
St. Lawrence Home of Hope

Restoring hope in children

P.O.Box 50151, Kamwala South, Lusaka, ZAMBIA

**Good order and discipline guidelines
for Supervisors, Workers, Volunteers and other people
coming in contact with children.**

Lusaka 2010

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Introduction.

It is vital that St. Lawrence Home of Hope's proprietors and staff have a sound understanding of principles and procedures employed in the facility for the care, protection and discipline of the children and the treatment methods used, so that they can respond to a child with confidence. Difficulties in control will arise where:

- the objectives of the centre are not well defined and consequently not well understood by staff,
- or where the children do not understand the reasons for their placement.

Systems of control and discipline cannot be divorced from systems of management and systems of care practice and planning within the facility. It is important that staff should set standards by their behavior.

1. General principles.

1.1 Physical restraint should be used rarely and *only to prevent* a child harming himself or others or from damaging property. **Force** should not be used for any other purposes, nor simply to secure compliance with staff instructions. St. Lawrence Home of Hope has clear policy (contained in this document) on how and when restraint may be used.

1.2 Training should be provided and supervisors should regularly and formally monitor staff awareness of the rules governing this aspect of their duties. Many of the children placed in our facility have suffered a particularly damaging experience and have difficulty developing self control or good personal relationships which might increase the need for physical restraint. Therefore it is important that sufficient, able staff are employed to ensure that the children are dealt with *sensitively* and with *dignity*.

1.3. The successful conduct of the facility is dependent on a combination of sound management, high standards of professional practice and care planning and upon caring relationships. It is for a responsible body, having regard to the role and purpose of the facility and to the nature and characteristics of the children accommodated therein, to develop written policies for the facility and for the officer in charge of the facility to implement these in the day to day management of the center.

1.4. Relationships and quality care provision.

A major determinant of good behavior and positive ethos of the facility is the *quality of relationships between the staff and the children*, which need to be based on honesty, mutual respect and recognized good professional practice. Many children in the facility need to experience care which compensates for the loss of the attention and security they would otherwise receive through direct care of their parents.

1.5 Rules and timetable.

Good order is unlikely to be achieved unless there is an established framework of general routines and individual boundaries of behavior are well defined. **Children need to be aware of what is expected of them** and how the arrangements for their care actually work. There must be proper provision for the social, physical, emotional and intellectual needs of the children. It is important that there should be a structure to

¹ Adopted from: *The Children Act: guidance and regulations. Residential care*, Volume 4, Great Britain. Dept. of Health.

the child's day and that the correct balance should be achieved between free and controlled time. There should be ample opportunity for children to participate in a range of appropriate leisure time activities. This will aid the maintenance of control.

1.6. Problems

... will occur where expectations of behavior are unrealistic or inconsistent or insensitive methods of control are used. Good professional practice would recognize that often misbehavior by young people stems from a failure by adults to be sufficiently receptive to the needs and problems of the young people rather than from a willful defiance of authority. The need to avoid labeling children as disruptive or seeking to resolve misbehavior by moves to new placements without the original behavior being properly addressed must be recognized.

1.7. Aim of discipline.

One of the principal purposes of control and discipline is to enable individual children to **develop inner controls** so that in time they learn

- self control,
- establish feelings of worth and self respect,
- are motivated towards improved behavior
- and enabled to live in harmony within a group.

They should be encouraged to develop a proper awareness of their rights and responsibilities and those of others.

1.8. Participation.

It is essential that children should be consulted and their wishes and feelings ascertained in matters concerning them. Good order is much more likely to be achieved if children are routinely involved in decision making about their care. They should be encouraged to accept responsibility for their own care, appropriate to their age and understanding.

It is very important that a child knows and understand reasons for placement in a facility and separation from family!

