**West Sussex – Practice Guidance**

IROs are qualified social workers with at least five years’ experience, and who have acquired the right skills to carry out this role.

**Dealing with Challenging and Violent Behaviour**

* Children and children living in, or accessing short breaks in WSCC children’s homes may display a range of behaviours that present challenges to those around them. At times, this behaviour may escalate into violence towards others or to themselves. (Please refer to the Practice Guidance relating to Self-harm as necessary).
* When behaviour becomes violent to others, de-escalation or diversion strategies may not be effective, particularly where there is an immediate risk or actual harm.
* In these instances, staff are trained to employ techniques that work on the basis of removing the child from the situation to reduce the risk of injury to others and themselves. These strategies can be termed as “Managing Away”.

**Managing Away**

* If a child has become violent to the point of presenting an actual injury or risk of injury to others, staff are trained to move the child away from the area to safe space.
* This will involve staff supporting the child to recognise the need to remove themselves and if unwilling to do this independently, staff may employ recognised Team Teach strategies to support the child to leave the area.
* A safe space should be agreed in advance with the child as part of their Positive Handling Plan, and should be somewhere that does not increase the risk to the child; ie their bedroom, or a ‘break out’ room.
* Staff will accompany the child where it is safe to do so and ensure they remain in contact if the child elects to separate themselves from their peers. Children should not be isolated from human contact when being managed away, nor locked or forced to stay in a separate room.
* No child will be persuaded or instructed to remove or separate themselves from others unless this is the child’s expressed preference and included within their Positive Handling Plan.
* If a child has elected to be in their room, it is essential that staff regularly check on them at appropriate intervals according to risk and that a note of any significant information is made in the observational record.
* Staff should be mindful of the principle of “Minimum Restriction of Confinement (MRC)” and should actively support the child to choose to reintegrate as soon as is safe and practically possible.
* Therapeutic silence can be considered as a planned strategy of intervention based on the individual’s Positive Handling Plan.
* Negotiation and restorative-based mediation are activities that must be at the front of all actions to reduce the length of any child being managed away from their peers. Staff can achieve this by talking to the child, re-assessing mood and planning with them the next steps forward.

**Single Separation**

* A similar but more restrictive strategy to manage challenging or violent behaviour is ‘Single Separation’. The main difference between Managing Away and Single Separation is that the child may be locked into a separate room and have human contact withdrawn for short periods under the guidance relating to Single Separation.
* Enforced or directed ‘single separation’ is not permitted in WSCC children’s homes but a child may elect to remove themselves from their peers in order to manage or limit the impact of their behaviour.
* Observations of the child should be made in line with the individual child’s risk assessment or behaviour management plan but at least every 10 minutes and these should be recorded in the “Single Separation recording system”.
* Written entries must be made at the actual time of the check and not as an accumulative entry at the end of the period of single separation.
* When recording all episodes of Single Separation, be mindful that you must include details set out the key issues below:-
* Date and time at which single separation began
* The reason for the action
* Continual records of how the child was behaving during the period of single separation and how the child was behaving during the period that demonstrates how the criteria for single separation continues to be met.
* A reintegration strategy designed to return the child to their normal living arrangements.
* The time of unlocking the room; this may also result in a transfer to a “Managing Away” arrangement. In this case an episode of single separation should be closed and a new ‘Managing Away’ episode opened.
* What consequences or actions where agreed with the child on the conclusion of the period of single separation and what was the effectiveness or outcomes of those consequences.
* The initials of the manager authorising it and the name, date and time of any further authorisations.
* Staff should provide support and guidance to the child afterwards. Staff should also give consideration to advising other children on how to treat the child returning from a period of separation.
* All incidents of ‘Managing Away’ should be recorded on an Incident Report form and be reviewed as part of the monitoring of the child’s behaviour over time.
* Staff should remember that children choosing to separate themselves may be in a heightened emotional state and therefore usual responses to staff or situations may become irregular. Consideration to the latter statement should be made when considering the length and frequency of observations.
* This does not mean that a member of staff should stand outside the room all the time as this may appear provocative or intrusive. They may be in the immediate vicinity but not in earshot or vision.
* Where possible single separation entries should be cross-referenced with other interventions used (sanctions, restorative recording, restraint, managing away etc.). Reference to action plans, behavioural strategies and risk assessments should also be made and discussed in the MDT meeting.
* Should the child injure themselves either deliberately or accidentally during the period of single separation and that injury requires medical treatment by a nurse, GP or A&E department, then the incident should also be recorded and reported as a notifiable incident to OfSTED under Regulation 40.
* Single Separation recordings should be made available upon request for Parents or Social Workers. Good practice would suggest that this information is offered in written form to the relevant persons.
* To the extent that *seclusion* (where a child is forced to spend time alone against their will) involves restricting a person's freedom of movement, it should also be considered a form of physical intervention.

**Restriction of Liberty Standards**

* The revised Children’s Homes Regulations and Quality Standards 2015 now state that the use of restraint now means using force or restricting the liberty and movement of a child ie ‘time out’ or seclusion which prevents a child from leaving a room or building of his own free will, may be deemed a 'restriction of liberty’.
* Under this Act, restriction of liberty of children being looked after by a local authority or accommodated by NHS establishments is only permissible in very specific circumstances, for example when the child is placed in secure accommodation approved by the Secretary of State or where a court order is in operation.

**Deprivation of Liberty Standards**

* West Sussex Children’s Homes have a policy whereby it is in the interests of the children living in the home to deprive them of their freedom of movement, ie to limit their access to leave the building by locking all doors with exterior access. Please see separate Locked Door policy.
* Under the Mental Capacity Act (2007) a person with parental responsibility for a child under the age of 16 years is permitted to give reasonable consent for the child to be deprived of their liberties (ie. doors locked) but only in the event that this is in their best interests. Those with parental responsibility are asked to sign their consent in these cases, and this is regularly reviewed as part of the child’s care planning process.
* As the child reaches the age of 16 years, the person with parental responsibility is no longer permitted to give their consent on behalf of the child. Therefore, a Capacity Assessment under the Mental Capacity Act is necessary to ascertain whether the child can give informed consent to their liberties being deprived.
* In the event the child is assessed to lack capacity, nominated individuals for the child will discuss and confirm their agreement that the deprivation is in the best interests of the child and provide consent on their behalf.

**Links to related documents:**

Self-harm

Behaviour Management

Building Positive Relationships

Positive Handling Plans

Locked Door Policy