Stowe Court Children's Home

Physical contact with young people
Restraint including:
Specific Guidelines for
Dealing with Challenging Behaviour

Status: Recommended
Audience: Parents/carers
Children and young people
Placing Authorities
Staff
Directors

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Introduction

Children at Stowe Court sometimes have difficulties in managing their behaviour. Inappropriate behaviour largely arises because of the children's autism. It can manifest in a variety of ways including low level behaviour such as spitting, pushing, poking, scratching and more challenging behaviour such as hitting, punching, hair pulling, kicking, head butting and biting. Where children are at risk of harming themselves, other children or staff or in order to prevent serious damage to property they may be restrained in the interests of ensuring their own safety or that of others.

Regulation 20 in the Children's Home Regulations 2015 state:
"Restraint in relation to a child is only permitted for the purpose of preventing:

- Injury to any person (including the child)
- Serious damage to the property of any person (including the child) or
- A child who is accommodated in a secure children's home from absconding from the home. (This does NOT apply to Stowe Court)

Restraint in relation to a child must be necessary and proportionate"

In addition Section 550A of the Education Act 1996 allows all teachers at school to use reasonable force to control or restrain pupils. It also allows others, e.g. care workers, to do so in the same way as teachers, provided they have been authorised by the Director of Care and Education and registered manager to have control or charge of young people. We all have a duty of care to safeguard the young people and protect them from harm at all times.

How do staff at Stowe Court manage children's behaviour?

Staff at Stowe Court are trained in the use of MAPA, a BILD (British Institute of Learning Disabilities) accredited method of Managing Actual and Potential Aggression. This method of behaviour management was chosen by Stowe Court because it focuses on de-escalating situations and redirecting children rather than using physical interventions, it is also the chosen method at all other sites linked to The Shires3. Restraint at any level is used only when there is no other alternative.

The MAPA principles centre around the management of behaviour at different levels – low, medium and high. Low interventions are largely defined as 'touch' usually on the upper arm and usually for reassurance for the child. Medium interventions include light pressure on a child' arms to guide them somewhere safe or safer. High level interventions include restricting a child's movements when to avoid doing so might lead to them causing themselves of others harm. Technically any of these interventions are deemed to be restricting a child's liberty and as such are to be recorded in the restraint log, specifying the level of MAPA used.

When should high level restraints be used?

- staff should have good grounds for believing that immediate action is necessary to prevent a child from significantly injuring himself/herself or others, or causing serious damage to property
- staff should take steps in advance to avoid the need for physical restraint e.g. through dialogue and diversion, and the child should be warned orally that physical restraint will be used unless the behaviour stops
- only the minimum force necessary to prevent injury or damage should be applied

- as soon as it is safe, restraint should be gradually relaxed to allow the child to regain self-control
- restraint should always be seen as an act of care and control, not punishment
- physical restraint should not be used purely to force compliance with staff instructions when there is no immediate risk to people or property

Individual behaviour plans

All children at Stowe Court have an individual behaviour management plan which is incorporated into their care plan. The first behaviour plan is drawn up before a child arrives at the home, by the clinical psychologist, a member of the senior care team and parents/carers. Other professionals who know or will work with the child may also be present at the meeting. The primary carer is responsible for monitoring the behaviour management plan and updating it in the light of new information and experience of the child. The behaviour management plan focusses on positives for the individual young person and strategies that have been effective in de-escalating situations in the past. The main aim of a behaviour management plan is to de-escalate a potentially volatile situation so as to avid the need for a physical intervention, if this is not possible if outlines the safest methods of intervention for the young person, staff and anyone else in the area.

It is acceptable to nominate any safe area within Stowe Court where de-escalation of challenging behaviour can take place. For example, some children prefer to run around outside if they are distressed and this should be encouraged. Others like to calm down in their own rooms.

Dealing with challenging behaviour

Often challenging behaviour can be prevented in the very early stages. Where possible, staff should use calming techniques with children who are upset such as encouraging them to breathe deeply, offering them a drink or distracting/diverting them. If the child's behaviour escalates quickly or is likely to cause harm to the child or others then staff should intervene to keep all those concerned safe. If it is necessary for a child to be restrained, then only staff trained in MAPA should become involved in the incident. ALL RESTRAINTS IRRESPECTIVE OF LEVEL SHOULD BE RECORDED IN THE RESTRAINT LOG.

Following physical intervention

Following a physical intervention where a MAPA high level restraint is used staff should engage in a full debriefing session which should focus on the cause of the behaviour and ways in which it might be managed better in the future. Where possible the child should be involved in a similar debriefing session to establish how he/she feels and to enable him/her to express his/her views. A member of staff not involved in the restraint must ask the young person if they are injured or hurt in any way as a result of the restraint. A body map should be completed and attached to the restraint log. If the young person has sustained an injury then professional medical assistance must be offered. Staff might seek the input of the therapeutic team to find out whether there are strategies that might be put in place which could prevent similar incidents in the future. For example, some children at The Shires seek deep pressure and create situations which will result in a high level MAPA restraint so they get the pressure they crave. The OT may well be able to offer a more acceptable alternative.

Children who have been engaged in an incident of very challenging behaviour may need time to regroup. They might want to have a bath or to rest once the behaviour has finished

and may want a snack. It is important that staff support children through the 'recovery period' so that they can move on. Staff must try to ensure that following an incident of challenging behaviour the child has the opportunity to engage in a positive experience.

Staff can often find it very traumatic following a physical restraint, it is physically demanding and adrenaline is heightened. It is essential to remember that any feelings of distress are probably magnified for the young person involved, therefore the young person must be offered support, reassurance and an opportunity to calm down completely.

Monitoring behaviour

The restraint log, consequences book and incident reports should be signed off on a weekly basis by the Registered Manager or nominated deputy. All logs should be cross referenced so that incidents can be tracked. Injuries occurring during physical interventions should be recorded in the accident book. On a monthly basis the Registered Manager will analyse all restraints to establish whether there is a pattern to the behaviour in terms of where it occurs, how long it lasts and what the precursors are. The clinical psychologist will support individual primary carers in identifying trends in behaviour and coming up with possible solutions. The level and number of physical interventions will be fed back to parents and social workers through LAC reviews and annual reviews.