Family Futures

Family Futures Policies and Procedures Manual for all Staff

4030 VAA POSITIVE INTERVENTIONS AND RESTRAINT POLICIES AND PROCEDURES

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POSITIVE INTERVENTIONS AND RESTRAINT POLICY AND PROCEDURES

Family Futures Positive Interventions and Restraint Policy and Procedures should be read in conjunction with Family Futures Integrated Safeguarding and Risk Policies and Procedures.

Introduction

It is important to first of all set the context for this policy by considering the population of children/young people Family Futures works with who have almost exclusively all experienced developmental trauma/complex trauma. Two of the longer-term impacts on children/young people 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/young person 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/young people displaying these behaviours are prone to become emotionally dysregulated as a result of internal or external triggers of which the child/young person and parent are unaware. When children/young people 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/young person in a way that is appropriate to their emotional and developmental age. Adoptive parents, foster parents and SGO parents require education and training to be able to systematically carry out this way of parenting. However, in some situations this approach will not work, and the child/young person will become a danger to themselves and to others. In these situations, parents may have to physically contain their child/young person.

Family Futures' parent preparation programme (when included in a therapy package) helps parents to carry this containment by first of all helping them understand the genesis of the child/young person'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/young people 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/young people to learn to self-regulate and become independent.

If during a therapy session, a child/young person 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/young person at all times. At times it may also be appropriate for the therapist to touch the child/young person in a way that is reassuring or comforting. But again when children/young people 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 and carers should try and manage behaviour by non-physical intervention. For some children or young people 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/young person's risk management plan. Where appropriate, this will include specific directions for using physical interventions. In these circumstances appropriate strategies should be agreed by parents, carers and staff. This will be discussed at the introductory stage of the treatment.

In circumstances, where the child/young person or another person is highly likely to be at risk if the child/young person leaves the premises, de-escalation and good listening and communication strategies should be used. If this is not successful, and the child/young person is at home or in the community the parent/carer has the options to allow the child/young person to leave and call someone for help (e,g. social worker, supervising social worker or police) or to restrain a child/young person as per the guidance below.

If the child/young person is in a therapy session, Family Futures staff will use Positive Intervention strategies, which may include restraint in the rare circumstances when this is deemed necessary, with the parents/kinship carers/foster carers agreement, or the prior agreement of the local authority/region responsible for a child/young person who is looked after.

In therapy sessions with children/young people who are known to have challenging behaviour the therapist should have alerted other members of staff and the Complex Trauma Service, Wellbeing Hub, Permanency or other service managers. 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 Positive Interventions and Restraint Policy and Procedure should be read in conjunction with our Integrated Safeguarding, and Risk Policies and Procedures, 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/young people need safety and protection in a warm loving environment, adoptive parents, foster carers and SGO parents similarly have a right to their welfare and mental health being protected. Without parents who can function at an optimal level, children/young people'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/young people is paramount, in our work we have to embrace the complexity of the need to keep everyone safe.

Children/young people who have grown up in an abusive environment are prone to re-enact that abuse with significant others such as, adoptive parents, foster carers, SGO parents or siblings. In our experience adoptive, foster and SGO 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.

For decades parents attending Family Futures have described the shame and fear that results in them feeling responsible for the violence, feeling powerless to address it and too ashamed to seek help. It is also now commonly termed child-on-parent violence and is something that is recognised as a major challenge when parenting traumatised children/young people.

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 programmes. 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/carers are unable to exercise reasonable control or influence over their child/young person, then their ability to positively impact on the child/young person 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/carer has a right to protect themselves and their family
- That parents/carers should report an incident of violent assault by the child/young person on them or other members of the family to the Local Authority/RAA/VAA responsible for the child/young person or the local authority/region 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 Family Futures Integrated Safeguarding Policy and Procedures
- 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/RAA/VAA responsible for the child/young person or the local authority/region 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/young person regarding the seriousness and dangerousness of their actions. In relation to foster carers, a strategy which involves contacting the police due to the level of violence would need to be agreed with the Local Authority/RAA/fostering agency and included in any risk assessment/safe care agreement.

