



Services for Children, Young People and Families

CHILDREN IN CARE Children's Homes

Positive Handling

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POSITIVE HANDLING / PHYSICAL INTERVENTION AND RESTRAINT

Service Policy

Trafford CFW has adopted Team Teach as their model for positive handling and physical intervention. Team Teach promotes the least intrusive positive handling strategy and a continuum of gradual and graded techniques with an emphasis and preference for the use of verbal and non-verbal de-escalation strategies being used and exhausted before positive handling strategies are utilised.

- Trafford's Policy on the Use of Physical Interventions with Children and Young People in Trafford (service policy attached) applies to all residential staff working with looked after children in Children's Homes.
- The service policy is applicable to all work settings where there is the potential that children may present challenging behaviours.
- The following policies and procedures are aimed at making the service policy effective in Children's Homes. Staff should follow these procedures and practice them in conjunction with the service policy.
- This policy should be held in all Children's Homes in Trafford.
- Managers and The Training Section should ensure children's home staff are trained in appropriate positive handling and restraint techniques.

Introduction

Prevention and proactive practice is the most effective way of dealing with challenging behaviour.

An Individual Intervention Plan must be completed and recorded (see service policy). This must be completed for any child where physical intervention is used in conjunction with the individual risk assessment. The purpose of this plan is to identify the appropriate action to prevent or respond to aggressive behaviour of the child.

Staff should use a range of diversion and diffusion techniques prior to the use of physical intervention becoming necessary.

Staff should maintain effective communication with the child to help them sort out the problem. A good understanding and knowledge of the child will assist staff to establish the root of the problem.

Physical intervention should never be used as a means of achieving compliance except when a child has lost control and it is necessary to prevent that child harming him/herself or others, or causing serious damage to property.

The decision to use physical intervention is based upon an assessment of risk (see Service Policy).

In making such an assessment staff must consider:

- Is there any immediate action necessary to prevent the child causing significant injury to themselves or others or serious damage to property?
- Have all other measures of intervention, control and diffusion been tried and failed?
- Can staff safely intervene?

If the answers are yes, it may be appropriate to use physical intervention.

When using physical intervention staff must use the absolute minimum force necessary and consider various levels of physical intervention. A child must only be physically moved from a situation where it is dangerous for them to remain where they are. Other children should be asked to move away from the situation.

If it is necessary to remove a child they should be moved carefully to the nearest safe space. They must not be moved up or down staircases.

Levels of Physical Intervention

Use of Physical Presence

A staff member's physical presence may moderate a child's behaviour. Care should be taken not to overpower the child with increasing numbers of staff so not to make the child feel threatened. Often the use of a 'determined look' from staff can moderate behaviour.

It may be necessary to stand in a doorway to deter a child from leaving a room in a distressed state. This should not be continued for more than a couple of minutes. If the child does not comply this course of action may escalate the situation.

If the child continues staff may need to use another form of intervention.

Holding

On occasion control can be maintained by holding a child in a manner which makes them feel safe and secure without the use of any force.

When holding a child, staff should explain what is happening and why and ask the child to tell them when they are ready to be let go.

This time can be used to plan a strategy and turn a situation around e.g. staff could offer the child preparation of a calming bath, offer to spend some time one to one to discuss problems, etc.

If a child resists or objects to being held then it should no longer be used.

Physical Restraint

Physical restraint is a positive use of force carried out to protect a child from serious harm to themselves or others or causing serious damage to property.

Use of Physical Restraint

Physical restraint may only be used when other measures have been tried and failed.

Whenever possible, the decision to use physical restraint should be taken in consultation with other colleagues or be part of a planned action plan for an individual resident.

If it is not possible to use physical restraint due to the staff being unable to apply a hold or in certain cases of extreme personal danger or threat, staff must retreat from any danger and ensure the safety of any other children or staff.

In these situations or if a dangerous situation escalates it may be necessary to involve the police.

The form of restraint should only “be reasonable in the circumstances” as likely to be judged by an independent third party i.e. socially acceptable

Restraint techniques should only be used by staff trained to use them.

Restraint should not:

- **Endanger airways and breathing (e.g. block mouth, nose, throat or pressurise chest)**
- **Touch or damage eyes, ears, sexual areas**
- **Injure someone – consider restraining by holding clothing safely**
- **Inflict pain; particularly avoid gripping a person by the head or fingers**

The following principles apply to the use of physical restraint:

- The objective of physical intervention is to assist a child to regain control and begin the process of discussing what is causing the distress
- Be aware of the child’s history, age and level of understanding
- Be sensitive to the child: make the experience as dignified as possible
- **Only use the holds you have been trained to use**
- Always use the minimum force necessary
- Communicate in a calm and reassuring manner
- If the child drops to the floor or a prone position gently relax the hold; **do not use physical restraint on a child on the floor or a prone position.** Check the child’s comfort
- The restraint must be relaxed gradually and as soon as possible to allow the child to regain control
- Make sure another member of staff is present
- Remove other children away from the situation

After an incident of physical restraint the child should be released in a planned and calm manner. The child will need reassurance and support; this is not the time to deal with any recriminations.

Children should be reminded of their rights, including their right to complain.

Following such an incident, before going off duty, staff must record and complete all relevant documentation:

- serious incident book
- incident forms log book
- observation sheets
- Note on child's individual file – nature of incident (including skin map of any marks/injuries), any precipitating factors known. Also attitude of child during and after the incident

Parents/carers and the child's social worker should be informed as soon as possible.

All incidents of physical intervention should be discussed and monitored by the Registered Manager.

If there are several incidents where physical intervention has been necessary for a particular child, this must be discussed at a Planning Meeting with an appropriate Risk Assessment undertaken and Action Plan agreed. These should be placed in the child's file.

Staff on duty should be briefed on any Action Plan agreed for particular children.

Staff also receives Advanced Team Teach Training which includes the removal of certain weapons from young people. The staff will only attempt to remove a weapon in circumstances where by not attempting to remove the weapon will seriously endanger the child, young person, staff or others.