

**8 December 2014**

**Agenda Item: 11**

## **REPORT OF THE SERVICE DIRECTOR, CHILDREN'S SOCIAL CARE**

### **VIOLENCE TO STAFF IN CHILDREN'S MAINSTREAM RESIDENTIAL HOMES**

#### **Purpose of the Report**

1. To provide information and responses regarding incidents of assault on mainstream residential care staff between January and September 2014.

#### **Information and Advice**

##### **Background**

2. There are three internal mainstream residential children's homes in Nottinghamshire. Home 1 has four young people; Home 2 has four young people and Home 3 has three young people. Each home is staffed by a Registered Care Manager, an Assistant Care Manager, eight Residential Social Care workers, two Residential Care workers and two Night Awake workers. Young people are admitted to the residential homes due to being unable to live at home or with other family members or carers. Foster care has usually been an initial consideration for these young people but often due to complexity of need residential care is viewed as the best care package for them. We provide a range of care for young people of both genders with emotional and behavioural difficulties with or without moderate learning difficulties. Wherever possible admissions are planned in advance, however it may be necessary to admit a young person at short notice due to a crisis that has arisen. Young people coming into residential care are frequently anxious and under great stress. They often lash out at the nearest person, regardless of whether that person has done or said anything to provoke the action.
3. Councillor Philip Owen conducted a rota visit to Home one on 1 May 2014. He raised concerns regarding the significant number of assaults on care staff and requested a full report to the Committee.
4. Violence towards care staff can vary from verbal threats to physical acts amounting to assault. Whilst each home has the responsibility of care towards the young people, their welfare needs to be balanced with the rights of staff not to be subjected to violence in the course of their duties. Such incidents are affected by various factors and staff should be encouraged to report any incidents that cannot be dealt with through alternative means. When there is no immediate continuing threat of violence it is in the best interests of the staff member to take time to discuss and consider possible options.

5. This can include a referral to the Youth Offending Team, via the relevant social worker, which will give consideration to the necessary intervention. This however does not remove the individual's right to involve the police. Following such incidents it is important that staff utilise standard de-briefing processes. Each home has access through regular consultation to the Child and Adolescent Mental Health Services (CAMHS).
6. Residential care workers are encouraged to consider the use of restorative justice. In its most basic form, restorative justice is a mediation process between a victim and an offender that offers a problem solving approach to offending. Statistics show that young people in residential care are disproportionately represented in the criminal justice arena. Children in care are not necessarily more likely to offend but because of the disruptive behaviour of the children, situations can result in a call from care staff to the police in situations where a parent would try to resolve things without involving the criminal justice system. Enabling young people to learn from and understand the consequences of their actions is an important part of the learning process and is necessary to empower the young person to establish new skills when dealing with complex emotions.
7. A restorative approach can divert children in care from the criminal justice system by ensuring that the incident is dealt with by staff in such a way that both wrongdoer and those affected reach a mutually agreed way forward without recourse to the police. Proactive restorative practices also build positive relationships between young people and staff and equip all with the skills to deal with conflicts and disagreements constructively.
8. Health and safety reporting procedures should be followed. Staff should also ensure risk assessments are updated or completed in relation to the risk of violence or injury to themselves or colleagues. A professionals meeting could be a useful method by which to assess these risks and look at ways risks could be reduced.

## **Home One**

9. During the period January to May 2014, 17 assaults on carers took place.
10. Three assaults were of a serious nature whereby the member of staff received injuries and made the decision, supported by the duty manager, to involve the police. One of these went through the Restorative Justice process whereby the staff member accepted a written letter of apology.
11. Two went to Court and the young person received a Referral Order. The work that the young person's youth offending officer did with her was focused on alcohol and drug abuse, anger management and appropriate responses to stressful situations out in the community.
12. A further nine of the assaults were by one young person, a 12 year old on an emergency placement at Home One. She no longer resides at Home One.
13. On five of the occasions staff appropriately employed Management of Actual or Potential Aggression (MAPA) techniques to reduce the young person's capacity to injure herself

and others by holding her in a high level hold and encouraging her to calm. On three occasions the assault was in response to anxiety raised by family contact.

