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**COMHAIRLE NAN EILEAN SIAR**

**Education Department**

**Improving Behaviour Policy**

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## **1. Introduction**

Comhairle nan Eilean Siar supports a range of children, some of whom have additional support needs arising from a range of social, emotional, physical and medical factors.

In some cases these needs may lead the person to present a range of challenging behaviours, including aggression and/or violence to self or others. The existence of these behaviours carries implications, both for the person's quality of life and the safety of others. Whilst regrettable, exposure to such behaviours is an implicit aspect of directly delivered services provided by the council.

Comhairle nan Eilean Siar carries a range of statutory responsibilities for the welfare of staff and children. We have a statutory duty to support vulnerable children in a manner, which balances the welfare and safety of all individuals. This involves the promotion of a positive service culture in which the reasons for challenging behaviour are understood and acceptable responses are defined and consistently implemented.

## **2. Aims of the Policy**

This policy has been developed to address a number of aims:-

- To make clear to parents, carers, children, staff and the public the approach to challenging behaviour, restraint and physical intervention adopted by Western Isles Education Authority.
- To promote the safety of children, staff and public who may be at risk from aggressive or violent behaviour. The aim is to promote safe working conditions and practices within which such behaviour can be positively addressed.
- To promote an ethos within which staff seek to harmonise their practice.
- To respond to the needs of children through careful assessment and appropriately documented individual planning in partnership with other professionals, agencies, parents, carers and children.
- To develop and maintain professional attitudes and responses to challenging behaviour and through the appropriate use of training, continuous professional development, support and supervision to enable staff to gain knowledge of good working practices and gain insights into their own practice.
- To provide a statement of the shared responsibilities of Western Isles Education Authority and its employees in regard to the safety of children, staff, members of the public and all those affected by its operations.
- To ensure that Comhairle nan Eilean Siar meets its legal obligations when dealing with Challenging Behaviour, Restraint, and Physical Intervention.
- To minimise the use of restraint and restrictive interventions and to maximise the independence of children.

- To empower staff to work together confidently and effectively with challenging behaviour in all work settings.

### 3. Definitions

Challenging behaviour may take many forms. A behaviour which challenges one person may not present a challenge to another. Misuse of language can also serve to stereotype or label a child. The promotion of a common set of values and definitions is therefore important in ensuring safe, effective practice and conformance with the expectations outlined in the underpinning framework of law, guidance and Care Standards. Various definitions appear in the statutory framework, for the purpose of this policy the following definitions apply:-

**Behaviour:-** Any thing the person does that can be observed or measured or described.

**Challenging Behaviour:-** Any behaviour which generates risk for the person or others and/or behaviours which restrict the person's access to age-appropriate social participation (adapted from Emerson 1987 in Mansell 1993)

**Restraint:-** Where the planned or unplanned, conscious or unconscious actions of staff prevent a child doing what he or she wishes to do and as a result is placing limits on his or her freedom. (e.g. MWCS 2002)

**Physical Intervention:-** A manual intervention involving physical contact between an adult and a child with the aim of preventing harm or preserving the welfare of vulnerable children.

**Touching:-** An appropriate direct physical contact as would be expected between a parent and their child used to comfort, encourage, praise, coach or comfort a distressed child. (e.g. DoH 1993)

**Holding:-** A direct physical contact used with the intention of discouraging a behaviour. (e.g. DoH 1993). This might, for instance, include holding someone's hand, placing an arm around the shoulder, guiding someone away from danger etc.

**Restrictive Restraint:-** A direct physical intervention used with the intention of preventing a behaviour (e.g. DoH 1993). This usually involves a greater degree of force than Touching or Holding, possibly against resistance.

**Mechanical restraint:-** The restriction of movement by the use of some form of mechanical device. This may include limb splints, cot sides, restrictive chairs, and locked doors etc.

**Medicinal restraint:-** The use of sedative or tranquilizing drugs for purely symptomatic treatment of restlessness or other disturbed behaviour (MWCS 2002). No form of medicinal restraint is acceptable to the Council .

**Hazard: -** anything that can cause harm

**Risk:** – the likelihood of potential harm from the hazard.

**Dilemma** – A risk situation where:

- There are no harm free options
- A decision must be taken soon, as delay will be harmful

**Risk Assessment** – A procedure and/or method for calculating / assessing the relative values and likelihoods of different risks

**Risk Policy** – An approved statement of when and how risks should be assessed, taken and managed (see corporate risk assessment standard)

**Risk Management** – Manipulating the assessed level of risk through the use of available resources

**Risk strategy** – A method of implementing, reviewing and monitoring risk decisions (see department risk register)

#### **4. Legal Framework**

No single statute covers the issue of “Challenging Behaviour”. The obligations of support agencies towards children, staff and members of the public are outlined in a range of Statutes, Guidance, Care Standards, Best Practice Frameworks and authoritative documents. In the context of Scottish services these may include:-

- Human Rights Act 1998
- Adults with Incapacity Act (Scotland) 2000
- The Mental Health Care & Treatment (Scotland) Act 2003
- Regulation of Care ( Scotland) Act 2001
- Regulation of Care ( Requirements as to Care Services) (Scotland) Regulations 2002
- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Care Standards ( various)
- Mental Welfare Commission for Scotland, Rights , Risks, Limits to Freedom 2006
- Children (Scotland) Act 1995
- Clear Expectations – Consistent Limits (CRCC 200 )
- Holding Safely (SIRCC/Scot Exec/SWIA 2005)
- Safe and Well, Good Practice in Schools and Education Authorities (Scot Exec 2005)
- Social Work (Scotland) Act 1968
- Children’s and Young Persons (Scotland) Act 1937
- Additional Support for Learning (Scotland) 2004
- Standards in Scotland’s Schools Act etc 2000
- Helping Hands
- Safe and Well
- McCrone arrangements
- Standard for Headship

- Standard for Chartered Teachers
- Standard for Probationer Teachers
- Criminal Procedures (Scotland) Act 1995
- Criminal Procedures (Amendment ) Scotland Act 2004
- All related policies of the Education Authority

The legislative framework attempts to balance the rights of all parties involved in the support of individuals whose behaviour may present an element of “Foreseeable” risk to themselves or others. These obligations are often couched in terms of general principles rather than specific advice.

