

# POLICY AND PROCEDURE



## Solihull Life Opportunities

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Charity No. 1102297  
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# Behaviour Management

**Category:** staff and volunteers/service users

## Introduction

## Policy Statement

This policy refers to child or young person. However, we work with teenagers and adults as well. CPI covers everyone including staff and volunteers.

The following policy statement sets out the general position of Solihull Life Opportunities in relation to the management of challenging behaviour and should be read with emphasis on the practice guidelines, which describe our approach to problem behaviours.

It is essential that staff work within the Solihull Life Opportunities policy.

## Position Statement

Good standards of behaviour (by service users and service providers) are of paramount importance for the welfare of children and young people and the fun they will be able to derive from attending Solihull Life Opportunities Projects. Of equal importance is the maintenance of health and safety for service users, volunteers, staff and the general public.

Solihull Life Opportunities has a clear policy on the standards of behaviour expected of service users, volunteers and staff, how these standards are maintained and how unacceptable behaviour is addressed.

In responding to unacceptable behaviour, referred to as when a person is 'acting out', staff will be expected to pay due regard to the philosophies and values of the organisation. Specifically, there will be no practices which hurt service users, no action which degrades any person, no discrimination against any person for any reason. Solihull Life Opportunities will be responsive to the needs and preferences of each individual.

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All staff will receive training on the policy and guidelines with nominated staff receiving extra training in the use of nonviolent physical crisis intervention. The guidelines will outline acceptable levels of intervention which staff may need to use. Only trained staff will be involved in planned intervention. In all cases, the rights and dignity of the service user will be respected, but due consideration, at all times, must be given to the health and safety of all involved.

Planned interventions will be for named individuals and will be agreed between Solihull Life Opportunities staff, service users and parents and reviewed regularly, at least, on an annual basis

Clearly with such a range of individual differences amongst the service users who attend the Projects, each of the below will require modification and adaptation to the levels of understanding and functioning of the individual service user. Many of the children and young people who access our services, have difficulty in understanding social situations – they are not “naughty children” and should not be treated as such.

All service users attending Solihull Life Opportunities Projects will be guided to:

- Show respect and tolerance towards other service users, volunteers and staff whatever the race, gender, age, culture or ability of the other person – through positive role models provided by the Projects staff and volunteers.
- Show respect for their own belongings and the belongings of others; display responsible and helpful behaviour, receiving appropriate praise from the Projects staff.
- Be honest when talking to or being questioned by others.
- Be helpful and friendly towards others – especially those with greater life challenges than themselves.
- Accept appropriate responsibility and fulfil that responsibility to the best of their ability.
- Be courteous and well mannered in all aspects of the project life.

Staffing levels will reflect individual’s needs.

## **Practice Guidelines**

It is the philosophy and values of the organisation that all approaches to service users are based verbal de-escalation interventions aimed to de-escalate a situation and the use of positive reinforcement.

It is widely recognised that possible causes for unacceptable behaviour in service users with additional needs are:

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- Unfamiliar environments, people or situations
- Inability to communicate
- Physical discomfort
- Confusion/lack of understanding
- Changes of routine
- Inactivity or overactivity
- Behaviour of others
- Sensory overload
- Changes to medication regimes
- Trigger words or phrases
- Objects that trigger phobias (e.g. dogs)
- Medical problems
- A desire to be some where else

In all cases, consideration should be given to the above when acting out occurs.

Good behaviour should be encouraged by the following:

- Careful management of the whole environment to ensure that any known possible cause for unacceptable behaviour is minimised, thus reducing the necessity for any intervention.
- Appropriate recreation and leisure facilities adapted to the level of development and understanding of each service user attending the Projects.
- Positive role models of appropriate behaviour from all Projects staff.
- Effective levels of supervision by Projects staff who remain alert at all times to matters of safety, discipline and care.
- An appropriate level of care towards the health and physical well being of every service user attending the Projects.
- Co-operative relationships with parents and carers regarding all aspects of the Project's provision.
- Co-operation with appropriate support professionals for any known or suspected difficulty the service user may be experiencing.
- Clear and understandable routines of good behaviour given to the service user are consistently applied and planned corrective approaches are undertaken when inappropriate behaviour occurs, in accordance with the agreed measures.

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- For service users who present persistent unacceptable behaviour the staff will, in conjunction with all relevant parties (including the service user), review agreed measures to more appropriately support the service user.

