



# Family Futures

## Policies and Procedures Manual for all Staff

Revised 2018

### SECTION 8

#### CARE AND CONTROL POLICIES AND PROCEDURES

Updated by Clinical Director

**An Adoption Agency for the 21st Century**



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## CARE AND CONTROL POLICY AND PROCEDURE

**The agency's service users are safeguarded from all forms of abuse, exploitation and discrimination, whether deliberate or inadvertent, in accordance with written policies and procedures**

### **FAMILY FUTURES CARE AND CONTROL POLICY SHOULD BE READ IN CONJUNCTION WITH FAMILY FUTURES POLICY AND PROCEDURES FOR SAFEGUARDING CHILDREN**

#### **Introduction**

It is important to first of all set the context for this policy by considering the population of children Family Futures works with who have almost exclusively all experienced developmental trauma. Two of the longer-term impacts on children of repeated early trauma are:

- Poor impulse control resulting from impaired frontal cortex development
- Re-enactment of unresolved early trauma.

The consequences of these two impacts of trauma on child development are impulsivity, poor problem solving, 'fight/ flight or freeze' behaviour, and a propensity for aggression and abusive behaviour which represents the re-enactment dimension. Children displaying these behaviours are prone to become emotionally dysregulated as a result of internal or external triggers of which the child and parent are unaware. When children become dysregulated they require the parent, teacher or therapist to help them become calm and bring their autonomic nervous system back to a state of homeostasis. This can be done verbally, by tone of voice, by warm, empathetic responses and by approaching the child in a way that is appropriate to their emotional and developmental age. Adoptive parents and foster parents require education and training in order to be able to systematically carry out this way of parenting. However, in some situations this approach will not work and the child will become a danger to themselves and to others. In these situations, parents may have to physically contain their child. Family Futures' parent preparation programme, which is a pre-cursor to our therapy programme, helps parents to carry this containment by first of all helping them understand the genesis of the child's behaviour and the process by which feelings and emotions are neurologically mediated and regulated physiologically. Coupled with this there is support and education for parents on strategies which help children to learn, not only the consequences of their actions, but how to manage their emotions themselves. We do not advocate parenting strategies which are punitive or harsh, but ones that are developmentally age appropriate and help children to learn to self-regulate and become independent.

If during a therapy session, a child becomes aggressive or violent, or upset and distressed, the therapist's role is to coach the parent to respond and behave appropriately. We feel it is important that parents are helped to remain the primary attachment figure at all times and the adult who is in control of the child at all times. At times it may also be appropriate for the therapist to touch the child in a way that is reassuring or comforting. But again when children become distressed and upset we would encourage the parent to be the primary source of reassurance and comfort.

Family Futures' definition of challenging behaviour is as follows:

*Challenging behaviour jeopardises the physical, emotional and psychological safety of the young person exhibiting the behaviour, of those who care for or are responsible for her or him, and of others who may be in the vicinity; it is behaviour of such intensity, frequency or duration, that its containment is especially difficult to manage. (Barnardo's)*

Wherever possible, parents should try and manage behaviour by non-physical intervention. For every child or young person whose behaviour is known to present a challenge, there should be an individual strategy for responding to violent behaviour, which will form part of the child's risk management plan. Where appropriate, this will include specific directions for using physical interventions. In these circumstances it should be agreed by parents and staff what the appropriate strategies will be. This will be discussed at the introductory stage of the treatment.

In certain circumstances, (where the child's safety or the safety of another child or person may be in question if the child leaves the room or premises), good practice involves communication to try and persuade the child on a different course of action. However where this is ineffective, the parent should reinforce dialogue with such actions as standing in the way of a child wishing to leave, or they may place a hand on the child's arm, or hold the child if they are highly distressed or in danger, for example if a child is trying to run out of Family Futures in a distressed state. These methods should only be used for the minimum time needed and with the minimum force necessary to ensure the child's safety. If the parent needs support in containing a child or the parent is not present, Family Futures staff would use their positive interventions training strategies.

In therapy sessions with children who are known to have challenging behaviour the therapist should have alerted other members of staff and the Clinical Director or another appropriate Manager. This will ensure the appropriate response should the panic alarm go off during the session. They should also ask for a member of staff to check on them during the session to see if they need any support.

