. Help each child to develop socially aware behaviour;
 - iii. Encourage each child to take responsibility for the child's behaviour, in accordance with the child's age and understanding;
 - iv. Help each child to develop and practise skills to resolve conflicts positively and without harm to anyone;
 - v. Communicate to each child expectations about the child's behaviour and ensure that the child understands those expectations in accordance with the child's age and understanding;
 - vi. Help each child to understand, in a way that is appropriate according to the child's age and understanding, personal, sexual and social relationships, and how those relationships can be supportive or harmful;
 - vii. Help each child to develop the understanding and skills to recognise or withdraw from a damaging, exploitative or harmful relationship;
 - viii. Strive to gain each child's respect and trust;
 - ix. Understand how children's previous experiences and present emotions can be communicated through behaviour and have the competence and skills to interpret these and develop positive relationships with children;

- x. Are provided with supervision and support to enable them to understand and manage their own feelings and responses to the behaviour and emotions of children, and to help children to do the same;
- xi. De-escalate confrontations with or between children, or potentially violent behaviour by children;
- xii. Understand and communicate to children that bullying is unacceptable; and
- xiii. Have the skills to recognise incidents or indications of bullying and how to deal with them; and
- b. That each child is encouraged to build and maintain positive relationships with others.

The Legal Framework that underpins all practice within a registered Children's Home is as follows:

1. The Children's Homes Quality Standard and Regulations 2015; and
2. The Children's Homes Regulations 2001 (Amended 2011)

Regulation 20 Use of Restraint - legally defines when restraint may be used as follows:

1. Subject to paragraph (2) a measure of **restraint may only be used on a child accommodated in a children's home for the purpose of:**
 - a. **Preventing injury to any person (including the child who is being restrained);**
 - b. **Preventing serious damage to the property of any person (including the child who is being restrained); and**
 - c. Preventing a child who is accommodated in a secure children's home from absconding from the home. **(Not relevant to Small Group Homes)**
2. Where a measure of restraint is used on a child accommodated in a children's home:
 - a. The measure of restraint must be proportionate; and
 - b. No more force than is necessary should be used.
- 3.11 The guidance emphasises preventative strategies and acknowledges that the proactive use of restrictive intervention is sometimes in the best interests of the service user and could form part of a therapeutic strategy.
- 3.12 There is emphasis on strategies based on risk assessments and on judging whether the risks involved in employing physical intervention are lower than those of not doing so. Any intervention must be *proportionate* to both the behaviour and the harm it may cause.
- 3.13 There is a requirement in care settings that, if it is foreseeable that a service user might require a restrictive physical intervention, it must be recorded in their care plan. The planned intervention must be based on a risk assessment and describe the specific strategies and techniques to be employed.

- 3.14 The Children's and adults residential service has adopted CPI Safety Intervention Training and, in particular, the principles outlined by CPI via its Safety Intervention programme. Carers will be trained in the use of the least Restrictive Response Strategy

4 Consequences for Unacceptable Behaviour

- 4.1 Measures used to ensure that there are consequences for unacceptable behaviour should be fair and consistent and encourage reparation and restitution. They should be relevant to the incident, reasonable, age-appropriate, and carried out as soon as possible after the incident and last no longer than is absolutely necessary. They also need to be flexible enough to be reviewed and rescinded at any time.
- 4.2 Children/young people should be informed about the range of consequences that may be imposed upon them and the possible circumstances which may result in a consequence.
- 4.3 Before imposing any consequence, carers must ensure that they follow the individual child's consequences framework at the home.
- 4.4 Before any sanction is imposed carers must be satisfied of the following:
- That the child/young person was capable of behaving acceptably and understands what was required of him/her;
 - Those other encouraging and rewarding strategies have not worked or would not work in the circumstances.
 - That there is a view that the consequence applied may encourage acceptable behaviour or act as a disincentive to unacceptable behaviour.
 - That the child/young person understands the relevance of the consequence
- 4.5 It is important that an explanation is given to the child as to why the behaviour is inappropriate and why a consequence has been given. This should be when the situation is more stable and the young person has regained rational. If the child wishes to contact their social worker, family or advocate to complain they need to be given access to various forms of media in order to be able to complete this
- 4.6 Unacceptable behaviour can often be reinforced by attention causing it to become habitual. It is essential that carers do not reward negative behaviour but give attention when the behaviour is positive. This is in line with the PACE model parenting that is currently used in the Small group home Service, in conjunction with Changing Minds therapeutic services and underpinned by the SAFER framework.

