



Breakaway

Behaviour management and the use of restraint/sanctions

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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 Able 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 comprehensive training in the Able Teach. Any use of physical restraint will be conducted in accordance with Able Teach guidelines, strictly as a last resort, and solely to prevent harm to the individual, others, or significant damage to property. As part of their training, staff have also been instructed on how to accurately complete the Sanction/Restraint Record.

Effective order and discipline are best maintained through cohesive teamwork, where staff operate within a clearly defined and consistently understood ethos and set of objectives.

Procedure

Staff must exercise clarity, consistency, and professionalism when considering the use of restraint or sanctions. Any action taken must be **reasonable and proportionate** to the behaviours exhibited by the child, ensuring that the child's dignity, rights, and wellbeing remain a priority at all times.

Staff should feel confident, competent, and supported in their responsibilities to meet the individual needs of children. To foster consistency in practice, it is essential that staff engage in ongoing dialogue, negotiation, and effective communication as a cohesive team. Staff must remain accessible and available to the children in their care.

When a decision is made to sanction a child, the member of staff must be able to demonstrate that the action was taken out of genuine concern for the child's safety and welfare. All instances of restraint and/or sanctions **must be clearly documented in the Restraint/Sanctions Record Book**. In addition, an Accident/Incident Form must be completed. A copy of this form is to be provided to the child's Social Worker, and the incident must be recorded in the child's daily log and uploaded to ICS. Parents and carers must also be informed of the incident.

Distinction Between Restraint and Holding

According to the Department of Health (DoH), physical restraint is defined as:

"The reasonable application of the minimum force necessary to overpower a child with the intention of preventing them from harming themselves or others, or from causing serious damage to property."

Restraint is a **restriction of liberty** and is governed by the Children Act 1989, which imposes specific limitations on its use. Restraint must never be used as a punitive measure or to prevent a child from absconding unless:

- The child is at considerable risk of harm,
- Others are at risk of harm, or
- There is a likelihood of serious property damage.

While staff are responsible for safeguarding children and preventing absconding, they must use **proportionate and non-restrictive measures** whenever possible. These may include:

- Assigning the child to 1:1 supervision,
- Using body positioning to block exits (e.g., standing in a doorway), or
- Using their arms or hands to keep a child at bay, **without the application of force or inappropriate physical contact**.

Such methods are not classified as restraint **unless force is applied**.

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

Principles Governing the Use of Physical Restraint: The use of physical restraint must be guided by clear principles that ensure the safety, dignity, and wellbeing of the child. The following principles must be adhered to at all times:

- **Justification for Restraint:** Staff must have reasonable grounds to believe that immediate intervention is necessary to prevent a child from significantly harming themselves, others, or causing serious damage to property.
- **De-escalation First:** Prior to any physical intervention, staff must make every effort to diffuse the situation using appropriate de-escalation and diversionary tactics. The child should be given a clear verbal warning that restraint will be used if they do not de-escalate their behaviour.
- **Use of Minimum Force:** Any physical intervention must involve only the minimum force necessary, be proportionate to the risk, and carried out in a way that is reasonable under the circumstances and in the best interests of the child.
- **Team Support and Witnessing:** Where possible, additional staff should be present during the intervention to provide assistance, ensure safety, and act as witnesses to the event.
- **Release as Soon as Safe:** Restraint must be discontinued as soon as it is safe to do so, allowing the child the opportunity to regain self-control.
- **Restraint as Care, Not Punishment:** The use of restraint must be viewed as an act of care and control, never as a form of punishment, discipline, or a means to enforce compliance where no risk is present.
- **Prohibition on Misuse:** Physical restraint must not be used simply to ensure compliance with staff instructions unless there is a clear and immediate risk to the child, others, or property.
- **Restraint as a Last Resort:** Restraint should always be regarded as a last resort, used only when all other reasonable alternatives have been exhausted.

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 has been introduced to provide a structured and consistent approach to managing children’s behaviour. This resource outlines a range of appropriate sanctions that can be effective depending on each child’s disability, level of understanding, and individual needs. To ensure relevance and fairness, the sheet has been individualised for each child, taking into account their specific behavioural patterns, communication style, and developmental profile. These personalised guidelines have been placed in the Sanctions Book for staff reference and should be consulted whenever a sanction is being considered or applied.