

Challenging Behaviour Strategy and Guidance

Foster Care Services

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SECTION ONE : GENERAL GUIDELINES

1.1 Introduction

- 1.1.1 The Department of Health Guidance for Restrictive Physical Interventions (Department of Health (DoH) 2002) recommends that the starting point for establishing good practice in the use of restrictive physical interventions is the development of organisational policies which reflect current legislation and case law as well as Government guidance, professional codes of practice and local circumstances.
- 1.1.2 Challenging behaviour causes great concern. It can directly cause pain, injury and distress to individuals, their families and carers. The consequences can include placement breakdown, early admission to residential care and risk of abuse. Young People who challenge need to be seen in terms of their strengths, skills, development and quality of life as well as their challenging behaviour.
- 1.1.4 The factors causing and/or maintaining challenging behaviour are varied and complex. Behaviour occurs within a social context in an environment. Good practice indicates that environmental factors need to be acknowledged. Equally personal characteristics, whether inherited or acquired, must be recognised and incorporated into the assessment and intervention.

Factors include:

- Lack of choice and control
- Boredom and lack of environmental stimulation
- Limited communication/understanding
- Over stimulation, noise and general disruption
- Overcrowding
- Antagonism, aggression or provocation on the part of others
- A generally unsuitable mix of individuals
- Feelings of oppression
- Frustration
- Interaction with/style of carers
- Intoxication, drug abuse
- The reinforcing of undesirable behaviour by inappropriate responses/management
- The absence of clear reinforcement for positive behaviours
- Physical illness
- Psychiatric disorder
- Emotion/upset or bereavement
- Change in environment or situation resulting in insecurity
- Confusion or exhaustion

This list is not exhaustive.

1.2.2 **Values**

All Young People are entitled to:

- Be treated with dignity and respect.
- Help and advice to enable them to ultimately lead independent lives and be encouraged to do so.
- Be enabled to make informed choices.
- The protection of the law.
- Have their rights upheld regardless of their ethnic origin, gender, sexuality, impairment, disability or age.
- Personal privacy.

All services and actions should be based on the need to promote the welfare of the child, whilst respecting the needs of the foster family.

1.3 **General Proactive Approach**

1.3.1 Much can be done to reduce/prevent challenging behaviours by examining all areas accessed by the young person and developing both proactive and reactive strategies. General measures include:

- a) Identification of precursor behaviours i.e. tense muscles, pacing, sweating, facial expression, increased rate of breathing.
- b) Ensuring children and young people have personal space and privacy.
- c) Providing structured activities.
- d) Through planning and preparation help young people to achieve appropriate levels of autonomy, personal identity and, where appropriate, take control of their lives. To achieve this, carers will need the knowledge, training and experience to adapt their communication skills to use the appropriate total communication approach
- e) Completion of an Intervention plan – see [Appendix 2](#) for more guidance and examples:
 - By keeping young people fully informed of what is happening to them and why in a way that is accessible to the individual, encouraging and promoting choice.
 - Using active listening skills and diversions to preferred activities.
 - Reducing demands, especially at times of high anxiety.
 - Allowing young people time to process information.
 - Replacing the behaviour with a functionally equivalent alternative.
 - Supporting the development of the young person's own coping strategies

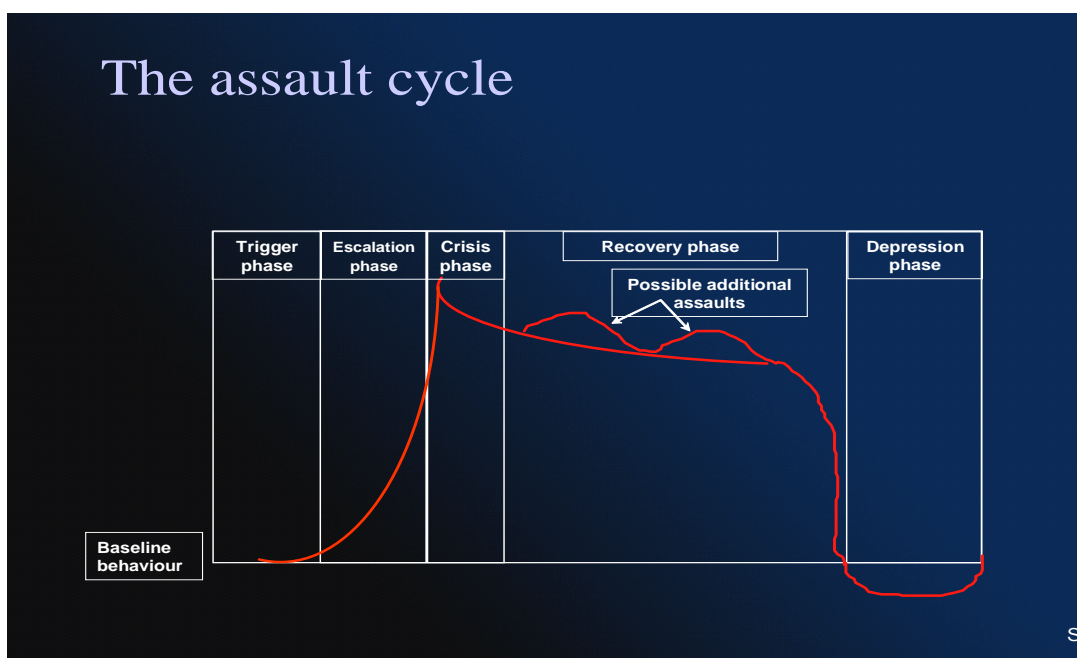
1.3.3 When selecting an intervention approach consideration needs to be given to the following:

