



Preventing, **P**rotecting, **R**estoring

Training Work Book

Contents

Stage of the Incident Model

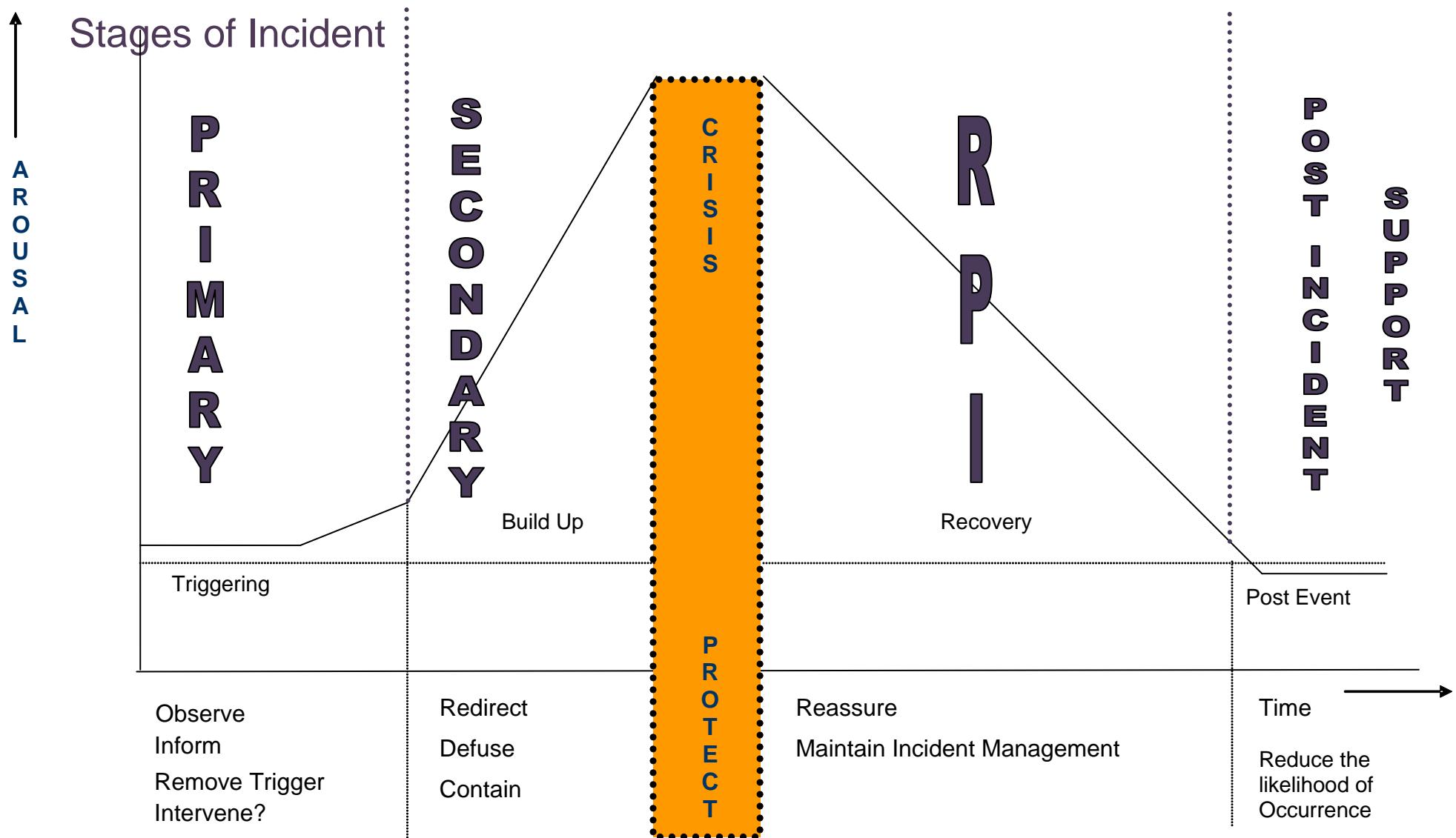
Understanding Behaviour

Primary Prevention

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Physical Intervention

Restorative Practice



Understanding Behaviour

Story of Behaviour

Triggers external / internal

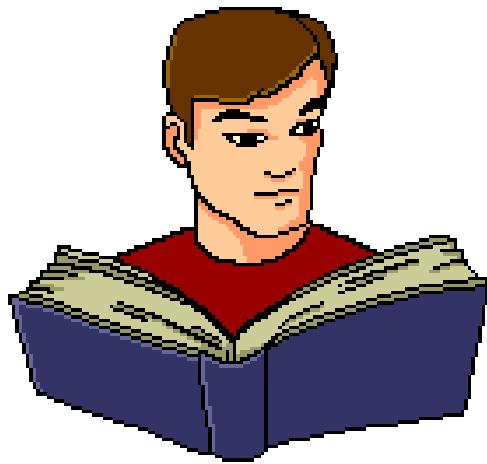
Access / escape attention

When most prominent

Why do they have
them?

How are these needs /
wants achieved?

What are needs / wants?



Environment

Internal states / moods

Development /
understanding

Patterns of behaviour

Coping skills

Self esteem / confidence

Principles of Crisis Intervention

Crisis can be seen as an opportunity for growth and learning and the focus should be on the potential for positive outcomes. During a period of crisis, a person is more likely to be influenced by others than at any other time. By targeting and offering support at the point of crisis, a small amount of effort often leads to a maximum amount of learning response.

To intervene effectively it is useful to understand what is happening internally for the person and externally through their behaviour. All behaviour reflects needs and all behaviour has meaning.

War Mentality

It is natural to adopt a war mentality when faced with behavioural challenges. People feel it is personal and have a need for self -protection. They can feel like they need to rise to the bait and don't want to 'lose' the battle. This approach often leads to them misinterpret the situation and their focus becomes solely upon stopping the behaviour immediately.

It is perhaps more useful to rise to the challenge, do not become locked in battles, confrontations and conflicts, remain detached and look beyond stopping the behaviour. Constructing a story of the behaviour (functional analysis) can be really useful in developing effective responses.

Instinctive/Innate

Behaviour is often instinctive and used as a means of survival in situations. In base terms this is about accessing or escaping social interaction or activity. It is important to recognise the impact of genetic, neurological and physiological conditions of behaviour patterns.

Research has shown that behaviour techniques, which search for meaning alone, don't take account of the above conditions are highly limited. It is problematic for a person to control behaviour of this nature.

"Behavioural strategies based on consequence are particularly inhumane and ineffective when used to shape or extinguish behaviours which are not under the individual's control". (Autism: A Chapter of Advanced Therapy in Child Neurology)