Disciplinary Measures

2.1 Permitted disciplinary measures:

2.1.1. Verbal reprimand

It is recognized that some form of sanction will be necessary where there are instances of behavior which would in any family or group environment reasonably be regarded as unacceptable. Often such unacceptable behavior can be prevented by the use of mild or more severe verbal reprimand (*Scolding to eliminate a child's undesirable behaviour*):

a. Precautions:

- Never use during a "Time-out";
- Never shout; use calm voice and make clear your point for a child to understand the sanction;
- Direct reprimand specifically at behavior;
- Do not attack child's character, family background and its members, his past negative experiences;

b. Key components of a reprimand:

- Stop the behavior (e.g. stop pinching)
- Explain to a child he should stop (e.g. pinching hurts)
- Provide alternative (e.g. ask nicely for the toy)

c. Efficacy:

- Decreases negative behavior in the short-term;
- Only effective if used infrequently;
- If used indiscriminately then will reinforce behavior;
- Not effective when used as only disciplinary method.

2.1.2. "Time-out"

It can serve as disciplinary action for a particularly aggressive or impulsive child! These discipline problems can include everything from a temper tantrum to cursing to name-calling to spitting to acting up and to biting.

If a child is very angry or actually having a tantrum, timeouts can be a very effective form of discipline. They are a "stop" behavior discipline rather than a "start" behavior discipline.

- Give the child "last warning" before proceeding with Time-out consequences (e.g. "If you don't stop pinching your friend you will have Time-out").
- Don't bargain, discuss or argue with children.
- Do not use excessive time: 10 or maximum 15 minutes should be enough.
- Ignore all yelling, sarcastic remarks, and screaming while time-out proceeds. You must even ignore cursing.
- Keep time. Time-out should start only when the child is quiet, i.e., not screaming, cursing, banging around, or using disrespectful language.
- If the child leaves the timeout location, escort him back and reset the time. Do this every time he leaves his time-out location early.
- After the time is over, open the door and permit the child to leave. There should be no further explanation, warning, or apology.

2.1.3. Rewards and sanctions

a. In normal circumstances children should be encouraged to behave well by the **frequent expression of approval** by staff and by **generous use of rewards** rather than the extensive imposition of disciplinary measures.

b. Where sanctions are felt to be necessary, good professional practice indicates that these should be:

- contemporaneous (happening or existing at the same period of time; not referring to the past behavior),
- relevant,
- and, above all, just.

c. Children in the facility are likely, because of the system, to be confronted as to the consequences of their actions by numerous adults; this often serves merely to compound misbehavior and undermine the child's self esteem. Therefore good communication between staff members in administering disciplinary measures should be maintained.

d. Staff should appreciate when a misdemeanor (*an action which is slightly bad or breaks a rule but is not a crime*) is finished and the subject should be dropped.

e. The administered measures should be appropriate to the age and circumstances of the individual child accommodated.

f. Appropriate measures could be:

- **Reparation** (taking responsibility for harm or damage),
- **Restitution** (the return of items stolen or lost),
- **Curtailment** (limitation) of leisure extras,
- **Additional house chores** (cleaning kitchen or toilets, watering garden, washing pots, sweeping, etc.). These should be beneficial activities, not pointless activities. Staff/carers should ideally be present or assist and should not be beneficiaries of the extra chores.

- Use of **increased supervision**. This is appropriate if there is a danger to the child, or to others, or if they are likely to run away. This supervision is the responsibility of staff/carers, not the child. The supervision should be preventative, not punitive, and the need for it should be explained to the child. The extra attention could enable the child to talk through the issues and may diffuse the situation.
- **Withholding privileges** - find things that child likes or especially enjoys (playing football or other games, watching TV, etc.) and then take it away as a consequence for misbehaving.

g. Refusal to accept a sanction.

- This may always be an instant response in the heat of a situation.
- Staff/carers too may have heightened emotions and may feel a need to exert their authority for fear of losing face.
- It may be advisable to have a short delay to diffuse the situation and discuss with a colleague.
- If the child still refuses the sanction should still be imposed and the child will be informed that the sanction will be waiting for them to carry it out.
- This means that a sanction may have to be carried out by another member of staff/carer and it is important that staff/carers:
 - impose reasonable sanctions,
 - support each other.
- On the other hand, improved behavior can be rewarded by a reduced sanction as long as the reason is clearly communicated.
- Children must realise that a **sanction can only be reduced by their good behavior**, not because of differences in attitude of staff/carers.

h. Group sanctions.