## **Intervention**

Despite our best efforts, situations could arise in which it may be necessary to intervene physically in order to safe guard the well-being of service users, staff, volunteers or members of the public.

Although the vast majority of service users attending the Projects will never require any form of physical intervention, staff may have to deal on a day-to-day basis with some who exhibit disturbed, distressed, anxious and/or defensive behaviour. All of the service users will have a needs assessment carried out on registration with the Project. In some cases this will prompt the need for a risk assessment to be carried out. The risk assessment will determine the level of support that the service user will require and agreed measures to support them will be set in full consultation with parents, service users and professionals. This will be kept under regular review.

From the perspective of managing people in our care, a person centred Crisis Development Model (CDM) is what we do and say when that person challenges the service we attempt to provide. It is not a method of changing someone's behaviour. That requires an in-depth functional analysis of why someone behaves the way they do. This process will require multi-disciplinary input along with observations, measurements and interventions that are designed to change a person's behaviour.

The CDM should focus on managing behaviour. That is, making sure all service users and staff/volunteers are safe.

The CDM is completely individual and has 4 stages:

Member	Staff Response
1. Anxious (there is a noticeable increase or change in behaviour)	1. Supportive (Empathic, non judgemental approach, attempting to relieve anxiety)
2. Defensive (the beginning stages of loss of rationality, belligerent, start to challenge authority)	2. Directive (set limits, give consequences to actions but these should be positive i.e. "if you do this now you can do this later." Rather than "Stop it or you wont be able to do this later.")
3. Acting Out Person (total loss of emotional and	3. Nonviolent physical crisis intervention by trained staff

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physical control that results in a physical episode”	planned or un planned
4. Tension Reduction (acting out person has a drop in energy/returns to their norm. May cry or apologise.	4. Therapeutic Rapport (re-establish communication when member and staff are calm so relationship does not suffer)

It should also include guidelines for when the process breaks down. This may occur if the strategy developed proves unsuccessful, inappropriate or dangerous to implement in a given situation. In such circumstances a further strategy will be developed.

## **Risk Assessment**

Each service user referred for provision, will have an initial assessment carried out to determine their needs. This assessment may lead to an individual risk assessment being carried out. This risk assessment will be done in full consultation with parents, and may include contact with other professionals (if permission is granted by parents) and will determine the agreed measures for behaviour management. This may include protocols for planned intervention.

See Appendix One for details of Risk Assessment

## **Reactive Strategies including Physical Intervention**

Physical intervention must never be used as a means of punishment.

Physical intervention should be used as part of a more general behaviour management strategy and must only be used as a last resort when the following judgements have been made:

- Alternative strategies have failed to de-escalate the situation
- This response is in the paramount interest of the individual, others and the environment
- Not intervening is likely to result in more dangerous consequences than intervening

It is helpful to distinguish between planned intervention, in which staff employ pre-arranged strategies and methods, and emergency or unplanned use of force.

## **Planned physical interventions**

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Planned physical interventions must be:

- Agreed in advance by the staff who will be implementing the plan, the parent/carer and any other agencies involved in supporting the child. Unless there is a good reason for not doing so, normal practice would be to involve the child to.
- Implemented by identified staff who have undergone training in the type and level of intervention required
- Recorded in writing so that the rationale, method of intervention and the circumstances when it is sanctioned for use are clearly understood
- Included as part of the care plan/individual support plan
- Used for the shortest amount of time using the minimum of force

It is also important to take account of the settings where behaviours are likely to occur, as the response to the behaviours may be different according to the setting. All planning must be individually based and in response to the likely actions of a particular person in a particular setting

### **Unplanned physical interventions**

Emergency use of physical interventions may be required if a child or young person acts out only after all verbal de-escalation techniques have been exhausted. An effective risk assessment together with well-planned preventative strategies will help to keep the use of crisis interventions to a minimum. However, staff should be aware that, in a crisis the use of “force” is permissible if it can be demonstrated that it is the only way to prevent injury to self or others or serious damage to property. Staff should judge that the adverse outcomes associated with the intervention (e.g. injury or distress) would be less severe than the adverse outcomes of not physically intervening. The use of nonviolent physical crisis intervention should be for the shortest amount of time and using the minimum amount of force.