Frustration

If the needs of the person are not met, challenging behaviour can present as a means to relieve the frustration in the body. When dealing with vulnerable people the needs at all levels can be unmet and the inability to express feelings or communicate can lead to a build up of significant frustration levels. Some people have learnt that exhibiting challenging behaviour will result in a meeting of their needs and often they are not consciously aware of this, in the same way as workers are not.

Behavioural

Behaviour patterns are learned and flourish when circumstances reward the behaviour. Behaviour is controlled by past experience and consequences derived from those experiences. Patterns of challenging behaviour become habitual because they work in the short term. Even bizarre behaviours can become functional, including self-injury, wetting, soiling, and vomiting when they result in some form of reward:

- Rocking, head banging or tapping can be a means to escape from boredom and relieve frustration
- Being able to trigger fear of anger in another person or harm an animal can be a very powerful experience and in this sense very rewarding. Carers need to ensure that these behaviours are not allowed to become habitual
- Tantrums can become a functional way of getting workers to back down
- Physical Intervention can be exhilarating and rewarding especially when workers ensure that discomfort is not involved

Carers need to identify patterns of challenging behaviour, how they work and to help the person find more productive and constructive ways of their needs met

Codes of conduct and consistent care routines need to be in place. It is the certainty and consistency of the follow through not the severity that matters most

Habit Forming

- People are conscious at the point of learning a new skill, but the behaviour gradually fades out of consciousness as it becomes practiced and automated.
- People can engage in habitual behaviour and do not need to be paying attention
- Workers need to consider where they have a natural tendency to respond to provocative behaviour. Any attention can be rewarding even if this involves a worker shouting and a pattern needs to develop when a person exhibits positive behaviour they receive positive attention.
- If a response is not made to reinforce positive behaviour then there is a likelihood that the person will revert back to negative behaviour patterns that got attention in the past.

