

## **MANAGEMENT OF AGGRESSIVE AND CHALLENGING BEHAVIOUR (INCLUDES USE OF PHYSICAL RESTRAINT)**

### **Purpose**

To advise staff of the Woodlands' policy and procedure in relation to the management of challenging and aggressive behaviour together with advice and guidance relating to the legal and statutory framework in which we practice.

### **Scope**

Discipline and control can prove difficult even in the best-run families. Parents have different values and their approach to given situations inevitably differ. These issues provide an even more substantial challenge for residential staff that support children and young people.

In theory, the most effective means of maintaining control is by building sound relationships that help generate a level of mutual respect and encourage young people to develop acceptable responses.

In practice, however, there is an inevitable need for some form of practical control. In residential homes, this requirement is met by the use of sanctions, which remain an inevitable part of the overall approach to care.

It is important to make a distinction between **changing** and **managing** behaviours.

**Changing** behaviours that have a long history can take a long time. It will involve detailed assessment and intervention work. The focus of the work will be the development of a positive relationship with a child or young person over a long period of time.

**Managing** involves controlling a child or young person's behaviour in a safe and acceptable way.

**These guidelines are not a substitute for good practice, nor are they intended to impose an inflexible regime of punishment.**

These guidelines provide a framework within which appropriate measures can be selected and applied. *They achieve a number of objectives:*

- They build on existing practice and provide a clear policy statement on how unacceptable behaviour can be effectively managed in the future, while avoiding demeaning and intimidating solutions;

- They confirm that certain responses are no longer acceptable. These include measures (*implied or real*) that may result in emotional harm, such as corporal punishment, intimidation or any abuse of adult power;
- They eliminate confusion and support the development of creative alternatives in more difficult cases;
- They attract the full support of Woodlands when applied appropriately and in accordance with this procedure;
- They represent a framework within which carers can exercise an appropriate and consistent level of personal judgement, in line with individual needs.

## References

- Children Act 1989
- The Regulated Services (Service Providers and Responsible Individuals) – (Wales) Regulations
- 2017
- Framework for Restrictive Physical Intervention Policy and Practice

## **Legislative and Statutory framework**

The Children's Homes (Wales) Regulations 2017 Regulation 29 (part 8), prohibits the use of excessive use of control restraints or discipline. *The same Regulation prohibits:*

1. **Punishment** by restricting visits by a child to parents, relatives, friends etc. This Regulation does not, however, prohibit the use of restraint or restriction on movement where this is immediately necessary to prevent the risk of injury to any person or serious damage to property;
2. Section 25 of the Children Act 1989 **forbids** the use of secure accommodation, except in closely defined circumstances. **Secure accommodation includes locking a child in a room, or part of a building, to prevent him/her from leaving.** Other measures intended to prevent a child leaving a building may be taken as constituting secure accommodation. Workers should understand that restraint is justifiable only if it is necessary to contain a crisis that poses a serious risk to persons or property;
3. **Staff** should also be aware that physical restraint, if used without reasonable cause, could amount to false imprisonment or assault. In certain situations it is lawful for a person to use reasonable force, for example in self-defence or to prevent a breach of the peace. In any situation in which restraint is used,

questions may arise as to what amount of force is reasonable and what is reasonable cause. The person carrying out the restraint must be able to justify his/her action.