#### **The nature of physical and verbal attacks from children and parental support suggested**

This Care and Control Policy and Procedure should be read in conjunction with our Safeguarding Children Policy and Procedure, to which it is seen as complementary. This policy reflects one of Family Futures' underlying principles in our work with families, namely that the integrity and welfare of the family as a whole should be considered a priority. Just as children need safety and protection in a warm loving environment, adoptive parents and foster carers similarly have a right to their welfare and mental health being protected. Without parents who can function at an optimal level, children's experience of family life will be impoverished and their developmental needs will not be met. We are aware that this is a delicate balance to keep and though at all times the welfare of children is paramount, in our work we have to embrace the complexity of the need to keep everyone safe.

Children who have grown up in an abusive environment are prone to re-enact that abuse with significant others such as, adoptive parents, foster carers or siblings. In our experience adoptive and foster families who have had little support and/or are isolated from other adoptive families, often come to accept the unacceptable as the norm. Frequent attacks upon parents, particularly mothers, have become accepted as part of the family culture because parents are at a loss to know how to combat it without resorting to violence themselves. This we refer to as the 'battered mother syndrome' where verbal and physical assaults are normalised and where the 'victim' believes they are responsible in some way for the assault and are reluctant to report it.

At Family Futures we are aware of this phenomenon and we pro-actively raise the issue of verbal and physical assault with parents during our assessment and treatment programme. The staff at Family Futures work towards creating a trusting and accepting environment where parents can be open and honest and not feel blamed or judged. Accepting that there is a problem is the first step in finding a solution.

If parents are unable to exercise reasonable control over their child, then their ability to positively impact on the child through nurture and engagement is diminished. A permissive approach,

rather than resolving or extinguishing the behaviour tends to reinforce and perpetuate it. In our work with parents we therefore adopt the following approach:

- Education support and advice on how to adopt a developmental re-parenting approach
- To use proportionate and appropriate consequences for anti-social behaviour
- In extreme situations, to reinforce the fact that the parent has a right to protect themselves and their family
- That parents should report an incident of violent assault by the child on them or other members of the family to the local authority responsible for the child or the local authority in which they live
- If the above circumstances fall within a safeguarding remit then Family Futures' staff in consultation with the parents and carers will follow the safeguarding protection procedures as outlined in this document.
- If a situation involving violence, self-harm or running away is irresolvable by the parent then they should call the Police in the first instance, then the local authority responsible for the child or the local authority in which they live
- If such incidents occur frequently or the parent believes they might occur then we would suggest that they pro-actively in a non-crisis situation contact their local Police e.g. Domestic Violence or Safeguarding Children Unit requesting their support so that they will respond appropriately in an emergency. In some situations it is appropriate for the Police to do a home visit to caution the child regarding the seriousness and dangerousness of their actions.

**In summary:**

1. Family Futures does not use Holding Therapy or other intrusive therapies but does use Positive Interventions including restraint techniques when appropriate.
2. Staff are trained in the use of Positive Intervention Techniques (see below)
3. Parents need support and education in ways of safely managing impulsive and aggressive behaviour in children who have experienced early trauma.
4. If for any reason the police are called to Family Futures then Family Futures will follow their notification procedures and inform OFSTED and the relevant Local Authority by telephone in 24 hours and then follow this up in writing in two working days.
5. Parents need support in being empathetic and attuned to the needs of their children.

6. In order for children to develop secure attachments, they need to have a structured environment in which they feel safe and protected.
7. Parents need support and advice on how to manage aggressive acting out behaviour as we feel it is important that parents also feel safe and protected.

These measures are designed to provide an effective, safe structure so that parents can continue to live with their sometimes very challenging children.

### **Positive intervention – Training for Family Futures’ staff**

Family Futures’ staff receives training in Positive Interventions, to support the implementation of the care and control policy. This training provides a range of non-contact techniques for managing difficult behaviour and to help staff to respond positively to difficult and challenging behaviour.

Positive Interventions emphasises a therapeutic response to challenging behaviour including a range of practical skills such as de-escalation and counselling techniques.

The Positive Interventions training teaches a method of safe restraint should the situation require such an intervention.

However there will be instances when looking after children with especially challenging behaviour when the therapist may need to release themselves from grabs, bites, hair pulls and chokes.