Ecological/Sensory Theories

Behaviour affected by conditions which surround us in our environment and by our sensory reaction to stimuli in the environment greatly influences mood.

Are triggers in the environment setting conditions for aggression? (discuss)

This has led to the development of approaches that explore the impacts of atmosphere and sensory conditions on individual and group behaviour.

Attachment, Separation and Loss

The pain of losing key attachments or making key life changes manifests itself in a range of behaviours. The process of bereavement can relate to loss of people, possessions, memories and can be environmental. This can be associated with several key behavioural stages which can include shock, immobilization, denial, anger, sadness and acceptance.

Theories of Abuse

The impact of abusive practices and experiences distorts the behaviour of the survivor who often adjusts/accommodates the negative consequences as a means of survival.

Learning Disability

Some people have learning difficulties which can be associated with brain injury, illness or congenital abnormality. They may learn differently but it is a mistake to assume that they cannot learn a broad range of skills.

Appropriate commitment and effective teaching methods can facilitate an extensive skill base.

Autistic Spectrum Disorder

Autistic people often lack some innate capabilities in the human brain to empathize with other people's feelings, motivations and to some extent predict their behaviour. As a consequence, they do not understand other people's behaviour.

Asperger Syndrome can see manifestation in social environments.

Difficulties, phobias, obsessive behavioural patterns and narrow interests. They like rituals and routines and become anxious when the world is not ordered and predictable.

Tips for Carers

- Consistent care routines are key. It is certainty and consistency not severity that matters most.
- Do not reinforce negative behaviour patterns and work towards replacing habitual ones with more productive and constructive forms of expression.
- Reinforce good behaviour with positive attention; do not get drawn into destructive behaviours that have got attention in the past.
- Not all behaviours that are challenging for workers are a problem for the person exhibiting the behaviour. Children and young people genuinely do not understand when and why some of their behaviours are seen to be negative.
- Be aware of your own innate emotional responses to behaviour in others. What pushes your buttons or makes you feel angry, disgusted etc? Be honest- this affects the response you make.
- Consider when you have a natural tendency to respond to provocative behaviour. All attention even negative (worker shouting/arguing) can be rewarding.
- Look for the function of behaviour.
- When a worker is under pressure it can be difficult to think clearly and creatively. Consequently, it can be difficult to carry out basic checks which could lead to them missing important information or making mistakes. The use of scripts or checklists can be a helpful aid.

Primary Prevention

ABC Charting

1. ANTECEDENTS	2. BEHAVIOUR and 3. WAY MANAGED	CONSEQUENCES
History Immediate		To you To perpetrator To other staff To other service users
<p>1. (a) Elements covered should include all those facts you have identified which are pertinent to the situation.</p> <p>1. (b) Identify any possible triggers which may have sparked a reaction. Consider the events occurring immediately prior to the event especially those occurring up to one hour beforehand.</p>	<p>2. Describe specifically the actual behaviour and/or words used.</p> <p>3. Give a clear description of what was said and/or done to manage the behaviour at that time.</p>	<p>4. (a) Identify any personal impacts which are directly related to this event both emotionally or practically</p> <p>4. (b) Consider what happened to the perpetrator? Did (s)he have the behaviour rewarded or sanctioned? How?</p> <p>4. (c) Sometimes incidents can unite or split a work team. Individuals and/or performance may be criticized or praised. What impact did the situation have on your team functioning?</p> <p>4. (d) Identify how other workers may have been affected.</p>

1. ANTECEDENTS History Immediate	2. BEHAVIOUR and 3. WAY MANAGED	4. CONSEQUENCES To you To perpetrator To other staff To other service-users

Unpredictable Occurrences

- Being startled/concerned
- Lack of understanding about what is happening in the environment
- Other people

Quality of Social Environment

- General social complexity – too many people too near
- Environment not complex enough – unstimulating
- Environment has challenging behaviour normally occurring
- Staff interaction styles not sensitive to person's present ability

All Communication Difficulties

- Lack of access to communications at own level of ability
- Lack of access to communications with staff
- Staff lack expertise in communication activities
- Communication difficulties between staff – staff not 'getting their act together', working consistently with shared understandings

Quality of Physical Environment

- Lighting
- Acoustics
- Noise levels
- Space available
- Humidity
- Heating
- Colours