## Definitions

The Guidance on Permissible Forms of Control in Children's Homes refers to three levels of physical intervention in the control of children's behaviour:

- **Control by simple physical presence, involving no contact**, such as emphasising verbal instructions or standing in front of a doorway to prevent exit;
- **Holding or touching a child to persuade him/her to comply**. An example would be laying hands on shoulders to gain a child's attention or taking a child by the arm to lead her/him away from a situation. This is seen as distinct from restraint as the effect is to persuade rather than enforce compliance;
- **Physical interventions cover a range of professional actions and behaviours**. The appropriateness of such action should always be contingent upon the specific needs of an individual and others whose actions may impact upon them. The appropriateness of the physical intervention must always be related to the age, maturity, understanding and capacity of the individual. It should be consistent with their education, care or treatment plan and the role of the service setting.
- **The term “Restrictive Physical Interventions” is defined as:**

*“Direct physical contact between persons where reasonable force is positively applied against resistance, either to restrict movement or mobility or to disengage from harmful behaviour displayed by an individual”.*

Examples of harmful behaviour and the need for this approach include significant destruction of property, violence directed towards others, violence that arises from panic, distress or confusion, self-directed violence or self-injury.

## METHODS OF CONTROL

1. The Regulated Services (Service Providers and Responsible Individuals) – (Wales) Regulations 2017 (regulation 29 – part 8), authorise only the use of sanctions approved by the responsible authority, and lists measures of control that may not be used. The subject of sanctions is a sensitive matter from both the public viewpoint and from the viewpoint of staff that must fulfil the very demanding task of controlling sometimes emotionally disturbed and disordered children or young people.
2. Except in very rare circumstances described in the Regulations the following measures **shall not be used** in any children's home:

- a. Any form of corporal punishment;
- b. Any deprivation of food or drink;
- c. Any restriction on visits to or by any child, to receive visits and communications from and to, communicate by telephone and post with:
  - His / her parent  
Any person who is not a parent but who has parental responsibility.
  - His / her relatives or friends;
- d. Any requirement that a child wear distinctive or inappropriate clothes;
- e. The use of or withholding of medication or dental treatment;
- f. The intentional deprivation of sleep;
- g. The imposition of fines (*except in the way of reparation*); fines must not exceed more than half of the young person's pocket money;
- h. Any intimate physical search of a child.

## PROHIBITED MEASURES OF CONTROL AND DISCIPLINE

### 1. Corporal Punishment – (Part 8) Reg 30-32

The use of Corporal Punishment is **not** permitted. The term 'Corporal Punishment' should be taken to cover any intentional application of force as punishment including slapping, throwing missiles and rough handling. It also includes punching or pushing in the heat of the moment in response to violence from children.

### 2. Deprivation of food or drink

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. Equally it would not be appropriate to force a child to eat foods which he / she disliked.

### 3. Restriction or Refusal of Visits / Communication

The Restriction or Refusal of contact with family & friends as a punishment is **not** permitted but it is recognised that some restrictions may be placed on contact / access whether by the court or as part of an individual care plan.

### 4. Requiring a child to wear Inappropriate or Distinctive clothing

Distinctive or inappropriate clothing should be taken to include any recognisable punishment uniform or badge, or clothes which are inappropriate to the time of day / or activity being undertaken.

## 5. Imposition of fines

Fines imposed by the court must be paid but it is not considered appropriate for such sanctions to be imposed by those running homes. In cases of wilful damage, misappropriated monies or goods belonging to others, however it would be perfectly proper for the perpetrator to be required to pay for or contribute towards the cost of repairs or replacement. In any case, no more than half of a child's pocket money should be withheld.

## 6. Intimate Physical Searches

Intimate Physical Searches of children are ***totally unacceptable***.

### **PERMITTED MEASURES OF CONTROL & DISCIPLINE**

1. Measures approved for use within residential homes should be appropriate to the age, and take into consideration the personal circumstances of the individual child. *Sanctions must be:*
  - appropriate;
  - strictly time limited;
  - flexible enough to be reviewed and rescinded at any time.
2. **Verbal reprimands** should **not** be defamatory or derogatory (*i.e. they should condemn the behaviour rather than the individual*). Particular emphasis should be placed on the need for staff to communicate with the child on an equal level, as this gives the child choices or an opportunity to negotiate. Time and space for the child to access the choices is imperative. During confrontational incidents staff need to consistently assess the child's moods and feelings. The severity of the reprimand should reflect (1) the seriousness of the incident, (2) the relationship between the staff member and the child, and (3) the eventual outcome of the exchange.
3. **Control of Pocket Money** - The spending of pocket money can be supervised if necessary;
4. **Restitution** - Paying for damage to property is acceptable, but great care should be taken as to how much money an individual loses on a regular basis. Compensation should not necessarily reflect the full value of the damage;