- These should be avoided wherever possible, as they may include those who were not involved in the incident.
- They are likely to incite children against staff/carers and create a climate where there is a potential for bullying. Peer pressure can be a useful tool when used appropriately and sparingly but children should not be allowed to have too much power in this respect.
- “Community meetings” (meeting of all residents at the facility) can be a good means of influencing the group, reinforcing rules and expectations and dealing with issues of bullying, stealing and other matters.

2.2. Prohibited measures

The following measures are prohibited:

2.2.1. Corporal punishment (*Note: Although the Zambian law, as it is at now [2010], does not explicitly prohibit use of corporal punishment in the home, schools, approved schools, reformatory facilities and all other settings where adults have parental authority over children; we are committed to avoid such disciplinary measures.*)

- The use of corporal punishment is not permitted. The term “**corporal punishment**” should be taken to cover any intentional application of force as punishment including slapping, whipping and rough handling. It would also include punching or pushing in the heat of the moment in response to violence from young people.
- It does not prevent a person taking necessary physical action, where any other course of action would be likely to fail to avert an immediate danger of personal injury to the child or another person, or to avoid immediate danger to property.
- The use of “**holding**” which is often a helpful, containing experience for a distressed child is not excluded.

2.2.2. Deprivation of food and drink

- It would be completely inappropriate for a child to be refused meals.
- Equally, it would be inappropriate to force a child to eat foods which he disliked, although it would be right to encourage a child to try a wide range of foods.
- Deprivation of food and drink should be taken to include the denial of access to the amounts and range of foods and drink normally available to children in the facility.
- It does not include instances where specific food or drinks have to be withheld from a child on medical advice.

2.2.3. Restriction or refusal of visits/communications

- The value for most children of maintaining contact with their families and friends cannot be overstated. Except legitimate instances in which such contact would not be in the best interest of a child.
- The restriction or refusal of contact as a punishment is not permitted, but it is recognized that in some circumstances as part of the management and planning of their care some restrictions may have to be placed on contact with certain individuals or on the facility to receive, or make, visits.
- Children sometimes need to be protected from visits.

2.2.4. Requiring a child to wear distinctive or inappropriate clothing

Some children in the facility will already have a very negative perception of themselves. Requiring them to wear distinctive or inappropriate clothing would serve only to further undermine their self-esteem and to damage self-confidence.

Distinctive or inappropriate clothes should be taken to include not only any recognizable punishment uniform or badge, but also clothes which are inappropriate to the time of day and/or the activity being undertaken. This applies also to footwear and hairstyles.

2.2.5. The use of withholding of medication or medical or dental treatment

This is totally forbidden in all circumstances.

2.2.6. The use of accommodation to physically restrict the liberty of any child (locking up a child)

This is prohibited in general, upholding the following:.

- Locking external doors and windows at night time in accordance with normal domestic security is permitted.
- The use of locked doors should not be an easy means of saving staff time or keeping their numbers inappropriately low.
- Staff should find ways of keeping each child safe which minimize the need for physical control and restriction of liberty.
- On no account should children be locked in their bedrooms at night whatever their age and competence.
- However, in some circumstances, close night time supervision may be required (e.g. supervising a sick child).
- Refusal of permission to go out, that is, “grounding” and “time-out”, short of measures which would constitute restriction of liberty, is not forbidden.

2.2.7. Intentional deprivation of sleep

Intentional deprivation of sleep is totally prohibited.

2.2.8. Intimate physical searches

- Intimate physical searches of children are in general unacceptable, however:
- Occasionally, and not as a punishment, a search of a child’s clothing may be necessary – e.g. for weapons, drugs.
- Where this does not allay anxieties about the child’s safety or that of others, the child will have to be kept apart from the group and closely supervised by a member of staff.

3. General principles governing interventions to maintain control

The following guiding principles provide a framework in which a caregiver/social worker can make judgments about possible interventions.

- It is imperative that staff exercise **sound judgment** and act with **discretion** in deciding how to react in a particular set of circumstances.
- A distinction must be maintained between the use of a “one-off” intervention which is appropriate in the particular circumstances, and using it repeatedly as a regular feature of a regime.
- Staff must be able to show that the method of intervention was in keeping with the incident that gave rise to it.
- The degree and duration of any force applied must be **proportional to the circumstances**.
- The potential for damage to persons and property in applying any form of restraint must always be kept in mind.
- The failure of a particular intervention to secure a child’s compliance should not automatically signal the immediate use of another more forceful form of intervention.
- Escalation should be avoided if possible, especially if it would make the overall situation more destructive and/or unmanageable.
- The age and competence of the child should be taken into account in deciding what degree of intervention is necessary.