Places of Position of Powerlessness

- Being extensively goal-blocked
- Unreasonable punishment
- Extensive use of punishment
- Lack of access to decision making
- Lack of access to choose over own actions
- Staff stress levels on compliance and conformity
- Staff reliance on confrontation and win/lose scenarios
- Behaviour constantly scrutinised with frequent interventions from staff
- Staff focus on behaviour more than feelings

Other Peoples High Expectations

- 'Good' behaviour always
- Behave your chronological age always
- Staff set unachievable expectations

Secondary Prevention

Orientation

Be careful about face-to-face stances these will mostly be reacted to as confrontational.

Space

The average space requirement between you and the aggressor should be generally about two arm's length if standing and perhaps one and a half arm's length if sitting.

Touching

Try not to touch the aggressor first it is usually instantly reacted to negatively. Be aware that some low order touching often takes place by the aggressor as a means of allowing them to more easily physically or verbally assault. Also, influenced by ethnic, culture etc.

Head movement

Repetitive head nods are regarded as negative. Occasional head nods are perceived as active listening within many cultures. Be careful of side head tilt it can be reacted to as a "victim" signal it is often also used to signal aggression. Backward head tilt can be perceived as asserting superiority whilst forward head nods could be as a victim.

Facial Expression and eye contact

Do not smile this will be regarded as a smirk. Try to establish eye contact without staring. Be aware that some people are not permitted to look an official, a person they consider superior or older in the eye this is a sign of respect within some communities.

Posturing

Often without being aware our upper torso will rise by one or two centimeters as we take in air at times of increased stress this can be viewed as you becoming aggressive. Slow down your breathing and exhale slightly longer to once again allow your torso to relax.

Use of Hand Signals

Do not point at the aggressor. Use open hand movements that are gentle and free flowing. Do not use any sudden or jerky movements. Try to use only one hand at a time, as it is less likely to be misinterpreted.

Hand to head movements

Do not do this. These will often be picked up as signs of anxiety, loss of patience or even sexual signals.

Body Holding

Often when under verbal attack we fold our arms. The folding of arms can suggest one of several things, ranging from uncertainty to barriers and a confrontational approach. (discuss)

Reflecting Body Language

Outside of aggression, reflective body language is often used within counselling to signal our understanding of the person being counselled. Within aggression reflection of body language is often seen as escalatory.

Repetitive Movements

Repetitive Movements of any kind are often interpreted as a sign of increased tension and are frequently used as a means of winding up to an act of aggression.

BE AWARE THAT ALL BODY MESSAGES ARE INFLUENCED BY THE ETHNIC, CULTURE, GENDER AND SEXUAL ORIENTATION OF THE INDIVIDUAL CONCERNED. USE THE ABOVE AS A STARTING POINT TO DISCUSS THE DIFFERENCES OPENLY IN ORDER THAT WE LEARN MORE; DO NOT MISINTERPRET AND DO NOT REACT INAPPROPRIATELY OURSELVES WHEN CONFRONTED BY A PERSON FROM A DISSIMILAR BACKGROUND.

FORMS OF AGGRESSION

LANGUAGE OF AGGRESSION

Re-Active

De personalised

(Use your name to personalise it)

Pro-Active

Degrading

(Have confidence in your ability, these are just hooks)

Displacement

Repetitive

(Take the charge out of it by giving space)

Transference

Emotional

(Reflective Statements)

Threats

(Take them seriously irrespective of age or size. record them to inform future risk assessments and behaviour management plans)

Assertive Strategy

State the Behaviour

Be specific tell them exactly what they are doing i.e. Des you're shouting!

State the impact of their behaviour on you i.e. it's confusing me!

Request it to stop

When requesting behaviour to stop ensure stop is the last word
i.e. please stop

Return to task!

Now let's see what we can do

Structuring

Having worked hard to establish consistent and predictable environments it is important that these do not collapse in the face of challenging behavior. This has negative consequences for workers, other people and the perpetrator. If the structure is fragile this conveys a message of 'out of control', which can only escalate challenging behaviour.

Active listening

The person has valid feelings and it is important that you should be concerned if they are distressed. Active listening skills have been demonstrated throughout programme, time, environment, right place, eye contact, positioning, open statements etc.