- 4.7 It is important that any consequences are followed through. Young people learn that habitual behaviours become functional if it causes the carer to back down. It is the certainty and the consistency of the following through of the consequence, not the severity that matters most.
- 4.8 Consequences must be recorded, reviewed within 48 hours and revised if appropriate. All consequences must be brought to the attention of the line manager; which must be signed by the Registered Manager.

5 Prohibited Consequences and Measures of Control

- 5.1 No consequence must intimidate or frighten a child. Certain consequences may not be imposed upon children/young people, in any circumstances. They are:
- Any form of corporal punishment; i.e. any intentional application of force as punishment, including slapping, punching, rough handling and throwing items. It would also include punching or pushing, or similar behaviour in response to violence from the child. This is different to carer's right to defend themselves from physical injury.
 - Any consequence relating to the consumption or deprivation of food or drink.
 - Any restriction on a child/young person's contact with his or her parents, relatives or friends; or anyone acting in an official capacity e.g. social worker, solicitor, advocate, independent visitor.

PRACTICE GUIDANCE

This does not prevent contact or communication being restricted in the exceptional circumstance where it is necessary to do so to protect the child/young person or others. **Any such restriction should be entered on the child's risk assessment and Care Plan.**

- Any requirement that a child/young person wear distinctive or inappropriate clothes. This could be a badge, a hat, footwear or certain hairstyles.
- Wearing of nightclothes during the day: This is only acceptable where the child is ill in bed or "tucked up" on the couch
- The use or withholding of medication or medical or dental treatment.
- Use of accommodation to physically restrict the liberty of any child: This is acceptable in extreme or exceptional circumstances to keep the child safe and only permitted in cases approved the Secretary of State.
- Segregation and isolation. Children should not be kept apart from a group or forced to be on their own for other than very brief periods, literally minutes, in order to "cool down" from disruptive behaviour
- The intentional deprivation of sleep as a consequence.
- The modification of a child/young person's behaviour through bribery or the use of threats.
- Any consequence used intentionally or unintentionally which may humiliate a child/young person or could cause them to be ridiculed.

- The imposition of any fine or financial penalty, other than a requirement for the payment of a reasonable sum by way of reparation. The Court may impose fines upon children/young people which carers should encourage and support them to repay.
- In cases where it is suspected that the child is carrying drugs a search of their clothing is acceptable but must only be carried out by an appropriate person e.g. Police Officer. Should there be suspicion that drugs or weapons are secreted in their bedrooms then a search may be conducted by carers on duty. This action must be recorded in appropriate documentation – detail record, Room Search Log in line with Quality Care Standards. In the event of suspicion that they may be carrying an offensive weapon support should be sought from the Police. Any search of a child's body orifices should only be taken in exceptional circumstances, and by a registered medical professional and with the consent of the child. If the child has secreted drugs and does not give consent then the police must be informed.
- The withholding of aids/equipment needed by a disabled child/young person.
- Swearing at or the use of foul, demeaning or humiliating language or measures. An example would be making a child strip their own bed and wash the sheets following an incident of bedwetting. Humiliating someone, whatever his or her age, is offensive, negative and damaging to that person.
- Removal of liberty by locking in a room or any place unless in extreme circumstances where extreme violence and aggression is being presented
- Inappropriate bed times: This refers to children being sent to bed during the day or straight after school. It also refers to a punishment of a series of early nights. If this is used as a method of discipline, then it must only be for the night on which they misbehaved.

6 Managing Challenging Behaviour

- 6.1 In managing challenging, aggressive or violent behaviour the ethos of Stoke on Trent homes is that of CPI **crisis development model** which under pins all theoretical and physical intervention ion training that all staff receive.



Crisis Development/ Behaviour levels	Staff Attitudes and approaches
Anxiety	Supportive
Defensive	Directive
Risk Behaviour	Safety Interventions
Tension Reduction	Therapeutic Rapport