In some cases the opportunity of repairing damage with a link workers help / supervision or travelling with staff to repay fines is more desirable as it provides an ideal opportunity for discussion about behaviour / responses to behaviour etc.;

5. **Curtailing Leisure Activities** is acceptable. However, care should be taken as to

the repercussions of such action for the rest of the group. Leisure activities should in themselves be used as opportunities to develop individual skill, staff and child relationships / experiences and promote group identity. These factors should be fully considered before taking such action;

6. **Additional House Chores** - Giving a child additional household chores is acceptable. Before taking such action staff should consider (1) whether they are able to enforce such a measure, (2) whether the effect would be to degrade the young person in front of his peers, and (3) whether such measures would help the young person learn from their actions for the future. If the answer is in the negative then the sanction should not be actioned;
7. **Systems of Rewards** for good behaviour - It is always better to reinforce positive behaviour with rewards than punish negative behaviour by taking away. Any system of rewards needs to be consistent and fair for everyone involved;
8. **Increasing Supervision** - This form of control can be effective if there are targeted times when difficult behaviour is occurring (*mealtimes, bedtimes*). Any increase of supervision needs to be planned with specific tasks for the individual staff to achieve with particular children. The use of these measures of control has to be closely coupled with why the behaviour is occurring and the circumstances of the individual;
9. When exerting measures of control, staff members should first be aware of what they are trying to achieve and also how far they should go in trying to achieve their goal;
10. It is a good practice to link, where possible, the punishment to the incident, giving the child the feeling they have put things right themselves, as opposed to simply taking away treats;
11. It is important to establish within the home a working system of control that the staff group understand, accept and have the necessary skills to put into practice. Such a system should take into consideration the need to accord the children's group with respect, maintain their rights and allow for power sharing with the whole group;
12. **Removal of possessions** - If a child's use of possessions such as a cassette radio or musical instrument causes significant annoyance to others, the items concerned may be removed for an appropriate length of time. Do ensure that possessions are returned on an undertaking of responsible use;
  - 12.1. Dangerous possessions **should be confiscated** and stored in personal belongings box in a locked office;
13. **Amendment of routine** - A child's routine may be amended in a number of ways, (*i.e. bringing forward bedtime, exclusion from group or other activities*).

### **Action**

Arguably the most effective form of intervention is diversion or diffusion of situations.

To maximise your effectiveness in this regard it is important that you can recognise and implement the most common preventative techniques.

### **PREVENTATIVE TECHNIQUES**

Although the need for restraint is sometimes unavoidable, high quality childcare draws on a range of techniques to predict and divert conflict. The notes below attempt to suggest some techniques to defuse situations. *They are not intended to be a definitive or exhaustive list.*

1. Good effective behaviour management depends on good relationships;
2. Risk assessment based solely on the individual is incomplete. There must also be awareness of group dynamics;
3. Caring for children always includes knowing where they are and what they are doing, and predicting what they are likely to do next;
4. A calm atmosphere diminishes the causes of conflict;
5. Anger is not the same as aggression, and aggression is not the same as violence. Confusing these may make violence more likely;
6. Listen carefully. When a child has a problem, it is not enough to take it seriously, the child must understand it is taken seriously;
7. Violence is more likely when an angry person feels cornered, physically or psychologically. Try to leave an escape route and to offer ways of backing down without feeling humiliated;
8. Negotiation and compromise are fundamental techniques. Workers should not try to save face at the expense of a child. The skills of backing down gracefully and of apologising when appropriate can often defuse situations. "I am sorry," and "I was wrong" are reasonable statements for staff to make;
9. It is often possible to reduce tension by diverting attention;
10. Allow the child enough physical space. If limits must be set, relax them as soon as possible;
11. Humour has its uses, but also its dangers. It can give rise to misunderstandings about intentions and motives and may be interpreted as sarcasm or as evidence that real problems are not taken seriously;
12. Body language and volume and tone of voice can give important clues to what is happening, but the correct interpretation may depend on gender, culture, class,