- Known effectiveness in reducing challenging behaviour
- Additional benefits for the young person
- Ethical considerations
- Ease of application
- Environment

Young People should never be ridiculed or subjected to any form of abuse, i.e. verbal abuse, swearing, intimidation, physical assault, disrespectfulness etc.

1.4 Active/Reactive Approaches

1.4.1 The Assault Cycle



Triggering phase:

A young person may exhibit changes in their 'baseline' behaviour or mood. An individual may appear upset, angry, withdrawn or demanding.

Escalation phase:

The young person progresses to the point where they show signs of clear agitation. Adrenaline is building up in the body, which interferes with the ability to think and react rationally.

Crisis phase:

An individual is now definitely out of control or physically threatening. At this point, the safety of others is jeopardised.

Recovery phase:

An individual returns to baseline behaviour and mood. Heightened adrenaline remains in the body for at least ninety minutes and can last up to 3 days, causing an individual to react more forcefully if provoked or if demands are placed upon them.

Post-crisis depression phase:

An individual may feel remorseful, ashamed, humiliated about the incident/outburst.

1.4.2 Reactive strategies aim to offer a rapid and safe management of a situation i.e. physical interventions. These interventions should always be used as part of a more general behaviour management strategy.

1.4.3 Non-physical effective reactive strategies include:

- Not ignoring the behaviour.
- Active listening.
- Encourage alternative, more appropriate behaviours.
- Removing demands.
- Diversion to a reinforcing or compelling activity.
- Low arousal approaches e.g. remain calm, quiet and non-threatening, avoid escalating the situation.

1.4.4 Young People should never be ridiculed or subjected to any form of abuse i.e. verbal abuse, swearing, intimidation, physical assault, disrespectfulness etc.

There are two categories of physical intervention:

Planned intervention where foster carer's employ, where necessary, pre-arranged strategies and methods which are based upon a risk assessment and are recorded in care plans and are considered reasonable in the circumstances. This should only be used as part of an holistic strategy when the risk of employing an intervention is judged to be lower than the risk of not doing so.

Emergency or unplanned use of force which occurs in response to an unforeseen event (Department of Health Guidelines 2002, 3.4). For more detail regarding good practice in the use of physical interventions see *Section 3 (Physical Intervention)*.

SECTION TWO : TRAINING

2.1 Introduction

The SCIP programme outlines a framework which supports foster carers to develop awareness of the needs of young people with challenging behaviour. It promotes a commitment to crisis prevention and is based on a whole approach to individual's with challenging behaviour. SCIP also recognises the need to sometimes respond to behaviour and use physical intervention for temporary support measures. The physical intervention techniques used are approved by BILD (British Institute of Learning Disabilities) and monitored externally by the Loddon School, Basingstoke* for use.

SCIP Instructors are trained to develop and deliver training that not only meets the needs of the service and individuals, but ensures that the service develops in line with local and national developments in the care of those who experience challenges.

*The Loddon School, Basingstoke The training delivered by the Loddon School was initially designed for adults/children with autism and learning disabilities in New York, USA. It has been developed by PROACT-SCIPr-UK for use with other client groups but lends itself best for working with both children and adults with severe challenging behaviour

2.2 Training Requirements for SCIP Instructors

- Background with working in Social Care
- Recognised teaching qualification
- Full First Aid at Work Certificate
- Completed a preceptorship – observing and assisting experienced trainers
- Attend yearly update/conferences
- Maintains professional qualification
- Attained Link Worker level in the field i.e. Strategies for Crisis Intervention and Prevention (SCIP) instructor, Studio III,

2.2.1 Level One Introduction Training (5 hour)

Training will include understanding challenging behaviour, communication and listening skills, de-escalation/defusion, proactive strategies, behaviour management styles.