The focus of Positive Interventions for staff is on conflict resolution and communication with the child and does not advocate the use of restraint techniques except when absolutely necessary. These methods should be used in conjunction with general guidance on setting appropriate boundaries and positive control. The ethos behind this method is summed up in the following statement: ‘Our ability to relate to children and their families in an open, sensitive, consistent and caring way is our single most important contribution. It is our actions – and reactions – that so strongly shape and influence the subsequent behaviour and growth of the young people we care for.’

The thinking behind the model is to encourage staff to approach a crisis situation, when challenging behaviour is being demonstrated, as a learning opportunity from which the young person can grow through an understanding of their behaviour and experience. Therefore staff skills, knowledge and professional judgement are critical in helping children learn constructive and adaptive ways to deal with frustration, failure, anger, rejection, hurt and depression.

### **Positive Intervention Guidelines**

All staff should be aware at all times of the appropriateness of their dress in order to not provoke a situation or put themselves at risk. This involves considering the following:

- Hair and adornments
- Glasses
- Body piercing and scarves

- Rings, bracelets and watches
- Mobile phones and keys
- Property to which they are emotionally attached
- For female staff low cut tops and short skirts

When a therapy team member finds themselves in a difficult situation with children they need to first of all consider the following three questions:

1. How are they feeling in the situation and is this feeling impacting the situation?
2. What is the child trying to communicate through their behaviour and is this being responded to?
3. Is the environment affecting the child's behaviour and would a change of environment help?

**The goal of physical intervention is to ensure safety**

**Physical intervention is not used to:**

- Inflict pain or harm
- Punish or discipline
- Enforce compliance
- Demonstrate your authority

**Physical intervention is never used in the following circumstances:**

- When we cannot safely control the child or young person
- When we are not in control of ourselves
- Where sexual stimulation is the motivation
- Where the young person has a weapon or offensive implement, such as a knife
- Where the young person has a medical condition, which prohibits it
- Where young person is under the influence of alcohol, drugs or other substances

**Physical intervention techniques should:**

- Take into account the suitability and impact of using this with children with disability, special needs etc.
- Not impede process of breathing

- Not inflict pain
- Avoid vulnerable parts of the body (neck, chest, joints and sexual areas)
- Avoid hypertension and hyperflexion
- Not employ potentially dangerous positions

**When to use physical intervention:**

- When the child or young person is a danger to himself or herself
- When the child or young person is a danger to others
- When the child or young person is causing serious damage to property especially when this may put others at serious risk

A behaviour management plan or risk assessment should be followed for all children where there are concerns of aggression or potential aggression:

- What are the behaviours that are causing concern?
- Who is at risk and in what way?
- What are the conditions where the behaviour usually occurs?
- What are the early warning signs that a child is about to become dysregulated?
- What early interventions could be put in place?
- When the child or young person moves beyond the stage of being agitated what are the second stage interventions that could be employed?

All therapy team staff should have completed the Positive Interventions training and regularly practice the interventions prior to the update trainings.

The following should be considered when a potentially difficult situation arises at Family Futures:

**Threat Level**

- Who is the threat directed at?
- What is the nature of the threat?
- Is it directed towards property?
- Is it directed towards the parents or a sibling?
- Is it directed towards the therapy team or a therapy team member?
- Is it directed towards the child by the child?
- Is this threat likely to be carried out?

## **Your role**

- Am I the best person to be dealing with this situation in the team?
- Is there anyone else around?
- Do I know enough about the child or young person posing the challenge?
- What is my relationship with the child or young person like?
- How I am feeling?
- Should I stop doing something?

## **Balance of Forces**

- Who is physically stronger?
- Is he or she taller, heavier or swifter than me?
- Do I know my own strength?
- Could I cause serious injury?
- What is the young person's gender and the implications of this?
- Is the young person likely to receive help from a sibling, which will exacerbate the problem?
- Are there cultural or religious factors which may lead to a different interpretation of my actions?

## **Help**

- Does anyone else know what is happening?
- Can I let someone else know that I need help?
- How long will it take for help to arrive?

## **Dis-engagement**

- If I back out and refuse to confront the challenge what will happen?
- Where can I retreat?
- Once I have confronted the challenge will I be able to back out?