Relating

The quality of the relationship that has been built is central to the ability of supporting a person's distress, frustration and anger. This determines the levels of respect trust and influence over behaviour (link as an essential part of any environmental analysis which should identify the type of relationships that are built in the care environment).

Redirection/Diversion

(a consideration which should form part of any environmental analysis, what are the potential hot spot? What alternatives are available?) Redirect the service user or group, change the activity or environment, suggest something that you know will be more enjoyable and replace the behaviour with something positive.

Hurdle Help

(utilise ABC approaches, knowledge of stages of incident) identify areas of difficulty and provide support/help to complete tasks. Challenging behaviours can be avoided by timely help the moment barriers to success emerge. Mapping allows the opportunities for sitting down with an individual or group, discussing problems and planning solutions or techniques for dealing with them in advance.

Directing/Directive Statement

Stress decreases the ability to make good decisions. In times of crisis our cognitive ability becomes impaired, making it difficult for the processing of information. Directive statements are useful at this time as it brings a sense of control and order.

Instructional control is very effective with some groups such as learning disabilities/autistic users as they are able to comply with specific requests.

Teaching

Help service users to learn from their experience, (principles of crisis intervention) use every day experiences, situation and crisis points as an opportunity for growth and learning. New ways of coping are best learned through experience and process.

Humour

An injection of humour can often release the tension out of a situation, divert attention or provide the person with an escape route. This is not always appropriate; it does not work with anger and aggression and must never be at the expense of the person.

Injection of Affection/Praise (Hypodermic Affection)

This is a method for increasing self -esteem. People respond better to praise and messages as to what they do well and can achieve as opposed to negatives. Behaviour often comes from insecurity, fear and anxiety. If you consistently reward service-user with respect and praise (1 in 10 principle, one negative to ten positives) there is an increased chance of reducing the level of difficult behaviour.

Past Strengths/Appeal:

Remind the person that you and others are also people who have needs, which are also important. Focus centers on how well the person has dealt with similar situations in the past, particularly drawing out the positives as to how they managed their behaviour.

Prompting/Signaling

The establishment of non-verbal forms of communication to assist the management of behaviour is very important. The signal technique lets the person know that their actions are noted. This approach can signal approval or disapproval and fits well with injections of affection through for example a smile.

Proximity/Touch Control

With some service users, whose backgrounds are well known and with whom there is a strong relationship this can be a highly effective approach. It can be disarming to respond to negative behaviours through non-threatening approaches, such as sitting beside them or showing genuine concern. Proximity is about reducing or extending personal space and conveying a message of support and care through body language. Being close to a person who is struggling to stay in control can be a calmer. In some situations, and again with extensive knowledge touch control can be effective.

Boundary Setting

It is widely accepted that people require clear, consistent and secure boundaries to facilitate their safe development. Sometimes it is important to deliver an authoritative response when boundaries are being tested. How a refusal is made can carry undertones that reveal the degree to which the refuser is self-confident and maintaining control. Boundary setting needs to be fair, achievable and negotiated.

Positive, Planned Ignoring:

This requires teamwork and commitment as not everyone can tolerate the behaviour without eventually giving in or punishing the service user. Ignoring the behaviour can render it ineffective and it will reduce until it stops. The principle is to make the behaviour extinct through ignoring. The initial response to ignoring behaviour is for the person to escalate it. This requires further ignoring or intermittent reinforcement. It is crucial to assess the risks attached to ignoring behaviour and all involved workers need to be aware of what the appropriate or substitute behaviour is to be reinforced. Ignoring negative behaviours and rewarding positive ones ensures the person receives reinforcement when displaying appropriate behaviour patterns.

Permitting

Allowing the behaviour to take place. Giving permission for disruptive activity often reduces the attraction of it. If no one is in danger and no damage is likely, it may be better to give permission for the behaviour to take place.

Acceptance/Interpretation:

This works well with the relating approaches above. Verbalising the behaviour helps control aggressive feelings and expressing the source of anger and helps to externalise emotion and reduces its intensity. This helps the person to sort out confusion and redress the poor processing of information.

Restructuring

This refers to dealing with deteriorating relationships by a change of place, activity or people. This requires an assessment of the negative dynamics and planning to change the parameters, membership or location of an activity.