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 and restraint techniques (see below).
3. Parents/carers need support and education in ways of safely managing impulsive and aggressive behaviour in children/young people 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/RAA/VAA by telephone in 24 hours and then follow this up in writing in two working days.
5. Parents/carers need support in being empathetic and attuned to the needs of their children/young people.

6. In order for children/young people to develop secure attachments, they need to have a structured environment in which they feel safe and protected.

7. Parents/carers 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/young people.

Positive Intervention and Restraint – Training for Family Futures' Staff

Family Futures staff receive training in Positive Interventions and Restraint, to support the work with children/young people and their parents. 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/young people 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/young person and does not advocate the use of restraint techniques except when absolutely necessary to keep the child/young person or others safe. 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/young people 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 of Positive Interventions is to encourage staff to approach a crisis situation, when highly 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/young people learn constructive and adaptive ways to deal with frustration, failure, anger, rejection, hurt and depression.

Positive Intervention Guidelines

All staff and those working with or caring for children and young people 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
- Low cut tops, vests and short skirts or shorts

When a therapy team member finds themselves in a difficult situation with children/young people they need to firstly 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/young person trying to communicate through their behaviour and is this being responded to?
3. Is the environment affecting the child/young person'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 physically manage the child or young person e.g. if the child/young person is larger or heavier than the adult
- When we are not in control of ourselves
- Where sexual stimulation or assertion of power 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.
- Where the placement agreement/safe care agreement for a child/young person in foster care does not agree to the use of restraint for this child/young person.

Physical intervention techniques should:

- Take into account the suitability and impact of using this with children/young people 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/young people 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/young person 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 whilst in the presence of a child or young person:

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, carers or any other household member (which may include pets)?
- Is it directed towards a therapy team member?
- Is it directed towards the child/young person by the child/young person?
- Is this threat likely to be carried out?

Your role

- Am I the best person to be dealing with this situation in the team/family?
- 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 in relation to mine 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)
- If you are a member of the therapy team be aware of the parents/carers 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 at Family Futures, the member of staff involved will report this to the Duty Manager (or another manager if the Duty Manager is not available) for the day to keep them informed if they are not already aware of what has happened. Where necessary and should an incident have occurred outside of the home the therapy team will endeavour to ensure that the parents/carers 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:

- The Duty Manager (or another manager if the Duty Manager is not available) will provide the member of staff with any support that they 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/carers should be advised that the child/young person is examined by a doctor as soon as possible if there is concern regarding the outcome of the physical intervention.
- For incidents that occur at Family Futures, any reported injury or discomfort should be reported to the Duty Manager (or another manager if the Duty Manager is not available) immediately, and recorded accurately on the Family Futures Restraint Form and the Integrated Safeguarding Policy and Procedures should be implemented, if appropriate.
- If staff are involved in an incident that happens outside of the office then the member of staff should contact the Duty Manager (or another manager if the Duty Manager is not available) to let them know about the incident.
- If staff are involved in an incident that happens outside of office 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 Family Futures Restraint Form and this will need to be signed by the Duty Manager (or another manager if the Duty Manager is not available), as well as the Restraint tab in the Integrated Safeguarding Log.
- A copy of the Family Futures Restraint Form will be stored in the Integrated Safeguarding folder in the child/young person's family file on CHARMS.

- If the child/young person is a foster child on a care order or has the status of a protected child the child/young person'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 (or another manager if the Duty Manager is not available) 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 or for future support to the family or foster family.
- In relation to foster children/young people, statements from others including parents/carers/children/young people may need to be taken. For looked after children/young people it likely that a debrief meeting will need to be completed and this may need to be undertaken by the child/young person's social worker, especially if there is any possibility of it resulting in or leading to an allegation. This process is incorporated in any risk assessment/safe care agreement so that from the outset the child or young person knows that this is a permissible approach to their more challenging behaviour.

Jay Vaughan
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