



Breakaway

Behaviour management and the use of restraint/sanctions

Policy Owner:	Ranbir Sidhu (Registered Manager)
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Policy Summary:

Regulations 10,11,12, 19, 20 of the Children's Homes Regulations 2015 including the Quality Standards



A hands-on approach to help children in Slough be
..... Safe, Secure and Successful

Policy Aim

The Policy aim is to promote an environment where children and staff have the right to live/work in a safe environment.

To ensure all staff follow guidance set out by Team Teach training with regard to the use of restraint.

The use of appropriate sanctions; which can be used to encourage and reinforce positive actions and behaviour are identified.

Associated Breakaway Documents

Children's individual 'This is me'

Children's 'Integrated Risk Assessment'

Children's Individual 'Positive Handling Plan'

Safeguarding Policy and Procedures

Policy

Breakaway staff have received training in Team Teach. Any restraint used will be in accordance with Team Teach guidance and will always be used as a last resort and used to prevent injury to self or others or damage to property. Staff have been trained how to complete the Sanction/ Restraint record during the training.

Good order and discipline are more likely to be achieved when the staff work together as a team, where the ethos and objectives are defined and understood by all.

Procedure

Staff must be clear and consistent in use of restraint/ Sanction. Restraint/ sanction must be reasonable and proportionate to the behaviours displayed. Staff need to feel confident, competent and supported in their task of caring for the individual needs of the children. To create this consistency staff must constantly discuss, negotiate and communicate effectively as a team. Staff should always be available and accessible to the children.

If staff decides to sanction a child, they must be able to demonstrate that they are concerned for the Child's well being and safety. All instances of restraint and/or sanction must be recorded in the Restraint/Sanctions book and an accident/incident form relating to the restraint/sanction must be completed. The child's Social Worker will receive a copy of the accident/incident form, details of the restraint/sanction will be recorded on the child's daily log and uploaded on ICS and Parents/Carers will be informed.

The difference between restraint and holding are as follows: Department of Health (DoH):

Physical restraint is designed as 'the reasonable application of the minimum force necessary to overpower a child with the intention of preventing them from harming themselves/others or from causing serious damage to property'.

Restraint is a form of Restriction of Liberty, and is included under the Children's Act 1989 and as such has limitations. Restraint should not be used to prevent children from absconding unless absconding to places that put them or others at considerable risk of harm or there is a likelihood that it will result in serious damage to property. Staff do have a responsibility to prevent children from absconding and as such should employ appropriate measures to prevent this; placing the child under 1:1 supervision. They can also use their body to block an exit, i.e. doorways or using their hands/arms to keep the child at bay, providing they don't touch the child in an inappropriate way. These methods are not considered restraint unless force is used.

Restraint

Any use of restraint must be considered thus:-

- The build up to restraint
- The diversionary tactics used prior to restraint
- The act of restraint
- The follow up

The Principles relating to the use of physical restraint:-

- Staff should have good grounds for believing that immediate action is necessary to prevent a child from significantly injuring themselves/others or causing serious damage to property.
- Staff should ensure that they have taken appropriate steps to diffuse the situation and avoid the need for physical restraint, via diversionary tactics. The child must be warned verbally that they will be restrained unless they calm down and stop their behaviour.
- Only the minimum force necessary should be used to prevent injury or property damage should be applied, it should be reasonable under the circumstances and be of benefit to the child.
- It is preferable that other staff be present to offer assistance and act as witnesses.
- As soon as it is safe to do so the restraint should be relaxed and the child be allowed to gain self control.
- Restraint should be an act of care and control; not discipline.
- It is not to be used to ensure that staff instructions are complied with when there is no risk to others or property.
- Restraint should be the exception rather than the rule.

Matters which influence the use of restraint:-

The child:

- Would they be aware of the consequences of their actions?
- Would they understand what you (staff) are doing?
- Is this typical behaviour?
- Do they have any phobias/fears?
- Have they been abused in any way? Consider the power dimension and/or restraint hold used in connection with body parts.
- Size of the child in relation to the staff member(s) employing restraint
- Is the child fit and healthy, robust or fragile?