disability etc. Workers should realise that they can misinterpret children's feelings and that children can misinterpret their feelings. e.g. making sure that your voice is quiet, firm and assured;

13. All conflict arises in a context. It has causes. It is better to address the causes early than to cope with the conflict later;

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14. Clear communication is essential, especially where unwelcome messages are concerned. This demands a careful use of language;

15. It can be useful to use language that demonstrates that you are 'street-wise' that you understand the person's sub-culture and that you are prepared to operate at their 'level';

16. Good order cannot be maintained without a culture of respect for young people and for their rights;

17. Moving confidently but calmly;

18. Making clear statements;

19. Reducing your threat by sitting down or giving the child room to move about;

20. Talking, despite the child apparently not listening;

21. Reassuring, offering comfort and security- staying with the child;

22. Trying to maintain appropriate eye contact. Do not maintain fixed eye contact. Remember to look away at appropriate places in your interchange;

23. When a person is angry, recognise and acknowledge that anger. When an emotion is recognised it tends to dissipate;

24. When the child is calmer making a clear agreement about what the next course of action will be;

25. Seeing the incident through to its conclusion;

26. Giving yourself space to move and get away if necessary. Having a direct route

to the door without blocking it;

27. Avoid towering over an aroused person. Bring yourself down to match eye-levels. Indeed, it may be better to place yourself at a lower level to signal submission. Sitting on the floor can be an effective gambit. However, this technique does make it more difficult for you to leave the room quickly. Ensure that you stay at over arm's length away from the child;
28. Get people to sit down and be quiet. Be prepared for order to reign;
29. Removing other children and members of staff from the immediate location;
30. Point out consequences of actions. Do not refer to consequences, which are threats;
31. In a situation in which antagonism is directed at you, ask another member of staff to take over;
32. Staff should develop codes for checking out whether they should intervene, e.g. "Are you all right", "can I have a word";
33. If you feel that you must leave the room do so backwards, maintaining eye contact;
34. If violence becomes a possibility in a car stop it and if necessary, get out. Remembering to take the keys with you.

***Factors that might assist when physical control is required***

35. Holding a child that is out of control can offer security and help the child to feel you are controlling their temper for them - but only when the holding is of a non aggressive nature;
36. Approaching the child slowly and calmly and gently holding their arms offers a valuable contact to begin to the 'talk down';
37. A clear understanding of the rules and sanctions that is available to you;
38. The knowledge and belief that physical control can be positively used.

***Factors that are likely to be dysfunctional***

39. Running, giving garbled complex sentences, shouting, speaking quickly, using a high-pitched voice;
40. Attempting to reason by bombarding with statements and questions;
41. Cornering the child or standing too close and crowding personal space;
42. Leaving the child to look for help that should have been planned previously;
43. Avoiding eye contact or staring;
44. Leaving the child in a state of anxiety wondering what will happen as a result of the incident;
45. Leaving the child to be dealt with by other staff, unless it is planned;
46. Calling for reinforcements too early;
47. Having an audience to be played to or be embarrassed by. Restrictive physical intervention is only to be used to prevent serious harm and is consistent with the promotion of an individual's welfare. The application of restrictive physical intervention must always be an option of last resort and must always be the minimum action necessary to manage the situation as safely as possible and taking account of any known health problems. The use of restrictive physical intervention should be minimised through preventative strategies and alternative approaches.