4. Methods of care and control of children which fall short of physical restraint or the restriction of liberty

4.1. Where a child’s behavior provokes intervention, **dialogue** is an essential response.

However, staff should feel able to reinforce dialogue with actions 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 he is highly distressed.

These are acceptable, provided that their use is persuasive rather than coercive.

4.2. Use of physical presence by staff

This refers to actions which reinforce a member of staff’s authority or concern. At its simplest level, a staff member’s presence should be a deterrent to misbehavior. A look or a gesture may send out signals to children which help to keep behavior within acceptable limits.

Acceptable limits can include **standing in the way of a child** who is ignoring instructions or losing control, and may be reinforced, for example, by placing a hand on the child’s arm. The effect of this may be to restrict a child’s movement without the use of (forceful) physical restraint. This is acceptable only so long as the duration of the restriction is not prolonged. Its effectiveness may depend upon the respect that the child has for the particular staff member.

The use of an adult’s physical presence:

- Must be likely to be effective by virtue of the overall authority carried by the staff member, and not simply his physical presence;
- Must be used in the context of trying to engage the child in discussion about the significance and implications of his behavior;
- Should not be persisted in if the child physically resists. In this case a decision will need to be made about whether another form of intervention is justified.

4.3. Holding

Small children may frequently be held for a number of reasons not directly concerned with control. There are also occasions when control can be maintained by holding a child in a manner which does not carry the force of physical restraint. For example:

- an adult may insist on holding a child's hand when crossing the road;
- a child may be successfully diverted from destructive or disruptive behavior by being led away by the hand, arm, or by means of an arm around his shoulder;
- children having an argument or a fight, which in itself is not likely to cause serious harm, but is nonetheless disruptive and detrimental to the wellbeing of other children, may be successfully separated by being held firmly and guided away.

The main factor separating "holding" from "physical restraint" is the manner of intervention and degree of force applied.

Physical restraint means the degree of force necessary to prevent a child harming himself or others, or from damaging property.

Holding would discourage but in itself would not prevent such action. It is more likely to find application in homes caring for younger children, particularly for those whose behavior is unlikely to respond to verbal influence alone. However, even young adults may be successfully engaged by a hand placed firmly on the arm or shoulder to reinforce the attempts of staff to reason with them, or to emphasize the concern felt for them.

The following principles should be adopted when dealing with children in this way:

- Whenever possible, the caregiver involved should have an established relationship with the child and should explain to the child what he is doing and why.
- Holding should not arouse sexual expectations or feelings and should cease if the child gives any indication of this;
- Staff should be careful where they hold children. For instance, staff should be careful not to hold a child or young person in such a way that involves contact with breasts or genitals;
- If on any occasion the child forcibly resists or demonstrably objects, then "holding" should no longer be used as a method of restraint in that particular case. Consideration should be given to other means of intervention, in consultation with other staff if circumstances at the time permit.

4.4. Touching

It is not intended that this guidance should deter normal physical contact between care-providing adults and children. Physical contact is often an important element of care and parenting. Indeed, in the case of children with learning, physical or sensory disabilities, physical contact might be the primary means of communication, and staff may have to undertake intimate activities such as bathing the children. Staff should feel able to express "parental" affection towards children in their care and to provide comfort to ease a child's distress. Given that a high proportion of children in residential care have experienced sexual and physical abuse, staff/carers need to ensure that any physical contact is not misinterpreted.

The following guiding principles are suggested:

- Before or on admission to the facility, staff should ascertain through discussion with the child, other professionals and, if possible, previous carers, the significance for the child of physical contact with adults, particularly if previous abuse has occurred. If it is discovered that the child is not comfortable with physical contact, this should be taken into account throughout the child's period of residence in the facility. Cultural factors will also be significant in determining unacceptable forms of physical contact;
- Physical contact should not be in response to or be intended to arouse sexual expectations or feelings;
- Age and gender are appropriate considerations in deciding proper physical contact;
- Where a member of staff feels that it would be inappropriate to respond to a child seeking physical comfort, the reasons for denying this should be explained to the child. The child should be comforted verbally, as necessary;

- There should be no general expectations of privacy for the physical expression of affection or comfort, although this may be appropriate in some circumstances (e.g. a bereavement).