Re-grouping

This is very similar to restructuring. It is a deliberate attempt to optimise conditions, it is not managing conflicts by division or exclusion. The technique requires an understanding of the group dynamics and knowledge of the people involved to structure grouping for beneficial relationships, such as a service-user's association with a desirable role model.

Bouncing

Keep the dynamics fluid so that conflicts do not have time to emerge. Bounce by continually moving the person from one environment to another, a kind of continuous restructuring but one that never allows behaviour to settle as part of a routine.

Flooding

Flood the crisis point, incident and behaviour with workers to create a presence and message of control.

Removal of Person/Audience

This should be by request and agreement. Create a space for a person by changing the environment and removing the crisis trigger that can be achieved by moving the person. If they will not it may be possible to remove the audience. Behaviour is often supported by an audience or through the fear of losing face. The removal of an audience changes the environment, offers an escape route and creates space to calm down. It may be necessary to involve several team members to remove the audience.

Time Out

Take time away to regain control in an area in which a person can think and calm down. Consider the availability of exits for workers and service users who may need to walk away without feeling they have lost.

Leave It Option

Is it the wrong person in the wrong place? Do you need to hand it over to another worker?

Stimulus Change

Do something unusual, unexpected or useful for low level behaviours. You need to consider the client group as not suitable in areas of learning disabilities for example.

Consequences or Punishment

A means to enforcing boundaries, setting clear expectations, utilising sanctions which are fair, proportionate, consistent, achievable and legal.

Praise/Rewards

Use rewards as a means of enforcing positive behaviour patterns. It is important the person does not become reliant on a form of reward that will not be replicated in other settings. Rewards can be used as a short term means to cementing new patterns of behaviour.

Silence

Service users can feel companionship and can be comforted by someone being there. When working in the field of learning disabilities this can be useful in giving people time to comprehend what has been said, formulate a response and take the information in.

Understanding Law

Health and Safety

The Health and Safety at work act 1974 and management of Health and Safety at work regulations 1992 set out responsibilities in using risk reduction to anticipate and assess risks to reduce them. Responsibilities fall upon both the employee (care staff) and the employer (organisation) in relation to risks arising from challenging behaviour.

Staff Members	Organisation
<p>Responsible for your own actions. Take responsible care of themselves and others who could be affected by what they do or don't do.</p> <p>Have a duty of care towards service users, professional responsibilities, delivery of high standards of practice and maintain best interests of service users. Important legal term applies to anyone who is paid to work with people for whom they have responsibility has a duty of care.</p> <p>Co-operate with organisation to ensure Health and Safety requirements are adhered to. Be familiar with organisational procedures and what triggers risk situations.</p> <p>Share and report any situation where safety is compromised or area of weakness in the organisational system.</p> <p>Plan intervention</p>	<p><u>Vicarious liability</u></p> <p>Some occasions when an employer is liable for actions of his employees: When specific instructions are given to carry out a specific task, to do so amounts to an unlawful act.</p> <p>“As far as is reasonable practical” replaced by an “absolute obligation irrespective of cost, time or inconvenience”.</p> <p>Clear policy statement/written procedures/risk assessments.</p> <p>Introduce and maintain effective planning, organisational, control and monitoring arrangements.</p> <p>Support for staffs – concerns over abuse, violence and after violent incidents.</p>

Criminal Law

Relates to the committing of an offence for which prosecution undertaken by the state can result in conviction and sentence. For this to take happen it must be proved beyond **reasonable doubt** that you did it.

Civil Law

Covers the regulation of conduct between legal individuals on a one to one basis.

Law of Torts

Any person injured or aggrieved by the conduct of another can take individual action against the other = civil wrong.

Tort

A tort is an omission of a wrongful act for which damages can be obtained. Where this differs from Civil Law the conviction is determined by The Balance of Probabilities i.e. you may have done it/your actions may have resulted in that person sustaining that injury.

A person can face both a criminal and civil prosecution. It is not necessary that a criminal conviction is secured for a successful civil action to take place.

Assault

An act by any person that makes another fear the application of immediate personal violence/harm. It is not necessary that touch or actual harm takes place, nor is intention important. This could be aggressively physically gesturing or using verbal threats.

Battery

The actual offence of battery will always include the offence of assault (assault and battery). The reverse is not always true, as an assault does not necessarily include the offence of battery.