14. Staff asked the Community Beat Officer to visit and speak to the young person informally; this had worked well following other assaults in the past; the Beat Officer has a good understanding of the young people and relates to them well. On five occasions the assault was of a nature where staff decided to request support from Derbyshire police. This young person was admitted at a point of family crisis into an emergency bed and was subsequently moved to another home where she has been more settled. Therefore the recommendation to the Crown Prosecution Service was to not take any further action towards a prosecution.
15. Between June and September 2014 six assaults on carers took place.
16. Five of these assaults were by one female young person aged 16 years. The assaults consisted of the young person pinching and scratching the carer's arms. All of these assaults were dealt with internally.
17. The sixth assault was by a 16 year old young male who violently pushed two carers causing a back injury to one and a hand injury to another. Police attended and the young person was arrested and charged.

## **Home Two**

18. There have been no incidents of violence against staff reported during the period January 2014 to September 2014.

## **Home Three**

19. There were no incidents of violence against staff reported between January and May 2014.
20. During the period June to September 2014 there have been two assaults on carers. These assaults were by one 16 year old female on two different care workers. One carer was hit in the eye when a pen and box was thrown. She was taken to hospital for a check-up. The second assault consisted of scratching a carer's arm and attempting to kick her. The police interviewed the young person regarding both assaults and the young person is awaiting a court date.
21. Following incidents of assault the staff member involved is supported by their colleagues and the managers. Child and Adolescent Mental Health Services (CAMHS) continue to support the staff team, visiting once a month and more often if required. The Specialist Nurse offers support to the staff team for advice, counselling and one to one intensive support if they request. Regular risk management meetings are held to scrutinise the peer mix within the homes and identify and minimise risk. Work is being undertaken to incorporate the involvement of the local police into each young person's induction package in order that they are able to begin to build relationships and address any issues arising at an early stage.

## **Legal Framework**

22. The Legal Framework that underpins all practice within a registered children's home is as follows:
- The Children's Homes: National Minimum Standards (last revised in 2011); and The Children's Homes Regulations 2001 (Amended 2011)
- 4.2 Regulation 17 (A) Restraint - legally defines when restraint may be used as follows:
- Subject to paragraph (2) a measure of restraint may only be used on a child accommodated in a children's home for the purpose of:
    - a. Preventing injury to any person (including the child who is being restrained);
    - b. Preventing serious damage to the property of any person (including the child who is being restrained); and
    - c. In the case of a child accommodated in a children's home which is a secure children's home, preventing the child from absconding from the home; and then only where no alternative method of preventing the event specified in sub-paragraphs (a) to (c) is available.
  - Where a measure of restraint is used on a child accommodated in a children's home:
    - a. The measure of restraint must be proportionate; and
    - b. No more force than is necessary should be used.
23. The Authority's Management of Actual or Potential Aggression (MAPA) training must be refreshed every 12 months and MAPA trained workers are expected to be on duty at all times in residential settings where there is a reasonable likelihood that a physical intervention may be required.
24. Unless there are very exceptional circumstances, the Local Authority will only endorse physical intervention by workers trained through a recognised MAPA course. Should a person not trained in MAPA interventions undertake a physical intervention, this should be reported to a senior manager with a full explanation of the underlying reasons.
25. MAPA training supports staff not only in tools to manage very aggressive behaviours but also in the low level strategies of being able to utilise humour, non-confrontational behaviour and a good understanding not only of how young people feel but that assaults are very rarely personal and staff are able to quickly re-build relationships to reduce the risk of further assaults.

## **Other Options Considered**

26. The report is for noting only.

## **Reason/s for Recommendation/s**

27. The report is for noting only.

## **Statutory and Policy Implications**

28. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

- 1) That the information and responses regarding incidents of assault on mainstream residential care staff between January and September 2014 be noted.

**Steve Edwards**  
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## **Constitutional Comments**

29. As this report is for noting only, no Constitutional Comments are required.

## **Financial Comments (SS 24/11/14)**

30. There are no financial implications arising directly from this report.

## **Background Papers and Published Documents**

None.

## **Electoral Division(s) and Member(s) Affected**

All.

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