### **Summary of Legal Principles**

In summary key principles include:-

- The development of "Safe Systems of Work"
- A Pro active and systematic approach to foreseeable risk
- Minimum intervention. Where physical interventions are employed they must be based on the “Principle of Least Restriction”. The least restriction for the shortest time
- Action for the benefit of the vulnerable individuals
- Actions must take into account the age and developmental capacity of the individual
- Consultation with relevant others
- Encourage the individual to exercise whatever skills he or she has

**Duty of Care:-** Simply speaking the concept of Duty of Care is a legal obligation imposed on an individual requiring that they exercise a reasonable standard of care while performing any acts that could be foreseeably harmful to others. It implies an obligation on the part of an individual, or organization, to avoid causing harm to the person towards whom the duty is owed, either by acts of Commission ( i.e. doing something), or Omission (i.e. not doing something). Where breaches occur remedies may exist through the Civil Law.

Individuals who are considered professionals within society are often held to a higher standard of care than those who are not. The aversive nature of some forms of Challenging Behaviour can promote over simplistic attitudes and responses. These may include over punitive, controlling responses. Conversely, avoidance of the person and withdrawal of attention. In the event of injury to the person through acts or omissions such responses may be deemed to contravene the Duty of Care owed to the person. Compliance with this policy will therefore constitute the defence against allegations of improper conduct.

## **5. THE CAUSES OF CHALLENGING BEHAVIOUR**

Most *Challenging Behaviours* serve a purpose. They are used to meet a need. To this extent challenging behaviour is often a solution for the individual and only a problem for carers. However, most behaviour is learned and therefore may be unlearned. If we

can work out the function of the behaviour then it may be possible to address the underlying need and so enable the person to replace the behaviour. This requires a systematic and non judgmental approach to observation, assessment and intervention.

Any behaviour which causes distress to others may be prone to misinterpretation. Individuals with a range of social and/or emotional difficulties, and those who present challenging behaviour, are often the focus of critical labels and stereotypes.

Behaviour is neutral. It is neither good nor bad: it is invariably functional.

The value we place on any behaviour is a product of the values and beliefs of the observer. Historically many support services have employed an institutionalised or service centered approach, in which the challenging individual was expected to simply conform to the routines and demands of the service. Behaviours which inconvenience staff are often incorrectly labeled as challenging.

Within national strategies the term “*Challenging Behaviour*” has been developed to:-

- Draw attention to the role of the service and its response rather than "blame" the child
- Focus attention on a smaller group of people

The term should not be confused with behaviours which merely cause annoyance. *Challenging Behaviour* encompasses a number of specific behaviours including: -

- **Stereotyped behaviours** - Highly consistent and repetitious motor or posturing behaviours.
- **Self injurious behaviour** - Repeated, self – inflicted, non- accidental injury, producing bruising, bleeding or other temporary or permanent damage.
- **Aggressive/violent behaviour.** - Any behaviour which subjects another person to abuse, threat or assault involving an explicit or implicit challenge to their safety, well being or health.

*Challenging Behaviour* is not a medical diagnosis. Given its potential to label and stereotype an individual it should be applied with caution, preferably based on multi disciplinary assessment. Such behaviours may vary according to *Frequency* (how often they occur); *Intensity* (severity) and/or *Duration* (how long they last). Behaviour which rates highly on any of these parameters may pose the biggest problem for staff. The literature recognises that aggressive and/or violent behaviour may form a significant element in the range of behaviours deemed to be “*Challenging*”.

The experience of people who present challenging behaviour may include a range of factors, which create stress. These may include: -

- Attachment difficulties
- Interrupted development
- Limited social networks

- Limited opportunities to develop social skills
- Working and living environments which prevent relationships from developing
- Lack of meaningful and rewarding activities
- Communication difficulties - inability to express pain, frustration, needs, emotions, etc.
- Social interaction difficulties
- Sensory preoccupations
- Cultural Factors
- Lack of sleep/ disturbed sleep pattern
- Medication
- Substance abuse
- Physical, emotional or sexual abuse
- Domestic violence

(NB This list is not exhaustive)

## **6. PRIMARY PREVENTION**

Western Isles Education Authority is committed to the delivery of services which meet the individual needs of children, wherever possible. Achievement of this aim will act to improve behaviours, many of which are the child's attempt to express need and to control their environment.

Historically the focus in many care and education services has tended to address behavioural management and responses to crisis. It is now recognised that safe practice must employ an approach which addresses both pro active Behavioural Support i.e. addressing the persons underlying needs, as well as reactive behavioural or Crisis Management. This approach is encapsulated in the Public Health Model of prevention which addresses Prevention at Primary (before) - Secondary (during) - Tertiary (after) levels.

Participating in a varied and stimulating social life and relationships is an important vehicle for meeting social needs. People who present challenging behaviour have the same right of access and inclusion into a valued lifestyle as everyone else. This principal of '*Normalisation*', i.e. "*The use of means which are valued in our society in order to develop and support personal behaviours, experience, characteristics and lifestyles which are also valued* ( BILD) should underpin all work in this area.