Consider the location:-

- Can the situation be isolated or contained?
- Are others in real/potential danger?
- Are you in a safe environment to carry out the restraint? Ideally bedrooms should not be used to restrain a child/young person.

The staff member(s) should consider the following:-

- Do you HAVE to restrain? Have you and your colleagues tried to diffuse the situation in other ways?
- Do you have the assistance of other trained staff members available?
- What is the risk to yourself should you choose not to restrain?

All of the above assessments would need to happen quickly as the situation escalates; staff should be aware that they may have the minimum opportunity to communicate and discuss the actions they wish to take. With any restraint there should be a lead staff member who leads the restraint and talks through with the young person what is happening.

It is important, where possible, that the child be made aware of the impending action. Any restraint is more effective if a child is held firmly, the safety of all around is paramount. On no account should staff strike out at a child, sit on them or block airways, limbs should be held firmly but never forced against the joints.

Clothing should not be removed with the exception of shoes and neckties.

Lone staff should never attempt to restrain a child, unless they are in a life-threatening situation, they should instead call for immediate assistance.

The follow up:-

- Once the restraint has ended and the situation is calm, the child once again becomes priority. They should be given the opportunity to talk through the incident and speak to parents/carers, social worker or advocate should they request to do so.
- Injuries to the child and/or staff must be attended to, referring to the hospital or a GP if necessary and this would need to be recorded. Full reports should be completed as soon as possible after the incident and parents/carers should be informed and offered to visit/collect their child should they wish to do so.
- Consideration will need to be given to those remaining children who may have witnessed the incident; they should be comforted and reassured.

Holding

Holding is a method used to prevent a child/young person doing something or going somewhere. The previous issues above apply to holding as do the following:-

By placing a hand on an arm/shoulder, leading by the hand or guiding a child by placing a hand on their back in order to:-

- avoid external danger
- divert from destructive/disruptive behaviour
- discourage an action

The principles of holding are as follows:-

- The worker should have an established relationship with the child and explain what it is they are doing and why
- Holding should not arouse any sexual feelings and expectations and should cease if the child gives an indication of this
- Staff should give consideration to where they hold someone, avoiding contact with breasts for example
- Should the child forcibly resist then holding should no longer be used in this instance.

Sanctions

The Children's Act 1989 and the Department of Health Guidance on the permissible forms of control in Children's Residential, April 1993 defines permissible and prohibited Sanctions.

Prohibited Sanctions

- Corporal punishment – including slapping, throwing missiles and play fighting: or any such action that involves any intentional application of force as punishment. Breakaway and SCST prohibit all actions.
- Deprivation of food and drink – it is essential that every child be able to access adequate food and drink. Any deprivation should include denial of access to the amounts and range of food normally available to every child in the unit. Deprivation of food would not include excess demands for treats e.g. chocolate, biscuits, ice cream nor instances where specific food or drinks have to be withheld from a child on medical advice/religious reasons. Equally, it would be inappropriate to force a child to eat food, which was disliked. Encouragement to eat a range of foods however is appropriate.
- Deprivation of sleep – Children and young people should not be denied sleep, however it is permissible to wake children during the day to normalise their sleep pattern so that they sleep at night.
- Withholding medication – this is not permissible

Permitted Sanctions (to be recorded in the sanctions book)

Reparation – allowing the child to make amends for their behaviour, this is open to interpretation and can include anything from making a cup of tea, apologising to all concerned. Reparation allows things to return to normal and highlights the power of good behaviour. Ideally, the child should decide how they make amends for their actions, with staff assistance and encouragement.

Increasing supervision – to ensure the safety of the child and those around them. Time out (removal of the child from the group) – in such situations the child should not be left alone and the time out must be time limited. A way by which the child can calm down after an outburst. Should an individual refuse to leave the room and continues to be disruptive/aggressive then it may be necessary to ask the other children to move for their own safety.

Children can be given early bedtimes but no longer than an hour earlier than their usual time. The usual bedtime routine should be employed (see “This is Me”) and staff should remain with the child should the child request it.

A sanction guideline sheet have been introduced which range of sanctions which can be effective in managing children’s behaviours according to their disability and understanding. This sheet has been individualised for each child. This sheet has been placed in the sanctions book for staff reference.