2.2.2 Level 2 Advanced Training (2 day/10 hour)

This will include physical intervention and disengaging techniques, risk assessment, health and safety and legislation including reasonable force, pro-active strategies for managing challenging behaviour and will dependent upon attendance of Level 1 training

2.2.3 Update Training (One Day)

Foster carer's should receive support from the SCIP Lead Instructor approximately every 6-8 months, and receive update training every 12-18 months.

SECTION THREE : PHYSICAL INTERVENTION

3.1 Introduction

When planned physical intervention strategies are put in place they should be one component of a broader approach to behaviour management.

- 3.1.1 Unplanned or emergency intervention may be necessary when a young person behaves in an unexpected way. In such circumstances foster carers retain their duty of care to the young person and any response must be proportionate to the circumstances (reasonable force – See point 3.1.8).
- 3.1.2 If a proactive intervention is unsuccessful or not feasible and a child is in danger of hurting themselves or others then physical interventions should be used only until the child is calm and after other methods of intervention have been considered. The least restrictive intervention required should be used. Foster carers should use minimum force necessary to prevent injury and maintain safety consistent with appropriate training received.
- 3.1.3 Physical Intervention is used on a young person only where it is necessary to prevent likely injury to the young person or other persons or they are likely to seriously damage property.
- 3.1.4 Whenever a restrictive physical intervention is used twice within a 30-day period foster carers need to ask for a formal review, with support from the child's social worker and their fostering social worker. Foster carers should inform the child's social worker as soon as possible after they have used a restrictive intervention.
- 3.1.5 Proactive/active techniques should be used when the young person is showing early signs of anxiety or change in behaviour.
- 3.1.6 Other family members/visitors etc, not involved in the incident, will be asked to leave the area quietly, as appropriate.
- 3.1.7 Following an incident attempts should be made to re-establish relationships and, if felt reasonable, discuss the incident encouraging the young person to express a preference for future management. The recovery period can take from 90 minutes to 3 days (for all parties involved in the crisis).
- 3.1.8 There is no legal definition of 'reasonable force'.

The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it.

The degree of force and time employed must be in proportion to the circumstances of the incident, the seriousness of the behaviour and of the consequences it is intended to prevent.

Whether it is reasonable to use force, and the degree of force employed, will also depend on the age, understanding, and gender of the individual.

3.2 Documentation

3.2.1 Care plans should detail preventative strategies, i.e. diversion and defusion techniques, and have clear information about the individuals' known triggers and pre-cursors.

3.2.3 Care plans should include a description of the specific physical intervention techniques which are sanctioned and the dates on which they will be reviewed. (See [Appendix 2](#)).

3.2.4 An up to date copy of these guidelines should be available to all foster carers, child care social workers, fostering social workers and Independent Review officers.

3.3 The Use Of Physical Intervention

3.3.1 The use of physical intervention should be recorded within 24 hours on the appropriate form (see [Appendix 1](#)) which should include:

- Name of young person and other persons involved
- Reasons for using physical intervention rather than another strategy
- The type of physical intervention employed
- The date and duration of the physical intervention
- Whether the young person or anyone else experienced injury or distress and, if so, what action was taken, i.e. First Aid Procedures

3.3.2 The views of the young person(s) involved in the incident should also be recorded as far as possible.

3.3.3 Medical advice should be sought if physical intervention is required:

- Heart disease or heart problems
- Difficulty in breathing/respiratory illness
- Problems with digesting food
- Recent bone fractures, history of dislocation, brittle bones
- Downs Syndrome

3.4 Health And Safety

3.4.1 When considering the use of physical intervention consideration should be given to:

3.4.2 Foster carers must ensure that BBANC is observed (Body Alignment, Breathing, Ability to Move, Noise and Colour). When a physical intervention is used the individual's circulation, respiration and conscious state should be monitored. A physical intervention should be terminated immediately if the individual shows any signs of physical distress

3.4.3 A visual check should be carried out for any weapons and the immediate environment should be made as safe as possible.

3.4.4 The young person should also be observed for injury.

3.5 **Physical Intervention Techniques**

Core: Touch support, Stance, Protective stance, One person escort, Adapted two person escort (SCIP). Disengagement techniques: Back head lock, front choke, front choke to the wall, biting, one and two handed arm grabs

3.6 **Risk Assessment**

A full Risk Assessment should be carried out and included with the assessed care plan. In conducting the risk assessment, consideration should be given to the following possible risks:

To the young person:

Injury
Pain distress or psychological trauma
Increased risk of abuse
Loss of dignity
Distrust
Undermining of personal relationships

To the foster carer/s:

Injury
Distress or psychological trauma
Legal Action
Disciplinary Action
Competency

To Others:

Injury
Psychological trauma
Fear
Anxiety

To Environment:

Cluttered
Crowded
Chaotic
Potential Weapons

Consideration should also be given to the risks of not intervening e.g.