(taken from CPI risks of restraint booklet)

Sometimes a person needs to be restrained in order to provide medical or nursing care. Other than to provide medical or nursing care, individuals should only be restrained when all of the following guidelines are met:-

- The person is an immediate danger to themselves and/or others
- Other ways to manage the person’s dangerous behaviour have failed; and
- Staff members are trained in the proper use of restraints.

Once physical intervention has been used on an emergency basis, contact or a meeting must take place with the parents. It is important to learn from the incident and plan together how to avoid or minimise the chance of a repeat incident.

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The following actions would always be deemed to be unreasonable

- Striking a child or young person.
- Exerting excessive pressure on any part of a child or young person's body.
- Causing actual injury to a child or young person.
- Forcing a child or young person's arm up his/her back.
- Squeezing a child or young person's windpipe.
- Sitting on a child or young person.
- Pulling a child or young person's hair.

The following are also prohibited as forms of control.

- Corporal punishment. It is totally inappropriate to use corporal punishment and it is illegal. Corporal punishment may be defined as hitting, kicking, slapping, punching, poking, prodding, biting, throwing an object, rough handling etc, which causes or threatens harm.
- Restriction of liberty (e.g. locking someone up).
- Deprivation.
- Restriction or refusal of communication/visits
- Requiring the wearing of different or inappropriate clothing.
- Fines.
- The use of any mechanical or therapeutic device (such as a chair, harness, standing, arm splints) unless specifically agreed by a multi-disciplinary team in conjunction with the child and her/his parent.

### **Monitoring Including Reporting Recording And Reviewing**

Each service user will have a profile containing information regarding behaviour management including planned interventions in consultation with parents and professionals. Staff will be briefed, at the beginning of each project, on individual service user's needs.

Where required, planned and unplanned interventions will be recorded on the incident report form (appendix one) and reported back to parents. **All medium and high level incidents and some low level incidents will be recorded.**

Staff meetings are held on a daily basis, where any agreed changes to planned intervention are reported and any persistent acting out behaviours are discussed and actions agreed.

### **The Law and Physical Interventions**

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This policy reiterates DfES/DoH guidance in supporting the presumption that every child and adult is entitled to:

- respect for his/her private life
- the right not to be subjected to inhuman or degrading treatment
- the right to liberty and security
- the rights not to be discriminated against in his/her enjoyment of those rights

In protecting the rights of individuals the law makes an important contribution to establishing standards of care within the services. This can be summarised in the form of two key underlying principles:

- Any physical intervention should be consistent with the legal obligations and responsibilities of the service, their staff and the rights and protection afforded to people under the law.
- Working within the 'legal framework', services are responsible for the provision of care, including physical interventions, which are in a person's best interest.

## **Legal Considerations**

The use of physical restraint may be associated with both criminal and civil liability.

Under law, every citizen is entitled to live without interference from others. Obvious forms of interference include imprisonment (the unlawful and intentional or reckless restraint of victims freedom of movement), assault (when a person is in fear of being attacked by another) or battery (inflicting unlawful violence on another).

However, there are occasions in which there is "lawful excuse" or justification for the use of "reasonable force". There is no legal definition of "reasonable force" as this will always depend on all circumstances of the case.

In relation to this there are TWO relevant considerations:

- The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it. The use of any degree of force is unlawful if the particular circumstances do not warrant the use of physical force. Therefore physical force could not be justified to prevent a child from committing a misdemeanour or a situation that clearly could be resolved without force.

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- The degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent. Any force should always be minimum needed to achieve the desired result.

Whether it is reasonable to use force, and in what degree, might also depend on the age, understanding and gender of the child.

The use of security measures in a venue to prevent pupils running out of the building or to prevent unauthorised access by visitors would be permissible as pupils are under adult supervision and the measures are designed to protect pupils from harm. However, the locking of a pupil in a room would not be justified in any situation except as an emergency measure to call

## **Defences**

In considering whether the use of physical intervention is justified it is important for services to balance their duty of care towards the individual and the rights and entitlements of the individual. Physical intervention may be appropriate where the risk of harm to the individual would be greater had physical intervention not been employed, for example in:

- preventing a child from running into the road
- preventing a child from self-injuring
- preventing a child from injuring another person
- preventing a child from committing an offence

Lyon (1994b) notes that, under the Children Act (1989), the needs of the child are considered paramount and this should underpin the use of physical interventions. “When severely challenging behaviour manifests itself, this principle dictates that all possible responses are considered; and then that the least restrictive and detrimental alternative is employed to manage the behaviour; and then that this is engaged in for the shortest period of time. At every stage and in every situation, therefore, it ought to be possible to say that whatever response has been adopted, this has been done by reference to what is in the paramount interests of this child”.