The issue of touching in general should be raised in induction training for staff, and discussed in supervision. The problem of sexual attraction between staff and young people in their care is an important one and responsible authorities should also consider including this in their induction program.

5. Managing a Potential Incident

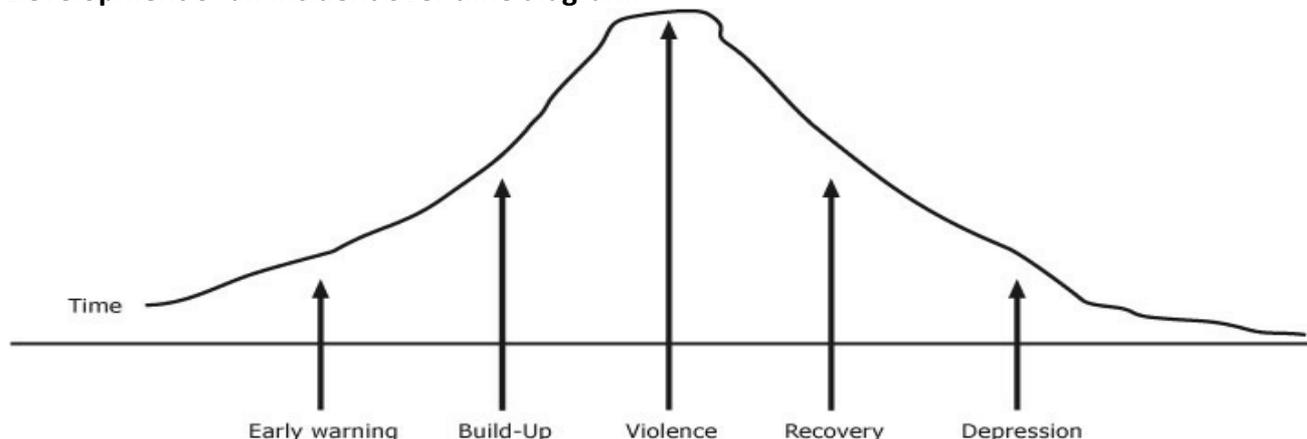
5.1. Diffusing an incident

- There are frequently occasions when all the usual methods of external control do not work! With many children, especially those under stress (which includes all those we look after) a very low-key problem can quickly escalate into aggression and violence.
- Definitions:
 - **Aggression** as a deliberate intention to cause hurt or harm to someone against his or her will.
 - **Violence** is when this aggression or behavior becomes an act that can cause harm to someone. The person at risk could be himself or herself, another child, a member of staff or the carer.
- There are many reasons for aggressive and violent behavior. These reasons are usually a combination of personal and environmental factors.
- The personal factors may be physical (e.g. illness or injury) or due to current or past life experiences. These factors are not quickly changed.

We can however:

- Change the environmental factors, bearing in mind that staff/carers are a vital part of the environment!
- We can try and create an environment where challenge does not lead to aggression and where aggression does not lead to violence.
- It is also important to remember that if one child is aggressive or violent towards another or towards a member of staff/carer, it should not be taken personally. They may be angry because a member of staff/carer has refused them something, or because they just happen to be there, although the anger may be actually directed towards someone or something else.
- We need also to remember that a violent incident can be just as distressing to the perpetrator as to the person attacked and the other people present.
- Examination of incidents also demonstrates that there are triggers that indicate potential escalation and ways in which these can be diffused.

Development of an Incident over time diagram:



Appendix 2

The above diagram indicates the development of an incident over time. We should be aiming to spot the 'triggers' that indicate the potential for a situation to escalate out of control. During the build-up there are actions that can be taken that will prevent the situation from getting worse. However, if this fails, or is not spotted soon enough, then a violent incident may occur when all that can be done is to protect the child and all others as best one can. Afterwards it is important that time is allowed for all to recover.