Primary prevention is concerned with trying to avoid, by positive and pro-active practice, the behaviours arising in the first place. This can involve:-

- Establishing a positive and caring professional relationship which supports the child and provides a vehicle for understanding the person and their needs and growth and development.
- Understanding the person's feelings, abilities and difficulties, including awareness of the person's past experiences, losses and significant life events.

- Encouraging and supporting participation in education, social events, networks and activities of interest (e.g. hobbies)
- Advocacy, supporting and promoting the persons legitimate interests and rights.
- Teaching and encouraging the social skills which form the basis for relationships.
- Reviewing and addressing the service delivery factors which promote or trigger challenging behaviour

### ***6.1 Staff Behaviour***

The behaviour of staff may actively influence the emergence and/or reduction of *Challenging Behaviour* in a variety of ways. Authoritarian, or conversely, over protective staff attitudes, may inhibit the individuals ability to develop helpful coping skills and behaviours. Given the aversive impact of their behaviour challenging individuals may experience the reaction of others as cold, distancing or rejecting. They may therefore try even harder to meet their social needs by exhibiting more extreme behaviours. The manner in which staff respond to specific behaviours may either reinforce, and consequently encourage their repetition, or alternatively promote positive behaviours and outcomes. This highlights the importance of promoting and ensuring a systematic, consistent response to targeted behaviours.

Positive relationships are crucial to the promotion of independence and the development of positive coping skills.

It is important to understand that all *Challenging Behaviour* is *multiply determined*. There are many contributing variables. The child may use Challenging Behaviour to exert some degree of control over their immediate situation. They may lack the skills or means to convey their need in a more socially appropriate manner. Conventionally, the main underlying goals of *Improving Behaviour* are recognised as falling into four broad categories:-

- **Approach Goals:** - Underlying needs may include attention, status, control etc. Such behaviours may be used to convey the message “come here ”.
- **Avoidance Goals:** - Underlying needs may include the avoidance of demanding or non-favoured tasks, unpleasant situations etc. The underlying message is “go away”
- **Tangibles:-** The behaviour may be used to achieve a tangible goal, e.g. access to food, desired activities etc
- **Sensory:-** The behaviour is a response to a sensory imbalance or inability to cope with environmental factors (e.g. noise, smell, stimulation, temperature,

taste, touch etc). Individuals on the Autistic Spectrum are particularly prone to such problems.

The determination of the underlying causal factor can often be achieved through the process of Functional or Applied Behavioural Analysis. Commonly called A - B - C analysis. A systematic assessment of:-

A - Antecedents. What comes before. What was happening that might have influenced the behaviour. This will include description of:-

- The environment
- Activities
- Those present
- Obvious triggers etc

B - Behaviour

- Specification of the target behaviour (defined in concrete terms)

C – Consequences. What the behaviour achieves.

- How people responded to the behaviour
- Possible reinforcers ( positive and negative)
- Possible function of the behaviour

Traditionally practice has often focused on staff responses to and the consequences of behaviour. This can result in reactive practice and a focus on crisis management. It is important to understand the precursors (i.e. the Antecedents) to a behaviour and to attempt, wherever possible, to employ a pro active or preventative approach to behavioural management which explores, understands and avoids the Setting Conditions and Triggers to target behaviours .

Such a process of systematic assessment can be used to determine:-

- **The Setting Conditions:-** The circumstances in which the target behaviour is likely to occur.
- **Triggers:-** The factors most likely to initiate the behaviour
- **Function:-** What does the behaviour achieve for the person ?
- **Behavioural support:** - The responses, activities etc required to reduce, support and/or diminish the target behaviour over time.
- **Behavioural Management:-** The measures required to address the immediate risk.

## 6.2 Responsibilities and Accountability

The ability to support children with challenging behaviours requires a consistent and coherent approach in which the responsibilities and obligations carried by staff at all levels of the organisation are understood and implemented.

### ***All Staff***

In the event of any incident of violence or aggression as defined above, all staff involved should take appropriate action, as laid out in this policy, and use approved measures to protect themselves and others. The safe de-escalation of any incident will always constitute the main priority. Staff responsibilities include:-

- To familiarise themselves with and follow the policies, procedures and guidelines of Western Isles Education Authority in relation to the safe management of *Challenging Behaviour*
- To report and record incidents of aggression and violence on the appropriate incident report form
- To report observed breaches of the Council's policy and reporting requirements by others
- To make suggestions in regard to necessary improvements and/or adaptations to the policy
- To inform management of any perceived shortcomings in the Council's arrangements for the management of challenging behaviour
- To assist in the development of care and educational plans and to follow agreed plans
- To inform management of any factor (including health impediments) which could potentially impair their ability to work safely with people who challenge

### ***Senior Managers within Education***

Senior Managers and Head Teachers are responsible:-

- To assess and monitor the ability of the Council to provide an appropriate service to individuals with Challenging Behaviour
- To monitor the arrangements for the assessment and management of risk
- Ensure staff compliance with all policy requirements
- Ensure that there are adequate resources available to operate this policy and to report any problems to the Council
- Monitor the frequency and pattern of incidents and report as necessary to the Council
- Ensure adequate arrangements for staff support

- Monitor the implementation of this policy

### ***Line Managers***

Subject to delegated arrangements it is the responsibility of line managers to: -