***When physical restraint is judged to be necessary***

48. Any child looked after should have relevant information outlining the possible use of restrictive physical intervention, made available to them as well as information about the complaints system and the support available from an advocate;
49. Only carers who have been trained in appropriate techniques may take the lead in holding a child. Other carers may assist under the direction of a trained person, generally this will be restricted to holding a limb, fetching a pillow, observing, comforting the child afterwards;
50. The trained carer is responsible for the conduct of the hold and for the written follow-up  
(*incident report, detail record*).

51. The starting and finishing points of holding a child are simply to ensure  
SAFETY
52. The method of holding should contain an underlying therapeutic benefit for the child. In other words, the purpose is not to hurt but to make safe. Many of the children in our care struggle with the notion of being kept safe by an adult due to their previous life experiences.
53. Carers must be aware that physical intervention may hold unpleasant and distressing associations for children who have been beaten physically or sexually invaded. These serve as good reasons why carers should be clear about how to hold a child, how long to hold for and the impact it has on the child.
54. The person who makes the decision to hold should, except in exceptional circumstances, be the person who carries out the hold, usually with the support of another member of staff. Whoever is leading the restraint should give clear and concise instructions, which must be followed without debate, dispute or discussion – unless the health, welfare or rights of the child are being violated. In other circumstances any problems or misgivings can be dealt with later through your supervisor or line manager or the Complaints process.

### **Methods of Holding**

55. All staff will be trained in the agreed physical intervention and techniques used by the organisation and will have access to a training video. Only those methods taught as part of the Company's training programme will be deemed acceptable e.g. which can be found in Woodlands Physical Intervention booklet.
56. Carers should attempt to use the minimum amount of intervention e.g. holding a hand, arm or wrist, guiding a child away with a hand placed in the small of the back, a guiding arm to remove a child away from a situation.
57. Holds should use the minimum force required to assert control of the child and the responses to the changing situation should be graded and gradual. The aim should be to restore as much control to the child as they can manage, until they re-gain self-control.
58. Preferred holds will involve the child being in a standing or sitting position. Carers will hold limbs.
59. Children who spit, head butt or attempt to bite may have their head turned away from their target/victim by an adult's flat hand.

60. For children who are in danger of causing greater harm to themselves or others in a hold (as described in 59 above) it may be necessary for them to be placed on the floor but never face down.
61. At all times carers must protect the dignity of the child.
62. Only one person should talk to the child and this should be done quietly. The purpose of talking to the child should only be to give the child a sense of where they are e.g. "John is holding your legs and we are all in the living room". Do not ask questions or try to get disclosure from the child.
63. The person leading will judge when it is appropriate to move or allow the child to move. This should be done at the earliest opportunity. If the child has not fully calmed down, they may have a further outburst necessitating a second hold, but this should be avoided if possible.
64. After a hold the child may be tired. They should be offered an opportunity to rest or sleep and should be offered the company of a carer which they may choose to accept or not. Carers should not leave the child alone if there is any doubt about the child's safety.
65. The reasons for and the circumstances of each hold should be discussed with the child. However, this can wait. Often the child will be tearful and flustered, making them vulnerable for some time afterwards. This will put them at a disadvantage and adults should wait until they have their strength back and their psychological defences in place.
66. As soon after the hold as possible, and when the adults involved have regained their own emotional equilibrium, an Incident Report should be completed. It is important to take account in the report of all the factors discussed earlier in this section, which set the scene for why no other options remained other than physical intervention.
67. If the circumstances leading up to the hold require that a sanction be imposed, then this needs to be actioned.
68. Any incidents needing physical intervention need to be reported to the On-Call Manager immediately.

### **Documentation**

Signed compliance form (see below)

I have read, understand and agree to comply with the Management of Aggressive and Challenging Behaviour (including use of physical restraint) Policy.

Signed..... (staff member)

Signed..... (manager)

Dated.....