## **Summary**

The risk to the member of staff in using physical intervention is the definition of ‘reasonable’ as this is open to interpretation. It is therefore essential that members of staff who have to resort to the use of physical intervention should only do so as a last resort by a trained member of staff. Wherever possible all other behaviour management techniques should be explored to prevent a situation escalating into one where the staff or the service user is likely to damage themselves or others. If an un-trained member of staff uses any form

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of planned physical intervention, this will result in an investigation which may lead to disciplinary action being taken.

This policy supported by appropriate training and guidance must inform staff strategies and responses to the need for intervention in such a way that staff feel empowered within the policy to respond flexibly according to the needs of the situation thereby ensuring a safe, positive environment for all.

## Appendices

**Appendix one** Risk management assessment and guidance notes  
**Appendix two** Glossary of definitions

### Bibliography

**Trafford Metropolitan Borough Council (2003) Policy On The Use Of Physical Interventions With Children And Young People In Trafford**

### APPENDIX ONE

#### Risk Assessment

Under the Health and Safety at Work Act 1974, employers are responsible for ensuring that staff, children and visitors are not exposed to unreasonable risk whilst at work; therefore, employers are required to carry out risk assessments to identify the preventable and protective measures they need to be put in place.

#### What is risk?

Risk is a combination of the likelihood of something happening and the severity of that event. Therefore, the decision about whether or not to use physical intervention will depend on the likely consequences of the behaviour and the likelihood of successful physical intervention being implemented without injury and with the minimum distress.

There is a need to balance the risks of taking action against the risks of not taking action.

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## **Risk Assessment**

Whenever it is foreseeable that a child may require a physical intervention, a risk assessment must be carried out which identifies the benefits and risks associated with intervention strategies and identifies ways of supporting the individual concerned (see risk assessment form).

### **Areas of risk**

When the use of physical intervention is agreed, it is important that appropriate steps are taken to minimise the risk both to children and staff.

### **Risks to the child**

Among the main risks to children are that physical interventions will:

- Be used unnecessarily i.e. when other less intrusive methods could have the desired outcome.
- Cause pain
- Cause injury
- Cause pain, distress and psychological trauma (especially in the case of a child who has experienced physical or sexual abuse)
- Become routine, rather than exceptional methods of management
- Increase risk of abuse
- Undermine the dignity of the individual or otherwise humiliate or degrade those involved
- Cause distrust and undermine personal relationships.

Some children may have medical conditions that could make them particularly vulnerable to injury.

Some known conditions that give rise to particular difficulties are

- Downs syndrome (respiratory difficulties, increased potential cervical vertebral dislocation)
- Brittle bone syndrome
- Asthma
- Epilepsy
- Congenital heart disease

This is not a definitive list and information from parents must be sought in the first instance. Professional medical advice must be sought if there are any concerns.

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## **Risks to staff**

Some staff may have medical conditions that could affect their ability to use physical interventions safely. Staff have a responsibility to disclose to us any medical conditions that might impede their ability to carry out physical interventions safely.

The risks to staff of intervening could be:

- As a result of applying a physical intervention they suffer injury
- As a result of applying a physical intervention they experience distress or psychological trauma
- The legal justification for the use of a physical intervention is challenged in the courts
- Disciplinary action if they act outside this policy

The risks to staff of not intervening could be:

- Staff will be in breach of the duty of care
- Child, staff or other people will be injured
- Serious damage to property will occur
- The possibility of litigation

## **Minimising Risk**

The following factors should be considered in minimising risk to the child or staff;

- The number of trained staff available to intervene/monitor
- Spectacles, hearing aids, jewellery and clothing worn by the staff and child
- The staff's capacity to act calmly, systematically and proactively
- The location of the incident and the potential for the intervention to be carried out safely
- Knowledge of the child's previous experiences of intervention and their predicted reactions
- The presence of weapons
- Assessment of staff competence to physically intervene

Any physical intervention involves a degree of risk and the assessment of the level of risk is a calculation that must be made before deciding to intervene in a timely way.

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