



Growing Families Together Care and Control Policies and Procedures

Care and Control Policy

This Care and Control Policy and Procedure sets out how I will safely protect service users and should be read in conjunction with my Safeguarding Children Policy and Procedure.

Traumatised children can have behaviour that is hard to manage, and when frightened, upset and angry they may become aggressive which poses a risk to themselves or others. Parents need training, education and therapeutic interventions to build skills, confidence and resilience, and to help the child feel safer.

The Care and Control Policy reflects my underlying principles around the child's welfare being paramount. The Policy also prioritises the safety and welfare of the family as a whole along with anyone working with the family on behalf of the company.

Risk Assessment and Management plans

A Risk Assessment is undertaken for each child and parent/carer I work with. When required, this includes a Risk Management Plan which analyses the challenging or aggressive behaviour and the steps needed to mitigate this risk.

For children with an increased risk of physical aggressions, the plan will set out first and second stage interventions and where appropriate, will include directions for using physical interventions. In these circumstances it should be agreed by parents and professionals.

Risk assessments seek to protect children's safety, and also that of their parent/carers and the worker.

Positive Interventions

Positive interventions offer a range of non-contact techniques for responding positively and managing difficult behaviour.

I commit to Positive Interventions approaches to support the implementation of this Care and Control policy.

Principles in Positive Interventions

- Positive Interventions emphasise de-escalation, co-regulation, emotional containment, PACE and repair.
- The therapist's role is to coach the parent to respond.
- Parents should try and manage behaviour by non-physical intervention and physically containing their child is a last resort
- The therapist can touch the child in a way that is reassuring or comforting, if appropriate.
- A parent may try to persuade the child on a different course of action such as standing in the way of a child wishing to leave, placing a hand on the child's arm, or holding the child if they are highly distressed or in danger.

I do not advocate the use of restraint techniques except when absolutely necessary.



Procedure for managing threats in therapeutic sessions

If a child becomes physically aggressive and/or a danger to themselves or others the following procedures apply;

- Use Positive Intervention steps for de-escalating situations Appendix 1
- Use Procedure for responding to violence Appendix 2
- Follow physical intervention guidelines appendix 3
- Safe restraint may be required in some especially challenging incidents when therapists may need to release themselves from grabs, bites, hair pulls and chokes.

Procedure for Responding to Incidents of threat or harm

- Following the incident, parents may need debrief and support.
- Safeguarding procedures may need to be implemented if appropriate
- If physical intervention has occurred or if parents are worried, the child should be seen by their GP
- Incidents will be recorded and discussed in peer group supervision
- Any serious incident of risk or harm or should be recorded accurately on the Safeguarding Incident Reporting Form
- I will process the information considering if anything could have been done differently.
- A new/updated risk management plan will be put in place
- Forms will be stored in the electronic in the 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.

Risks to Parent/Carers

I recognise the importance of parents feeling safe and protected and recognises how frightening verbal and physical attacks can be with long term negative impacts on emotional and physical health, coping and resilience.

I am committed to raising the issue of verbal and physical assault with parents/carers and to building parent safety by;

- Helping parents create safe and structured environments, re-establishing parental authority and encouraging reporting of incidents
- Building co-ordinated networks around the child, such as schools, and in some instances involving the police
- Reinforcing parental rights to protection by reporting incidents and referring to safeguarding teams



Families Growing Together

Heidi Pannell

When there have been incidents of violence or aggression towards parents, the Procedures for Responding to Incidents of Threat or harm (above) will be followed.

Responsibilities

I am responsible for ensuring this policy is adhered to and will review this policy regularly.

Responsibility for Policy Heidi Pannell

Policy Operational Date 1.2.24

Policy review date 2.8.27



Appendix 1

Techniques to decrease agitation:

- Keep as calm as possible, in control and aware of your emotions (track heart rate, breathing and temperature)
- Listen to the child or young person (track their heart rate, breathing and temperature)
- Be aware of the parents; 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 appropriate choices
- Allow sufficient time 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

Appendix 2

Procedure for responding to violence;

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

Appendix 3

Physical Intervention Guidelines

- In threatening or dangerous situations the following guidelines apply:
- Physical intervention should only be used when: there is danger to the child or other, damage to property, especially when this may put others at serious risk
- The goal of physical intervention is to ensure safety and not to inflict pain or harm, punish or discipline, enforce compliance or demonstrate authority
- Physical intervention is never used when we cannot safely control the child or ourselves, when the child has a weapon or offensive implement, where the child has a medical condition, or when child is under the influence of alcohol, drugs or other substances
- Physical intervention techniques should take into account disability and special needs, not inflict pain or impede breathing, avoid vulnerable area of the body and not employ dangerous positions.
- Any physical intervention should be used for the minimum time needed and with the minimum force necessary to ensure the child's safety.