7 Individual Safety Plans

- 7.1 If a child needs an individual safety Plan, the Plan should be based on a Risk Assessment and be developed in conjunction with their Placement Plan. In the plan, known behaviours and patterns of behaviours should be recorded as well as known triggers for the behaviour and the appropriate de-escalation strategies which have been found to be the most effective in supporting the individual to manage their behaviour.
- 7.2 The Safety Plan will be different for each child, depending on the child's background and needs. However, it is expected that any of the following identified behaviours will feature in a safety Plan:
- Running away
 - Anxiety or withdrawal
 - Bullying or other similar behaviours
 - Challenging behaviour
 - Drug or substance misuse
 - Lack of awareness of personal safety
 - Offending or offensive behaviour
 - Exploitation concerns inclusive of CSE, CCE and Gang association
 - Self-harming behaviour
 - Sexually harmful behaviour
 - Violence or aggressive behaviour
- 7.3 Staff involved in the planning process will provide specific input to the safety Plan. The Plan must summarise the behaviours causing concern and the strategies to be adopted by carers to manage the behaviour(s). Where the same behaviour is exhibited outside the placement, e.g. at school, it is the responsibility of staff and other professionals to work in partnership to ensure consistency where appropriate.
- 7.4 Every effort must be made to involve the child/young person, their family and other professionals in the compilation of the Behaviour Management Plan and the social worker/carers should ensure that the child/young person understands its implications. The Plan should be read by all carers and should be discussed at team meetings.
- 7.5 It is the responsibility of the child/young person's Home staff to ensure that the safety Plan is sent out with all completed documentation from the Placement Planning Meeting to relevant agency representatives.
- 7.6 The Manager must oversee and sign the plan and agree its contents and strategies.
- 7.7 The plan must be reviewed regularly and any amendments agreed by the Manager.

8 Restrictive Physical Intervention

- 8.1 As part of the assessment and planning process for all children, consideration must be given to whether the child is likely to behave in ways which may place him/herself or others at risk of injury or may cause damage to property. If such risks exist, consideration must be given to the strategy that will be adopted to prevent or reduce the risk. These strategies may include physical intervention.

PRACTICE GUIDANCE

In developing strategies, consideration must be given to whether there are any medical conditions which might place the child at risk should particular techniques or methods of physical intervention be used

Risk Assessments

- 8.2 Whatever the situation carers need to make a risk assessment. This means being aware of the child's:
- Personal history
 - Individual Education Plan and Care Plan and EHC plan
 - Height, weight, level of aggression, potential for violence
 - Level of understanding
 - Medication and/or drug use
 - Characteristic ways of responding to stress and authority
 - The presence of other children
- 8.3 If it is assessed that physical intervention is necessary carers should:
- Stay calm: Carer(s) should approach situations where physical Intervention may be needed in a calm and professional manner. It may be necessary to take a step back and take a breath before action is taken.
 - Keep talking to the child using strategies adopted at earlier stages (supportive)
 - Request other staff support if not already present.
 - Remove other children from room if possible.
- 8.4 Carers using physical intervention techniques should be trained in their use and be authorised to use them. For this department carers receive training from licensed CPI Safety Intervention trainers. Carers are required to attend mandatory annual training and are assessed by the trainers during these courses. Only carers that have received this training and are judged as competent by the trainers are authorised to use CPI Safety Intervention techniques.

8.5 There are certain points to consider when making a decision to physically intervene:

- As part of a **planned intervention** carers should have grounds to believe that immediate action is necessary to prevent a child from significantly injuring themselves or others, or from causing damage to property. Any intervention should be reasonable and use the least restrictive Intervention.
- Before using Restrictive Physical Intervention, the staff should be sure that the possible adverse outcomes from the intervention (e.g. injury, distress) will be less severe than the adverse consequences occurring without intervention.
- As a planned response to known behaviour all the recognised strategies recorded on a young person's risk safety Plan for de-escalation and diversion need to have been tried and failed before using physical intervention. Occasionally the plan may be for early physical intervention in order to prevent known escalation of behaviour as part of a therapeutic programme of behaviour management. This must be agreed and recorded by all concerned (Parents, Young person, Social worker, IRO and changing minds).
- The child should be advised given a sense of reassurance and safety by the carer(s) continuing to talk calmly and deliberately to the person all the way through the intervention.
- Children should be held in a way as to expose them to as little risk of injury as possible.
- Carers should be sensitive to, and respect any cultural issues around physical contact, wherever possible.
- Restrictive physical intervention should never be used as an act of retribution or punishment or as a means of exercising authority.
- Restrictive physical intervention must not be used purely to force compliance with carers' instructions when there is no immediate risk to people or property.
- The minimum amount of force must be used in order to prevent injury or damage to property. Any intervention must be reasonable and proportionate to both the behaviour and the harm it may cause.
- Every effort should be made to secure the presence of other staff before carrying out a restrictive physical intervention. These staff can assist or observe and act as support and support the completion of the following:
 - CPI Safety Intervention Small Group Home Disengagement and Restraint Log
 - Incident record
 - De brief with young person(s) involved
 - Update of the placement plan
 - Accident/incident form
 - Review of the child's relevant Risk Assessment

Staff should always consider the 'opt out' strategy to avoid prolonged use of physical intervention. More importantly, they should be considering strategies to promote positive behavior and engagement with the child or young person should encourage them to become more able to control and manage their level of aggression or resolve issues that trigger their challenging behavior.