- Monitor compliance with this policy
- Arrange for the completion, implementation and review of Risk Assessments as highlighted within individual children's planning documents
- Arrange for the debriefing of all staff and children involved in significant incidents of Challenging Behaviour as soon as practicable
- Monitor incidents of Challenging Behaviour to ensure:-
  - a) accurate organisational awareness
  - b) development of appropriate planning
- Identify and address team-training needs
- Report incidents involving violent or aggressive behaviour to the relevant authority, in line with Western Isles Council policies
- Devise in conjunction with other agencies strategies for working with individuals with *Challenging Behaviour*
- Ensure an awareness of, and compliance with, the policies of Western Isles Council
- To ensure that all staff in direct contact with challenging children are appropriately informed of care and educational plans, risk assessments and the required Control Measures
- Take all reasonable steps to ensure that the workplace is safe and to review and update arrangements as necessary
- To ensure that all staff working with challenging behaviour are competent and fit to do so. This will require managers to assess and address the training and development needs of staff and to assess key competencies, and to participate in SDA processes
- To provide leadership in the promotion of positive and safe work cultures
- To support staff to follow Comhairle nan Eilean Siar Education Authority policies and procedures
- To offer appropriate opportunities for personal supervision and mentorship aimed at promoting and maintaining competence and confidence in working together with challenging behaviour

## *Front Line Staff*

*Subject to delegated arrangements it is the responsibility of front line staff to:*

- Contribute to the completion and review of Risk Assessments within the framework of individual planning for the child
- Obtain and supply information about any previous history of Challenging Behaviour
- Monitor incident reports concerning children with whom they have an active involvement
- Liaise with staff, children, parents and carers and other relevant professionals following significant incidents of Challenging Behaviour
- Where appropriate, provide initial support to children involved in significant critical incidents involving Challenging Behaviour
- Facilitate and implement the development of care, educational and behaviour plans etc.
- Seek advice as appropriate and in line with the objectives of this guidance

### **6.3 Reporting and Monitoring Challenging Behaviour**

Aggressive and violent behaviour is often the focus of concern. However the term “Challenging Behaviour” encompasses a broader range of behaviours, and is not simply synonymous with violence and aggression. Whilst there is some inevitable overlap, the specific issues which arise from staff exposure to violence and aggression are addressed in the Councils “Violence at Work” Policy, to which reference should be made.

It is important to ensure that incidents involving Challenging Behaviour are accurately recorded. Under recording effectively makes the behaviour invisible to those with the responsibility for the well being of both children and staff.

The accurate recording of targeted behaviour is also essential to the analyses of underlying patterns and motivations and the development of effective care and educational plans. All staff must record on incident report forms specified behaviours using appropriate procedures.

Similarly, behaviour involving aggressive and/or violent behaviour should be reported under the Prevention of Violence at Work Policy. This should also act as a trigger for constructive action to support people exposed to behaviour with a potential for physical and psychological injury.

## 6.4 Procedure for Dealing with Risk Behaviour

### Risk Assessment

The Council has an obligation under Regulation 3 of The Management of Health and Safety at Work Regulations 1999 to assess and minimise the risk imposed by all "foreseeable"(predictable) hazards in the working environment, "so far as is reasonably practicable."

Line Managers are required to arrange for the completion of Risk Assessments of all behaviours which have the potential to inflict injury using the relevant Council procedures. In relation to *Challenging Behaviour* this will involve assessment of factors such as the following:-

- Specification of hazardous behaviour(s)
- Assessment of possible adverse outcomes
- Assessment of consequences if no action were taken
- Identification of who might be harmed and how
- Specification of required action(s) ( i.e. Control Measures)

Any significant Control Measures identified through the Risk Assessment process must be incorporated within care and educational plans. Risk Assessments should be monitored and reviewed on a regular basis, as prescribed by guidance.

### Pro-active Planning

Effective planning is the cornerstone of safe practice. Priority should be given to the development of contingency plans for children with an established pattern of Challenging Behaviour. This should involve the development of written plans, which should cover the following issues: -

- Specification of target behaviour(s)
- The assessment of the possible underlying function(s)
- The circumstance under which it is likely to emerge (*Setting Conditions*).
- The *Triggers* likely to promote the behaviour (which should be avoided).
- The *Warning Signs* which denote loss of control or increasing arousal.
- Care planning and the specification of longer term approaches for behavioural change.
- Crisis management and the actions to be taken in the event of situations which place the person and/or others at risk of injury.
- Where the physical restraint of the child is anticipated the techniques to be used should be specified, as far as is reasonably practicable.

All staff in contact with the child must familiarise themselves with the care plan, which should be monitored and reviewed on a regular basis. Particular emphasis needs to be given to supply staff, temporary staff and support staff etc.

## **7. Secondary Prevention - Crisis Management**

The belief that all behaviour can be controlled safely, regardless of its severity, is a common assumption. Staff involved in critical incidents often look back afterwards and feel that the situation would have been different, “if only” they had done something different. The literature indicates that the reactions and opinions of other people not directly involved in the incident often increase such “Performance Guilt”. Comhairle nan Eilean Siar is committed to ensuring an approach to risk management which avoids stereotypes and the development of a “Blame Culture” in which incidents are automatically attributed to the ineffectiveness of staff. Such an approach recognises the need to balance staff support with accountability and to ensure that all those involved are helped to learn from incidents of *Challenging Behaviour*.

Although successful de-escalation usually involves certain practice principles, the appropriate actions required in a given situation will be determined by the professional judgement of intervening staff and it is both difficult and often unhelpful to specify too precisely the steps which staff should follow. Staff actions should be informed by a knowledge of the child, their motivation, abilities and the intervention plan, undertaken in the context of professional relationships.