Breach of the Duty of Care
Injury or abuse
Serious damage to property
Possible litigation

The risk assessment should identify the benefits and risks associated with different intervention strategies and ways of supporting the person concerned.

SECTION FOUR : RESTRICTION OF LIBERTY

Foster carer's may temporarily stand in a doorway to prevent the young person's exit. This intervention is time-limited and is used whilst engaging with the young person, using active responses, i.e. diversion or distraction techniques and only when it is safe to do so and this action does not act as a trigger for a crisis.

The Secure Accommodation Regulations define secure accommodation as "accommodation provided for the purpose of restricting the liberty of children." All such accommodation must be approved and licensed by the Secretary of State for the purpose of restricting the liberty. This includes:

- The locking of a young person/s in a room at any time, even when accompanied by a responsible adult
- The locking of internal doors to confine a young person/s in a certain section of the building, even when accompanied by a responsible adult.

These are not therefore appropriate for foster carers to carry out.

The following procedures are not however considered as constituting the restriction of the liberty of children, though they should be adopted only when they are not likely to cause danger if there were to be a fire or other emergency and are conducive to a domestic situation.

- The locking of external doors at night, consistent with normal domestic security.
- The locking of external doors during the day where the purpose is to prevent intruders from gaining access to the house provided the young people are not prevented from going out.
- The securing of windows.
- In the case of foster homes caring for children and young people with learning difficulties the locking of doors would be acceptable but only insofar as it would be part of the normal domestic routine. That is to say, it would be acceptable to lock doors and to put some form of physical intervention on outer access (e.g. gates), with a view to providing normal security to prevent people getting in, or to prevent young children getting out into dangerous situations (e.g. onto a busy road).
- Young people must not under any circumstances be locked in rooms even on a temporary basis, unless there is compelling evidence that they are at risk of immediate serious violence from a visitor / or another young person. These circumstances would be exceptional and extreme, and certainly require urgent / emergency police action in the interests of personal safety.
- Control achieved by simple physical presence, for example standing in front of doorway to prevent exit.

SECTION FIVE : SUPPORT FOR FOSTER CARERS AND YOUNG PEOPLE

5.1 All individuals involved in any incident of challenging behaviour may experience a degree of stress. Fostering social workers and managers should ensure that opportunities are available to discuss incidents and related issues as soon as possible. The use of reflective practice on incidents is seen as a positive measure in order to monitor and evaluate practice.

5.2 Complaints Procedure

Every Children and Young Person's Service is required to have a Complaints Procedure. The statutory basis for this is the Local Authority Social Services Act 1970 as amended by the NHS and Community Care Act 1990 and the Children Act 1989. The (Local Authority) Social Services (Complaints) Regulations 2006 introduced further changes.

The purpose of a Complaints Procedure is to provide an effective and accessible way for young people and/or their representatives to make a complaint about a Service or Decision Making Process. A complaint can also be about the attitude or the behaviour of a foster carer.

Complaints of a more routine (low level) nature should be made by the young person, or representative, directly to the Foster Care Manager. These complaints are dealt with informally, the aim being to reach a solution as quickly as possible.

More serious matters are likely to be recorded and dealt with more formally through the Statutory Social Care Complaints Procedure, and the advice of the Complaints Manager should be sought in these situations. The Adoption and Children Act 2002 amended the Children Act 1989 by inserting section 26A, requires local authorities to provide advocacy services for care leavers and those intending to make complaints.

This guidance applies to:

- ◆ Looked after Children
- ◆ Young people leaving care.

When children or young people wish to make a complaint, advocacy or support at Stage 1 is provided by the Department's Children's Rights Officer. At Stage 2 advocacy is provided by independent advocates commissioned by the Children's Rights Service.

Further advice may be sought from the Complaints Manager on 0116 265 7422.

SECTION SIX : REFERENCES AND SUPPORTING MATERIAL

Strategies for Crisis Intervention and Prevention
Helen Stewart
Staff Development
Tel: 0116 2304080

Department of Health Guidance for Restrictive Physical Interventions 2002. How to Provide Safe Services for People with Learning Disabilities and Autistic Spectrum Disorder.

Code of Practice for Trainers in the Use of Physical Interventions. The British Institute of Learning Disabilities (2001).

[Social Care Work-Related Violence Policy](#)

National Care Standards Commission

Human Rights Act 1998

Foster Care Regulations 2002

Appendices

1. SCIP Care Planning (Physical Interventions)
2. Physical Intervention Risk Assessment
3. LCC incident/physical intervention recording and guidance