Definition of Physical Intervention

Physical intervention is defined by the Authority's CPI Safety Intervention training as "the use or threat of force to help do an act which the person resists, or the restriction of the person's liberty of movement, whether or not they resist".

- 8.7 The appropriate intervention should be employed dependent on the circumstances. Whatever intervention is used the child needs to be advised what will be happening and carers need to talk to the child and each other throughout.
- 8.8 It is recognised that there may be certain situations when a child may drop to the floor e.g. if they go 'dead-weight'. In such cases the carers should support the young person to the floor and then disengage in a safe manner. If a young person presents continual behaviour that results in them going to the floor then the CPI Safety Intervention training team can deliver specific training to cohorts of staff around this behaviour if it is deemed necessary.
- 8.9 Relevant Staff will receive training in physical intervention techniques as set out in the home's Statement of Purpose. Where carers have not undertaken such training, there is a "duty of care" to prevent injury either to the child/young person or to others. The use of physical intervention may still be justified if it is the only way to prevent injury or damage to property. In these circumstances, it is advisable for intervention to be undertaken in the presence of a colleague.

Any intervention used must:

- Not impede the process of breathing
 - Not be used in a way which may be interpreted as sexual
 - Not intentionally inflict pain or injury or threaten to do so
 - Avoid vulnerable parts of the body, e.g. the neck, chest and sexual areas
 - Avoid hyperextension, hyper flexion and pressure on or across the joints
 - Not employ potentially dangerous positions
- 8.10 Physical Intervention should only be used if it is safe to do so. If carers believe their actions may escalate the situation or place anyone at unacceptable risk, they must seek assistance from a colleague/manager or the Police.

Criteria for using Physical Interventions

8.11 Before any form of physical intervention is used, all of the following principles must be applied:

- There must be a belief that injury or damage is likely in the predictable future and the risks of intervening must outweigh the risks of not intervening.
- The intervention must be immediately necessary.
- The actions or interventions taken must be a last resort and after de-escalation techniques have been attempted.
- Any force or intervention used must be the minimum and proportionate, necessary to achieve the objective.
- Least restrictive – minimum amount of restriction for the minimum amount of time.

Locking and Bolting Doors

8.12 It is acceptable to use mechanisms or modifications in the home which are necessary for security, for example on external exits or windows, so long as this does not restrict children/young people's mobility or ability to leave the premises if they wish to do so unless this is agreed by the court and in line with A Deprivation of Liberty Order. It is also acceptable to lock office or storage areas to which children/young people are not normally expected to gain access.

8.13 If such mechanisms are used they must be outlined in the home's Statement of Purpose and carers must be briefed on the arrangements for their use, this includes consent and agreement with partnership agencies via collaborative working to agree to this strategy. The Policy does not support that this is long term method of managing behaviour.

PRACTICE GUIDANCE

The use of Accommodation to Physically Restrict the Liberty of any Child This is totally prohibited except in premises approved by the Secretary of State for use as secure accommodation. The locking of external doors and windows to maintain the home and the young people's safety however is not excluded.

Volume 4.

Notification of physical intervention taking place

8.14 If physical intervention is used upon a child/young person, the manager and the child's social worker must be notified within 24 hours or as soon as practicable, unless it has previously been agreed that it is not necessary to do so.

8.15 The social worker and carers in the home should make a decision about whether to inform the child/young person's parent(s) and, if so, who should do so as agreed in the Care Plan and the Placement agreement meeting.

Recording

- 8.16 Every incident of physical intervention must be documented in the child's file and in the restraint log which is separate from the Behaviour Management book. The log must be signed by the Registered Manager. The record must include the following:
- The date/time of the incident;
 - Duration of the hold;
 - The establishment/address and the location of the incident;
 - The name of the child/young person;
 - Names of carers and others present, including other children/young people;
 - The events which led up to the need for the physical intervention;
 - An exact description of the actions taken by carers, the nature and level of the physical intervention used and its effectiveness;
 - The outcome of the physical intervention including any injuries caused to or reported by a child or young person;
 - How the incident was eventually resolved including any benefits, concerns or complaints in relation to the hold.
- 8.17 Completion of the relevant paperwork should occur as soon as possible after the incident.