### **Effective responses may include: -**

- Staff should attempt to spot the warnings signs that often precede critical incidents by monitoring the child's behaviour for any significant departure from normal behaviour. These should be specified in Risk Assessments and Care and/or Education Plans. It is usually not helpful to ignore these. Staff should attempt to intervene early in developing situations, to divert the child's attention into safe and/or interesting activities.
- Try to offer help and support and actively “listen” to the message being communicated, both in what the person says, and through their non-verbal behaviour. Try to resolve any specific problems/difficulties and re assure them and talk to them about their concerns.
- Make options available, avoid confrontations and “cornering” the person either physically or psychologically. Try not to argue or issue threats or ultimatums.
- Reduce the level of demand, in terms of the task being undertaken, surrounding activities or events etc. Developing a system for ‘time out’ or enabling the person to withdraw temporarily from the situation may be helpful.
- Manage the immediate environment. Perhaps changing the people involved or removing objects which could be used as ‘weapons’ or which may be causing the person distress. Be aware of and use space constructively. Touch may act to re assure an agitated person. Equally, the person may feel crowded. Touch may therefore act as a ‘trigger’ for a person who is angry, frightened or confused.

- Distract the person from their focus or course of action, if this is not insensitive. (N.B. If we distract people by offering alternatives the person likes we should ensure that these alternatives are not only available at times when there are problems)
- Redirect the person onto something s/he likes or feels less anxious about, or possibly create a disruption which breaks the cycle of behaviour. Humour can often help, although this should not be at the person's expense.
- Restate rules and boundaries and remind the person of possible consequences. Suggest delayed compliance giving the person time to process the information
- Try to remain calm. Breathe deeply and be aware of and control your own emotional reactions. Always try to avoid conveying a sense of threat to the challenging person. Maintain a reassuring, controlled tone of voice.
- Do not invade the person's space, attempt to "win" or have the last word.
- Avoid words and topics which are known to be provocative. Communicate at the level of the person's understanding, using "core messages" and avoiding complex statements, figures of speech. Insults, threats and ultimatums *must* be avoided.
- If attempts at de-escalation are successful, do not remove the support too quickly or there may be re-escalation. Continue to monitor, reassure and value the person, this may be necessary over a prolonged period, dependent on the needs and coping strategies of the individual.
- Staff may simply reflect back the behaviour in a calm and measured way
- Staff may state in a calm and measured way, in positive language, what they need the child to do

In summary, where possible the process of de-escalation should involve:-

**Lead staff :-** One staff member should adopt the lead role in mediating with the child. Except in exceptional circumstances assisting staff should not directly interact with the challenging child .

**Assisting staff** should be allocated a clear role in crisis management. Where behaviour is foreseeable, such discussions should take place before incidents occur. Tasks will include, safeguarding other young people, removing hazards, summoning further assistance etc .

The obligations of the lead staff member will include :

1. Defuse the situation
2. Regain control

3. Refocus the person
4. Value the person
5. Do not convey threat
6. Try to be helpful
7. Do not lose authority
8. Try to understand the situation from the child's perspective

Arrangements for managing "foreseeable risk situations should be included in Risk Assessments and Care plans

## **8. Tertiary Prevention - After an incident**

Incidents of *Challenging Behaviour* may have an emotional impact on all parties directly and indirectly involved in critical incidents. This can be a normal reaction and should not be automatically viewed as indicative of incompetence. Staff may feel de skilled. Equally children may feel frightened of their own behaviour and the potential consequences. The needs of all parties must be addressed constructively, and as soon as possible. However the timing of attempts to process the incident must be a matter of judgement. Premature attempts may serve to re trigger the aggression. Children on the ASD spectrum in particular may require additional time to regain their composure.

### **a) Children**

A number of things may help to get things back to normal:-

- The person may require space and time to collect himself or herself, or alternatively they may need people around and a lot of re assurance.
- The person may wish to apologise. It is usually helpful if this is accepted with good grace. It is however, usually unhelpful to try to extract an apology.
- It may be appropriate for staff to offer an apology (i.e." I didn't mean to upset you.")

Crises pose both problems (to be solved) and opportunities (to be grasped). Dependent on the child's capacity it may be possible to help them explore their behaviour, its antecedents and its consequences, to promote insight and teach alternative behaviours which could be utilised in similar situations and consequently avoid *the Challenging Behaviour*. However this should be conducted in a non-blaming manner at a suitable point after the incident when everyone has calmed down, not immediately afterwards. It may also be necessary to support the person in working through any adverse consequences of the incident, which could include ill feeling from peers and, in extreme cases, formal sanctions. An appropriate and competent member of staff should conduct a *Post Incident Review* aimed at assisting the person to learn from the incident; to develop more appropriate coping skills which could be used to avoid similar future incidents and to restore relationships with staff and peers. This should be recorded in any care plan and the person encouraged and rewarded for the attempted use of agreed strategies in any future critical incident.

### c) **The Staff Group**

Fear of blame can often impede the ability of individuals and organisations to learn from incidents, leading to defensive practice and the repetition of ineffective or unsafe practices.

It is important to review the actions and procedures used to manage significant critical incidents in a constructive manner. All staff involved in a significant incident, especially those involving physical injury or emotional distress, should participate in a Post Incident Review process ( adapted from Tehrani 2002) , , conducted on a “no blame” basis. This will normally involve a staged response, involving:-

#### **Stage 1 Crisis Management & diffusing:-**

Immediate personal and organisational needs are met. This may include first aid, personal; support, dealing with the police and media, . During stage 1 employees are also given the opportunity to talk about the traumatic incident to a peer or manager , and information on debriefing and traumatic stress responses will be given to the employee.

#### **Stage 2 First line debriefing**

Recognises the operational and organisational aspects of the trauma and provides an early opportunity for the traumatised employee to make sense of his or her experience. An opportunity to provide education and information on the nature of traumatic stress and traumatic stress reactions.