## **Distance and Movement**

- What is a safe distance?
- Is he or she likely to throw anything?
- Will he or she attack or remain in place?
- Must I approach or can I remain in place?
- If I move forward will that be interpreted as an attack?
- If he or she moves what direction is likely and what will I do then?
- If he or she approaches or attacks me what level of response is reasonable and what is not?

### **Environment**

- How much space is there?
- What are the obstacles to movement?
- Where are the doors and windows?
- What are the hazards such as glass, slippery surfaces, stairwells and drops etc.?
- What the levels of noise and light that might be triggering the child or young person?
- What is my escape route?
- What is the child or young person's escape route?

### **Weapons**

- Does the child or young person have or might have a concealed weapon?
- Are there weapons within reach of the child or young person?
- Is anyone else likely to hand a weapon to the child or young person?

### **Escalation**

- Is the violence likely to escalate?
- Are others likely to be injured?
- Are others likely to join in?
- If there is the likelihood of restraint being necessary, what is the most appropriate way of this being carried out?

- Should the police be called?

### **Options to handle violence**

- Eliminate one of the elements of the violent situation (trigger, target, weapon, stress level)
- State clearly that the violence must stop
- Use releases and stay a safe distance away
- Leave and get help
- Use physical intervention as a last resort, if appropriate

### **To decrease the child or young person's level of agitation:**

- Keep yourself as calm as possible, in control and aware of your emotions (track your heart rate, breathing and skin temperature)
- Listen to the child or young person (track their heart rate, breathing and skin temperature)
- Be aware of the parents and their emotions and involvement in the situation
- Remove the audience if there are people in the room that do not need to be there
- Give the child or young person choices
- Allow there to be enough to time for things to calm down
- Use a calm tone of voice
- Keep a safe distance from the child or young person in a non-threatening position
- Decrease eye contact

### **Recommendations for reducing risk in situations involving any physical intervention:**

- Never put weight on a child or young person's chest or back
- Never place the arms behind the back
- Never bend a small child forward when using a small child restraint technique
- Never put pressure on the neck or any joints
- Never place anything over or near a child or young person's face, nose or mouth
- Never conduct any physical intervention on a soft surface such as a mattress

- Never ignore what a child or young person says during any physical intervention
- Never fail to take immediate action if medical treatment is indicated
- Never place the head in a position that causes the neck to be compressed
- Never allow a child or young person to remain in a prone position once they are no longer a safety risk – always get them in a seated position as soon as possible
- Always check of signs of distress especially any warning signs of impending asphyxia (breathing, dusky colour of face, vomiting)

## Procedures

In the event of an incident having occurred, the member of staff involved will report this to the Duty Manager for the day to keep them informed if they are not already aware of what has happened. Where necessary the therapy team will endeavour to ensure that the parents receive support from professionals, family and friends as appropriate on their return journey and when they have returned home. Following this these steps should occur:

- This Duty Manager will provide the member of staff with any support that they or the team working with the family require to process the incident.
- If physical intervention has occurred it is important that the child or young person is reviewed regarding any potential injury, discomfort, mark or bruise that may have been inadvertently caused. The parents or carers should be advised that the child is examined by a doctor as soon as possible if there is concern regarding the outcome of the physical intervention,
- Any reported injury or discomfort should be reported to the Duty Manager immediately, and recorded accurately on the Care and Control Incident Form and the safeguarding procedures implemented, if appropriate.
- If this incident happens outside of the office then the member of staff should contact the Duty Manager to let them know about the incident.
- If the incident happens outside of working hours the member of staff should contact a member of the Management Team to let them know about the incident.
- The member of staff will complete the Care and Control Incident Form as well as the Care and Control tracking form which will then be signed off by the Duty Manager.
- A copy of both forms will be stored in the electronic Care and Control folder and a copy placed on the child's family file.
- If the child is on a care order or has the status of a protected child the child's Social Worker will also be sent a copy by the key worker for the case.

- The member of staff will liaise with the Duty Manager if any further action needs to be taken.
- If appropriate in the processing of the incident time should be taken to consider if anything could have been done differently.
- Following this the Risk assessment Procedures may need to be actioned and a risk management plan put in place for future sessions.

**Jay Vaughan**  
**Updated September 2016**

**Relevant Forms:**

- Risk assessment form
- Care and control incident form
- Care and control tracking form