9 Post-Incident Support for Carers and Child

As part of the delivery of CPI Safety Intervention training focus is provided on the COPING MODEL in order to gain therapeutic rapport with the young people involved in the incident.

- 9.1 If physical intervention is used with a child it is important that both carers and the child receive the necessary support following the incident. The focus here is on reflection, repair and change.
- 9.2 All interventions must be recorded in the appropriate record log. The child must also be encouraged to give their version of what has happened and their feelings about it. The Manager must be informed as soon as possible of the incident. The social worker must be informed as soon as practicable.
- 9.3 Once the record is completed the Manager should review and sign the record.
- 9.4 The staff involved will be de-briefed by an Assistant or Registered Care Manager. The session will be recorded and placed on staff supervision file.
- 9.5 An appropriate time the incident needs to be reflected upon and everyone given the opportunity to be de-briefed. The de-briefing session should be undertaken by the Manager and involve the staff and child where possible.

- 9.6 If the child wants to make a complaint, the complaints procedure should be followed.
- 9.7 Where physical intervention has been used, the child/young person, carers and others involved must be given the opportunity to see a Registered Nurse or Medical Practitioner, even if there are no apparent injuries.
- 9.8 If a Registered Nurse or Medical Practitioner is seen, they must be informed that any injuries may have been caused from an incident involving physical intervention.
- 9.9 Everyone reacts differently to violence and aggression. Carers should be given opportunities, beginning with the induction process and followed up in supervision, to reflect on their personal responses to violent situations and to develop appropriate strategies for dealing with the feelings involved.
- 9.10 Counselling should be made available for any young person or carer(s) requesting it.

10 Barricading

- 10.1 If children/young people lock or barricade themselves in a room to prevent access by those caring for them, the actions taken in response will depend on the risks posed. This is to be reflected in the young person's own specific Risk Management Plan.

11 Illegal Substances

- 11.1 Staff must inform the police immediately if it is established that a young person is using illegal substances or illegal substances are found on the premises. Staff must first contact the local police control room to arrange for the Neighbourhood Policing Team to attend the home.
- 11.2 All materials must be removed from the young person. These must **NOT** be disposed of by staff. Drugs and drug related material must be stored securely in appropriate storage containers and then handed to the police for disposal.
- 11.3 It is important that all action taken is recorded. The room search log book must be completed and contain the following:
- The name of the person removing the material
 - Description of the material
 - The circumstances of the removal
 - The time and date of the removal
 - The time and date the material was placed in secure storage
 - The signature of the person putting the article into storage, countersigned by a second carer where possible

- The time and date of notification to the police and the message number notified by the police control room
- The time and date the material was removed by the police. The signature of the police officer removing the material must be obtained.

12 Training and Monitoring of Carers' Performance

- 12.1 It is important that all carers receive physical intervention training at least as per BILD Code which states 12 monthly best practice but no later than an 18 month span. Specific scenarios should be discussed during Team Meetings whenever issues arise. Any concerns over practice will be addressed individually with staff in supervision. Areas of concern would be any staff perhaps not intervening when appropriate; intervening too often and not using other strategies first; or someone not offering help and support to a colleague.

13 Police Involvement

- 13.1 This section should be read in conjunction with the Crown Prosecution Guidance regarding **The Prosecution of Offending Behaviour in Children's Homes (2006) and the 10 Point Plan process.**
- 13.2 It is the policy of children and adult services to develop co-operative relationships with the Police and to seek their advice on matters of concern, security and crime prevention where appropriate. It is expected that local authority residential care establishments will develop a close working relationship with the Local Police Units (LPU).
- 13.3 The best way of working with children in residential care is to prevent criminalising them through the involvement of the Police and justice system, wherever possible. Illegal behaviour should not be condoned, but it is important to be mindful of our duty to consider the overall welfare of children/young people, which may mean recognising that illegal activity is taking place and working to minimise risks and consequences.
- 13.4 Any decision to report matters to the Police or consult them should only be taken with reference to the **Joint Protocol between Staffordshire County Council, Stoke-on-Trent City Council, Independent Providers and Staffordshire Police in relation to Children's Homes and Contacting the Police.**