#### **Stage 3 Psychological debriefing .**

An optional, more in depth debrief, conducted by a specialised professional, Staff requiring Counselling will be referred.

The general aim of this process will be to discuss the management of the incident with a view to improving staff response and the effectiveness of Council policy, procedures and systems. The aim is to promote a “Learning Organisation” approach in which critical incidents are routinely explored in a positive manner. Conclusions can then be incorporated into practice leading to an enhanced ability to address future similar situations safely. Learning can involve the development of the practice skills of individual, teams and serve to audit and improve the systems and responses of the organisation. It should also promote the use of existing support mechanisms and sources of practice advice which staff may have been reluctant to consult

Staff whose duties require them to conduct debriefing will be offered training.

It is important for managers to address their responsibilities for both staff support and accountability. On those rare occasions where there is a need to question the professional appropriateness of staff responses this will be dealt with by an appropriate senior member of staff not involved in the Post Incident Review process.

(See Prevention of Violence and Aggression at Work Policy) and Child Protection Procedures as detailed in the inter-agency guidelines.

### **c) Staff Support**

Participants may experience a range of emotional reactions after a significant incident. While some staff may feel able to resume their duties immediately, others may need some personal space to recover.

In the event of physical injury access to medical assistance may be required and should be sought.

In many services the prevailing ethos may view the risk of trauma and/or injury as just 'part of the job'. This is rarely helpful as it tends to desensitise staff and may promote an acceptance of extreme behaviour and promote authoritarian attitudes. Emergent research suggests that the support offered by the employing agency will be a significant factor in the recovery process. Comhairle nan Eilean Siar is committed to the provision of appropriate levels of support.

Access to occupational health and/or independent counselling will be arranged where necessary.

## **9. Restraint**

Restraint in its widest sense implies preventing a person from doing what they wish to do. In terms of the management of challenging behaviour restraint would imply the restriction of free movement or mobility as a means of controlling the behaviour.

The right to restrict mobility will vary dependent on setting, Consideration must be given to age, status and capacity of the individual child. Legislation and guidance outlines the ability of staff to restrict free movement under specific circumstances and balances human rights with safe practice. The welfare of the child and the concept of the autonomous professional adult are central legal themes. Key obligations include:

**Rights :-** People who present challenging behaviour including individuals with additional support needs retain their full human rights unless these have been restricted by a legal process, and only then to the extent prescribed by the law.

**Involvement:-** Subject to the age of consent self determination and freedom of choice and movement should be paramount unless there are compelling reasons why this should not be so. However in the event of a need to pro actively address "foreseeable" challenging behaviour the use of any form of restraint should be subject to consultation. To the extent where it is possible and reasonable children should be consulted on any restraining action and consent obtained. Any relatives, carers, welfare attorneys, guardians and relevant professionals should be involved in the discussions. In all cases some explanation should be given, at a level the person can understand.

All work with children involves a degree of boundary setting and risk prevention. Such normal practices conducted by staff acting in the role of temporary substitute

parent, may involve the restriction of movement, the requirement to stay in a specific locality etc. Staff should not be deterred from continuing such practices. Equally, in exceptional circumstances involving immediate and severe risk of injury restrictive practices, such as the temporary locking of doors may occasionally be justified. However, in the event that the need to restrict a child's movements exceeds such normal practices, this must be discussed by a multi disciplinary case conference.

### **Mechanical restraint:**

No form of mechanical restraint for containment in terms of challenging behaviour is acceptable to the Council. However, in order to facilitate social participation, some form of mechanical restraint may be acceptable subject to risk assessment.

### **Medicinal restraint**

No form of medicinal restraint is acceptable to the Council

**Risk taking:-** Some degree of personal risk taking is an implicit part of learning and maintaining the life skills essential to independent living . Each service should have an explicit policy which determines the balance between children personal autonomy and staff's duty to care. These should emphasise the necessity of some degree of risk taking and respect for autonomy, privacy and the dignity of the individual. The principal aim of this policy should be to avoid restraint wherever possible. These should be subject to consultation with stakeholders and publicised in the form of leaflets etc

Supporting individuals whose behaviours may present a risk to themselves or others can generate a range of conflicting pressures on staff and services. Fear of harm, publicity and/or litigation may promote over protective approaches. Conversely, ad hoc, or laissez faire approaches to risk management may expose the individual to unnecessary harm. Staff and services supporting vulnerable children often encounter situations which constitute a "dilemma". Problem situations in which all the protective options carry some degree of risk. Hence "risk avoidance" approaches, which attempt to remove all risks may be unhelpful or impractical. Effective protective action may involve a risk management approach based on "hazard reduction", in which risks are systematically assessed and action taken to eliminate or reduce foreseeable hazards, or factors which increase harm, wherever possible.

## **10. Risk Assessment**

Assessment of risk should be an integral part of planning for each child and should include strategies for anticipating and managing future risks.

Children should expect that services accommodate his or her normal level of physical activity.

Where any form of restraint is contemplated the initial focus of assessment should attempt to establish the underlying reasons for the behaviour(s). This will have been included in the staged intervention process. These may include:-

- Learned, functional patterns of behaviour
- Potential medical factors (illness, epilepsy, mental health, drug side effects, diet etc )
- Life stressors (loss and bereavement, worries etc )
- Relationships (poor relationships/incompatibility with staff, peers etc )

Policies relating to the use of restraint and behavioural management should be considered by commissioners of services as part of the process of contracting for services

**Resources:-** No form of restraint should be used to cover deficiencies of service, lack of professional skill or defects in the environment.

**Ethnicity & Culture:-** Consideration should be given to any factors arising from the culture and/or the ethnicity of the child including the ability to communicate. Where necessary staff should have training in the delivery of culturally appropriate care.

