



## ANDERIDA ADOLESCENT CARE

### POSITIVE HOLDING POLICY

All staff at Anderida are trained in de-escalation, positive holding and restraint methods. Anderida uses the PRICE model (Protecting Rights in a Care environment) to train staff and provides a two-day theory and de-escalation training course as well as a four-day practical course. In line with legislation, staff are trained every 12 months. Staff are assessed by a qualified PRICE instructor, to ensure their confidence and competence in de-escalation and positive holding. In addition, training sessions are run 6 weekly and core staff teams attend on rotation.

Staff are assessed for competency on a 3-point scale by the assessor throughout the training to identify contributions to the training in both technique and in the scenarios. Following the training the staff are signed off by the trainer who will refer the staff members to the training co-ordinator as:

- Competent
- Would benefit from more frequent training
- Requires immediate additional training

This is in-line with the BILD guidance.

Anderida are currently registering, voluntarily, for accreditation with the Restraint Reduction Network, we have devised a 12month programme for meeting the accreditation framework requirements, which will give the organisation Gold Standard Accreditation.

Restraint will only be used in the following circumstances, in line with the guidance from Children's Homes Regulations 2015 and BILD.

- ✓ **Preventing injury to any person (including the child who is being restrained)**
- ✓ **Preventing serious damage to the property of any person (including the child who is being restrained)**

Injury could include physical injury or harm or psychological injury or harm. This may mean removing electronic devices such as mobile phones if there are strong suspicions and some evidence of exploitation and physical or psychological injury to the child. Serious damage would be defined by causing harm to another individual e.g. another's child's belongings or a level of damage whereby the young person would be criminalised.

There may be circumstances where a child can be prevented from leaving a home – for example a child who is putting themselves at risk of injury by leaving the home to carry out gang related activities, use drugs or to meet someone who is sexually exploiting them or intends to do so. Any such measure of restraint must be proportionate and in place for no longer than is necessary to manage the immediate risk. This would not be a long-term intervention and if this was happening on a frequent basis the child should have their care plan reviewed with a view to considering a different setting.

Reviewed EC/KS 17.07.2020  
KS 17.12.2021

## **UNDERPINNING PRINCIPLES**

1. **PHYSICAL INTERVENTION MUST BE A LAST RESORT** and should be used as part of a wider strategy for managing challenging and violent behaviour.
2. Prior to physical restraint mentors should consider the risk of physically intervening and the risk of not intervening.
3. Mentors should be familiar with the child's risk assessment.
4. Mentors should have read their positive holding plan and be aware the child's previously sought views on strategies that they considered might deescalate or calm a situation.
5. Mentors should consider the relevance of any disability, health problem or medication to the behaviour in question and the action that might be taken as a result.
6. All other methods must have been exhausted. Physical restraint used for the wrong reason could be seen as personal assault or, at the very least, would be against any care policy and practice.
7. Physical intervention upholds the client's rights and dignity.
8. Physical intervention acknowledges the responsibilities inherent within a duty of care.
9. Physical intervention avoids the use of pain and of holds against joints.
10. A level of response within a physical intervention must be a minimal use of force and the least intrusive intervention for the shortest possible time.
11. There must be no sexual connotation within the technique.
12. No harmful techniques either physically or psychologically.
13. Techniques are to be phased up if necessary, phased down as soon as is safe to do so and held for the minimum duration.
14. Physical intervention should avoid the use of restraint upon the ground wherever possible.
15. Mentors safety awareness and communication are key to positive effective physical intervention.
16. Individual and team approaches to manage difficult behaviour should be employed at all times.

**A restraint should be clearly logged on the following documents:**

### **Restraint form**

#### **& checklist:**

Held on the young person's file, copied to the social worker and significant others and our PRICE instructor. This form gives the young person the opportunity to add any comments they wish to make and is filled in as part of the debrief session. Any child who has been restrained should be given the opportunity express their feelings about their experience of the restraint as soon as is practicable, ideally within 24 hours of the restraint incident, taking the age of the

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child and the circumstances of the restraint into account. In some cases, children may need longer to work through their feelings, so a record that the child has talked about their feelings should be made no longer than 5 days after the incident of restraint.

**Bound book:** A copy to be written into the bound book for home records and to be signed by the home's manager.

All mentors are to be trained in restraint within their induction period. Refreshers will happen between three to six months, with each mentor and this will be facilitated by Anderida's in-house qualified PRICE instructors. Should the training lapse past six months it is the duty of the registered manager to refer the mentor for an immediate refresher. This training will be regularly reviewed to assess the effectiveness of the restraint training and the appropriateness of the training to the needs of the children in the home.

Mentors are responsible for using their PRICE training and applying it correctly in order that they minimise the possibility of an assault on them. Should a mentor's member be struck by the young person when physically intervening in a situation where a young person is attempting to harm themselves or cause criminal damage, this would not in most cases be considered assault and charges are unlikely to be brought. However, should a mentor be struck by the young person when physically intervening in a situation where a young person is attempting to harm others, this would in most cases be considered assault and the manager alongside the team would decide what action to take.

Records of restraint must be kept in a confidential area and should be completed to enable the registered person and mentors to review the use of control, discipline, and restraint to identify effective practice and respond promptly where any issues or trends of concern emerge. The review should provide the opportunity for amending practice to ensure it meets the needs of each child. PRICE Instructor and Restraint Reduction Lead receives copies of all debriefs following a physical intervention.

#### **ANDERIDA PRICE CONTACTS:**

Dave Ridehalgh - PRICE Instructor and Lead for Restraint Reduction

Catherine Nightingale - Restraint Reduction Quality Assurance

Kerry Shoesmith - Restraint Reduction Governor