

Case study 2: Jamie

Jamie is 17, and has lived in a residential children's home for the last 2 years. He was neglected as a young child and had experienced several traumatic events by the time he was ten. He has lived in 4 different foster placements which have broken down for different reasons. He says he quite likes the residential children's home and he has a good relationship with some of the staff, in particular the deputy manager. He is known as a bit of a loner and does not spend much time with other young people.

He has recently started to go out in the evenings, once or twice a week. Very occasionally he does not come home after his college or work placement until very late. Jamie usually has a shower after tea if he is planning to go out. Twice he has not come home until very early the next morning and the police have been informed

Staff are concerned about Jamie's vulnerability and emotional developmental stage. He has been spotted several times in the company of different older men who Jamie says are 'his mates'.

Staff have good reason to believe that he is being sexually exploited. They have heard of incidents of Jamie approaching men and offering sexual favours. He has come home with new trainers and clothes which he says his 'mates' have bought him. Recently he has been complaining of stomach pains.

One Friday when it looked like Jamie was getting ready to leave, the staff on duty asked him stay at the home. He refused, ran out of the back door and did not return until 5am on Saturday morning. He would not say exactly where he had stayed. The deputy manager spent some time with him explaining again why they were worried.

The next time the staff saw that Jamie was getting ready to go out, they locked the front and back doors. They kept them locked all evening as Jamie made several attempts to leave. This was against the service policy but staff on duty felt they had no choice.

It was difficult to manage the situation as the other young people wanted to leave the house and the evening was quite stressful for everyone.

The service wanted to know whether they could justify locking the front door as part of their duty of care, and also whether it was the least restrictive option.

Staff were not clear about what they should do, so a review of Jamie's support plan was held alongside a risk management meeting to look for some proactive ways to support Jamie and agree appropriate reactive strategies.

A behavioural specialist gathered a lot of information about Jamie. He spoke to everyone involved and observed and interviewed Jamie. The specialist helped the staff understand potential motivating factors for Jamie's risky behaviour. It was clear that interaction from adult males was a very positive reinforcement for Jamie. Social communication, and strengths and difficulties assessments, indicated that Jamie did not have the level of social skills to access the interaction he craved appropriately, and also that he was not able to risk assess his own safety very well. Lack of social skills also hampered his ability to make friends of his own age. It seemed likely that he was offering or agreeing to sexual acts as a way of gaining attention.

A multi-component plan was set up, including:

- Regular one to one evening sessions with a small group of favoured male staff trying out different activities, with plans to include another young person in the activity once Jamie was settled
- A social skills training programme through the college
- A youth worker was found to mentor Jamie with the idea that this may eventually lead to Jamie accepting some professional therapeutic help, something that he had always previously resisted
- Jamie helped design his own reward system which meant he could build up credits if he was home at 11pm at night. A number of credits would get him a big activity - for example a stock car racing event with the deputy manager
- A number of target behaviours were defined and guidance was issued to the staff on how to positively reinforce each behaviour
- Staff were directed to focus on including Jamie in the domestic routines of the house, providing many opportunities for ordinary but satisfying interactions

One night, as an emergency measure, a staff member slept on a camp bed in the hall because they were concerned that Jamie was going to go out, and the waking night staff were worried they wouldn't be able to stop him in time - when he did try to leave they both managed to talk him out it.

Records are being kept at the service to measure how successful each different intervention is, and all positive outcomes for Jamie are being celebrated.

Generally, things have improved, and staff feel much better as they are spending more positive time with him.

On a couple of occasions in the last 3 months, staff have felt they have had no choice and have had to lock the door to dissuade him from leaving, but generally he is kept busy and staff intervene before it becomes a problem.

When staff have been certain that Jamie was going out and would put himself at risk they lock the door for a shortest period of time necessary, while they use a planned approach of offering him alternatives. *They have applied to the Local Authority for permission to do this, as parental permission is not available. They are waiting for a response.*

Conclusion

By putting proactive plans in place means the service are now also trying a number of other less restrictive options to keep Jamie safe. The proactive strategies are based on assessed need and understanding of the purposes of Jamie's risky behaviour.

Principles

Locking the front door for short periods of time as an emergency to prevent a young person from leaving may be seen as a restriction of liberty or a deprivation of liberty

Locking doors should not be custom and practice and should not be for staff convenience.

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Regulation 12 (*Children's Homes Regulations*) requires staff to take effective action if there is a serious concern about a child's welfare. This action could include a number of approaches, such as convening a risk management meeting, talking to the child about what is happening, or the locking of a door as a short term measure where it is necessary and proportionate to the risk, and only in relation to the child concerned.

Locking the door should only be a very small part of a much bigger plan that includes developmental opportunities for learning new skills and safe ways to behave.

The least restrictive approach should be taken at the time that is necessary to keep the child safe.

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