**Risk and psychological distress:-** Where restraint measures are contemplated attention must be given to the degree of psychological distress which may result and any additional hazards which may arise from the control measures contemplated. This should be balanced with an assessment of any potential benefits to the person and/or other children which may arise from the restraint measures.

Any restraint measures should not cause greater distress than the original problem. For instance whilst some children with an ASN may require removal from distressing or over stimulating environments, this should involve removal and be distinguished from "time out" which forms part of a behavioural modification programme which should only be instituted with multi disciplinary approval, planning and monitoring

**Acceptable Risk:-** If no remediable cause is found the next step is to assess the degree of risk inherent in the child being unrestrained. Only if that risk is unacceptable should further discussion of restraint proceed.

Risk assessments should involve all relevant members of staff on a multi disciplinary basis and include the child (as appropriate), significant relatives, carers and advocates.

**Alternatives: -** Before any form of planned restraint is considered alternative interventions should always be contemplated first and considered within the overall planning process. These may include medical, psychological, interventions and/or modifications of observation, service regimes, activities, or even buildings. The assessment should consider any existing intervention or aspect of the service environment that may be a cause of the behaviour for which restraint is being considered.

## **11. APPLICATION OF RESTRAINT:-**

**Duration:-** All restrictive physical interventions should conform to the "*Principle of Least Restriction*" They should be the minimum required to deal with the specified risk, identified through the risk assessment and care planning procedures, applied for

the shortest time period. Physical restraint should only be undertaken by those who are appropriately trained.

In exceptional circumstances, where a child over sixteen is deemed likely to require regular or repeated use of restraint legal provisions should be seriously considered (e.g. Secure order, Welfare Guardianship under the Adults with Incapacity (Scotland) Act 2000 or detention under the Mental Health Care & Treatment (Scotland) Act 2003

**Aim:-** Restraint must only be used where there is a clear and specific benefit to the person. Restraint should never be used as a threat in an attempt to control behaviour seen as undesirable by staff or to enforce compliance with staff instructions.

**Consultation: -** Where restraints are agreed within a plan they must have been discussed with the child and parents in terms they can understand. Where possible explanations should be offered verbally, and in writing and, if necessary, pictorially. This should include:-

- The reasons for the use of restraint
- The way which it will be applied
- The availability of staff
- The reporting of incidents to parents

**Training:-** Restraint procedures should only be used by staff who have been fully trained in non restrictive methods of practice and also methods of restraint. Information on staff training should be available to children, relatives and professional regulatory bodies such as the Care Commission.

**Review :-** Any restraint used must be part of the children individual care and education plan. Its use should be based on a multi disciplinary discussion, which should be fully described in the care and/or education plan, together with the decisions taken and the arrangements for regular reviews within specified periods of time.

**Recording:-** Each episode of physical intervention must be recorded in a clear standard format and must include the time for which the restraint was applied and an incident report form completed. The log and incident reports will be the subject of external monitoring.

**Complaints:-** *Children and/or their relatives should have access to the appropriate complaints procedure where required. Where necessary, allegations regarding the inappropriate use of restraint will be investigated under the relevant Council procedure.*

## ***12. Physical Intervention***

Within the broader concept of restraint, physical intervention implies a physical contact between staff and children. By choice, no responsible person would choose to employ any form of physical intervention. Unfortunately the simple expedient of proscribing its use could potentially contravene the statutory obligations towards staff and children held by Comhairle nan Eilean Siar as a responsible employer. Comhairle nan Eilean Siar will therefore equip and support staff to employ physical interventions in defined circumstances to achieve specific aims.

Historically, many high profile national examples of poor practice have resulted from situations where staff were unclear about the permitted uses of physical interventions or where physical interventions were employed outwith permitted circumstances. Clarity about the circumstances in which physical interventions are permitted is crucial to safe practice which balances the rights of all parties.

Any physical contact must be minimal and socially appropriate. All physical interventions should be viewed as an intervention hierarchy. Staff should employ the lowest level of contact appropriate to the situation. In ascending order this will involve:-

**Touching:-** In some roles, for instance caring for a vulnerable person, may involve close proximity and the performance of tasks involving intimate contact. Touch may also have a legitimate role in skills coaching and conveying comfort or reassurance in situations of distress. as would be expected between a responsible parent and their child. (DoH 1993)

**Holding:-** Involves a direct physical contact used to discourage rather than prevent a behaviour. (DoH 1993) Examples might include supporting a frail person to prevent falling or a gentle touch on the arm to discourage excessive movement.

**Restrictive physical intervention: -** Involves a direct physical intervention used with the intention of preventing a behaviour. (e.g. DoH 1993)

The difference between these categories of contact involves the aim of the contact and the degree of force employed.

**Legal perspectives:-** The use of force must always be justified, otherwise it may be deemed unlawful. It is generally accepted that responsible staff have the same rights as any other citizen in using minimum restraint necessary to prevent someone from hurt. In certain circumstances, their Duty of Care towards the child may impose specific obligations to do so. Their However the law requires that where restraint is justified *the force used must be the minimum required to achieve its purpose and no more.*

Key aspects of law will include:-

### ***a) Duty of Care***

This requires that reasonable care be taken to ensure that people supported by Council services are reasonably safe from injury which they may cause to themselves and or others because of their circumstances. This may include an inability to appreciate the risks generated by their behaviour and actions. Similarly, reasonable care should be taken to protect others from harm as a result of an individuals action. Under appropriate circumstances any failure to exercise a reasonable “Duty of Care”, through acts (what is done) or omissions (what is not done) may be deemed to be negligent.