Early Warning

Not all aggressive incidents can be avoided but some can by reading the early warning signs.

These may be:

- | | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Verbal | <ul style="list-style-type: none">• Negative phrases e.g. "I can't, it doesn't matter"• Threats.• Raised tone of voice. |
| Non-verbal | <ul style="list-style-type: none">• Body position• Drumming of fingers, clenched fist etc. |

At this time it is helpful to be aware of any unusual behavior and to have information from other staff of any potential stressful occurrences for the child. They may need some individual time or may need to be left for a while. It is important to remain calm and be available if necessary – a lot will depend on relationship with and knowledge of the child.

Build-up

Frequently these early warning signs are unnoticed and the first time staff may be aware of a problem is when a child starts to become abusive or aggressive.

It may still be possible to diffuse the situation by:

- keeping calm,
- talking to the child and avoiding confrontation if possible
- avoiding a situation where the child feels threatened or likely to lose face.

If the situation continues to develop, other measures may need to be used:

5.2. Physical restraint

Physical restraint is the **positive application of force with the intention of over-powering the child**. That is, in order to protect a child from harming himself or others or seriously damaging property.

- The proper use of physical restraint requires skill and judgment, as well as knowledge of non-harmful methods of restraint.
- The responsibility is on the care worker to determine the degree of restraint appropriate and when it should be used.
- Staff must be careful that they do not overreact.
- A staff member who has reason to be concerned about a **child who indicates an intention to leave without permission**, or run away, should take vigorous action. He should give clear instructions and warn the child about the consequences of not complying. The staff member may use physical presence to obstruct an exit and thereby create an opportunity to express concern and remonstrate with the child, provided the principles set out above are observed.
- He may hold the child by the arm to reinforce a point or secure the child's attention.
- Where it is clear that if the child were to leave and there would be a strong likelihood of injury to the child or others, it is reasonable to use physical restraint. However, this will only deal with the immediate problem and careful follow-up work will be necessary, probably with additional professional advice, to bring about longer-term stability and prevent repeated use of physical restraint.

- Physical restraint should avert danger by preventing or deflecting a child's action, or perhaps by removing a physical object which could be used to harm himself or others. Physical restraint skillfully applied may be eased by degrees as the child calms down in response to the physical contact.

The principles relating to the use of physical restraint may be summarized as follows:

- Staff should have good grounds for believing that immediate action is necessary to prevent a child from significantly injuring himself 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; the child should be warned orally that physical restraint will be used;
- Only the minimum force necessary to prevent injury or damage should be applied;
- Every effort should be made to secure the presence of other staff before applying restraint. These staff can act as assistants and witnesses;
- As soon as it is safe, restraint should be gradually relaxed to allow the child to regain self control;
- Restraint should be 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.

5.3. Restriction of liberty

Although the position regarding restricting liberty by locking children up is clear, uncertainty could arise with regard to measures which fall short of locking children up, but which clearly restrict their liberty. Such actions should be restricted to circumstances where immediate action is necessary to prevent injury to any person, or damage to property.

In the ordinary course of maintaining control over children, an adult may tell them to do things which they do not want to accept, including refusal of permission to leave the building. If a child complies with reasonable instructions, the question of restricting liberty by the use of accommodation does not normally arise.

- a. For a young child, the potential danger in leaving the facility is real and obvious, and the case for action to prevent this is clear. In addition to physically restraining such a child it may be necessary to hold or closely supervise him for a matter of hours to ensure he does not run off.
- b. However, for an adolescent whose absence from the home is judged unlikely to lead to injury or serious damage, physical restraint would be inappropriate.
- c. Staff should recognize that there are practical limitations on their ability to prevent young people running away from an open children's home if they are determined to do so.
- d. The practice of not allowing children out ("gating" or "grounding", as it is sometimes called) is common and acceptable provided the child is not prevented from leaving by being locked in or physically restrained.
- e. If, however, staff require a child to remain in a building or part of a building for an unreasonable length of time without relief, then this may constitute the use of accommodation to restrict liberty, even though no actual locking up is involved. This will depend upon circumstances including the space available to the child within which he is restricted, his age, competence and physical and emotional wellbeing.