### ***b) Self Defence***

The use of force may also be justified when a person acts to protect themselves or another person from serious physical harm. The amount of force used in such circumstances must be the minimum necessary to prevent the anticipated harm.

### ***c) Physical intervention to prevent harm***

In the context of the duty of care the use of physical restraint and/or the restriction of movement may, in some circumstances, be justified to prevent a greater and significant harm. In all cases where the persons freedom of movement is restricted the degree of restriction or force employed must be the minimum level required to safeguard the children welfare.

## **13. Restrictive Physical Intervention - Circumstances of use**

Comhairle nan Eilean Siar will support staff who use physical interventions in line with this policy. It is, however, impossible to specify exactly the range of circumstances in which restrictive physical intervention or restraint may be legitimately applied. Again the professional judgements of intervening staff are crucial. Such situations will, however, conform to the legal principal of “the prevention of a greater and significant harm” and will generally involve circumstances in which: -

### ***Restraint may be legitimate in situations in which: -***

The aim of all legitimate physical interventions is to ensure the safety and welfare of the individual. To be justified the staff member should reasonably believe that:-

- The individual will cause harm to themselves or another person
- A child will run away and will put themselves or others at serious risk of harm
- A child will cause significant damage which is likely to have a serious emotional effect or create a physical

(Holding Safely 2005: 35)

### **Property Damage:-**

Although a potential justification for the use of restrictive physical interventions, interventions aimed at stopping damage to property should be carefully assessed. The extent of the Duty of Care and the dependency and/or autonomy of the individual must be considered. In relation to the care of children and young people the key authoritative source states:-

*“Property damage is not sufficient reason on its own for restraining a child. However the damage done to the welfare of the child or other children by their damaging of property may be sufficient reason. A child destroying their history (all their photographs for example) or destroying communal living space may cause sufficient harm to themselves or other children – psychological in this case. It is harm to the child, not harm to property that is the issue here. Damage being done to property does not necessarily mean that a child or other children are being significantly harmed.”* (Holding Safely 2005: 36)

### **Restraint *must not* be used when:-**

- It is judged that staff cannot control the person safely through the use of restraint techniques
- Other methods of restoring a safe situation are likely to be successful.
- There would be no change in the final outcome.  
To gain compliance with staff instructions where no significant risk is present.

Only staff who have received the approved training should take the lead role in physical interventions, unless there is no other option.

There will be particular circumstances which will need to be taken into account in considering when and how certain people may be restrained. Pro-active assessments will consider a number of factors. These will include:

- The persons medical condition (e.g. asthma, brittle bones, significant chronic conditions etc).
- The persons motivation in seeking restraint.
- Any history of physical or sexual abuse.
- The severity of any presenting pattern of behaviour and the consequent risk to staff.

During restraints staff should assess the persons response to the intervention and consider factors such as:-

- Breathing difficulties
- Fits or seizures
- Vomiting
- Blue colouration of hands, feet, or other body parts ( indicative of reduced blood circulation)
- Mottling ( paleness/yellowing of skin due to restricted blood circulation)

- Bone fractures

Staff should seek to avoid any technique or hold which replicates a previously abusive situation.

A carer properly trained in restraint procedures should be less likely to feel the need to use them (MWCS 2006). Managers should regularly audit patterns of restraint and relevant incidents or accidents. Such audits should be recorded and will be used to inform any subsequent review of this policy.

#### **14. Methods of Physical Intervention**

Approved methods of intervention must meet with the criteria for acceptable forms of restraint contained in authoritative guidance, such as Holding Safely (Scottish Exec 2006). They should also meet with The British Institute for Learning Disability (BILD) requirements for accreditation. At the time of writing staff have been trained in the CALM model (Crisis & Aggression, Limitation & Management), a non-aversive, pain free system which is backed by a comprehensive accreditation and quality assurance scheme and accredited under the training accreditation scheme administered by The British Institute for Learning Disability (BILD). It is a hierarchical model which employs a range of techniques which utilise increasing levels of control in response to increased aggression. This allows the staff member to match the degree of force used to the behaviour encountered.

The techniques appropriate for use with specific children will be dictated by the judgement of the member of staff, informed by a knowledge of the care and education plan and incident management protocols.

Staff should continually re assure the person during any restraint. Once the person starts to calm down any hold(s) should be progressively relaxed. Staff may then deem it appropriate to de-escalate the situation, progressively minimising any physical contact until it is judged that the potential for harm has ended. This may involve:-

- touching rather than holding the person
- shadowing the person at an appropriate distance
- reducing the number of staff involved

Unless in an emergency, where there is a clear and immediate risk of the person incurring or inflicting a significant injury, restraint by a single person should be avoided wherever possible. Staff should only attempt to physically intervene when sufficient staff are available.

#### **15. Training**

Within the context of the wider training strategy the Council is committed to providing appropriate training for all staff working with people with Challenging Behaviour. This will be determined on the basis of a systematic training needs analysis undertaken by line managers and supported by risk assessments

Staff who are unsure of their capacity to undertake such training, or to employ physical interventions in the workplace on medical grounds will be offered an occupational health assessment.

## **16. Recording of Restrictive Physical Interventions**

The use of all restrictive physical interventions must be recorded at the time of the incident using the forms in appendix A.

The use of these interventions will be externally monitored at a school level by Area Inclusion Managers and at Authority level by the Head of Inclusion and early Education periodically and Services will collate this data on an annual basis. This will contribute to the monitoring and review of the effectiveness of current arrangements and to provide performance and other relevant information as necessary. This will include the provision of data to CALM as part of their audit of the safety and effectiveness of the CALM system .

## **17. Review of Policy**

The implementation and effectiveness of this policy will be reviewed periodically.

## 18. REFERENCES & SOURCE MATERIALS

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