Involves the actual application of force/physical contact upon a person. This is touch without permission and is intentional. No need to prove harm, injury does not have to be to the physical body, touch of clothing may be sufficient. Without intention, this becomes an issue of negligence.

If however "Significant Pain or Discomfort" is caused this then constitutes a criminal offence and its consequences may apply under the Offences against the Persons Act 1861.

False Imprisonment

The unlawful and intentional or reckless restraint of a person's freedom of movement from a particular place. This could be preventing someone taking a particular direction. This must be a direct consequence of a positive act, if not, this becomes a careless action. Words alone (not force) may be enough.

Negligence

Involves a breach of a duty to care, resulting in harm to a service user. For negligence to take place there must be:

- A duty of care
- A breach of that duty of care
- There must be some ensuing damage or injury in relation to that breach
- The damage or harm could have been anticipated

(Course participants must have knowledge of their legal and organizational policy framework.)

Human Rights Act 1998

Probably the single most important piece of legislation to impact on this area of work across all major jurisdictions of the United Kingdom.

Under the Human Rights Act any use of restrictive physical interventions must be absolutely necessary.

Articles relevant to the use of physical interventions are: -

- Article 2 Right to life
- Article 3 Prohibition of Torture (inhuman/degrading treatment or punishment)
- Article 5 Liberty and security
- Article 8 Right to respect for private and family life
- Article 10 Freedom of expression
- Article 14 Prohibition of discrimination (enjoyment of rights and freedoms)
- Article 17 Prohibition of abuse and rights

Main Laws:

- Human Rights Act 1998
- Common Law (offences against the person)
- Criminal Law Act 1967
- Mental Capacity Act
- Mental Health
- Health and Safety at Work Act 1974 (regs 1992/1999)
- Children Act 1989/2004
- Education and Inspections Act 2006
- Civil Law
- The Children's Homes Regulations 2015

These refer to the use of 'reasonable force' in 'last resort' circumstances to prevent crime, danger, and injury. However we need to understand that the issue of "Last Resort" is often misunderstood. It may be necessary to intervene at the start in order to prevent a "GREATER HARM FROM OCCURRING"

These Laws are applicable whatever your work setting:

- Criminal Law Act 1967 - Section 3(1) Authority for any person to use such force as is reasonable in the circumstances for the prevention of crime.
- Offences Against the Persons Act S8.
- Common Law allows for the use of self-defense or defense of others. Detention to prevent a breach of the peace and power to arrest.
- Civil Law – Law of Torts
- Health and Safety at Work Act 1974
- Crime and Disorder Act 1998
- Protection from Harassment Act 1997
- Human Rights Act 1998

Children & Young People

- Children's Act 1989/2004
- Children's Home Regulations 2015
- The Education and Inspections Act 2006
- Use of Reasonable Force in Schools 2013
- Behaviour and Discipline in Schools: advice for head teachers and School staff 2016
- Restraint and Restrictive Intervention 2017 Guidance.

DOH/DFES Joint Guidance on the use of Restrictive Physical Interventions (July 2002)
Distinguishes between planned and unplanned use of force and that deployed in an emergency.

“Restrictive Physical Interventions involve the use of force to control a person’s behaviour and can be employed using bodily contact, mechanical devices or changes to a person’s environment.”

	Bodily Contact	Mechanical	Environmental Change
Non-Restrictive	Manual guidance to assist a person walking	Use of protective helmet to prevent injury	Removal of cause of distress e.g. adjusting noise or temperature
Restrictive	Holding a person’s hand to prevent them hitting someone	Use of arm cuffs or splints to prevent self injury	Forcible seclusion or use of locked doors

New Guidance was published in 2014 by the Department of Health. ‘Positive and Proactive Care; reducing the need for restrictive physical interventions’ was published because of the Winterbourne investigation and set out guidance and a framework to work to ensure the positive and proactive care of service users. The main outcome of this is to keep service users safe and to focus upon recovery.

The Guidance makes a useful and clear distinction between: -

- Seclusion** - Involves forcing people to spend time alone, which requires a statutory order other than in an emergency.
- Time Out** - Involves removal from a rewarding environment as part of a planned behavioural programme
- Withdrawal** - Involves taking a person away from a difficult situation, possibly using reasonable force, and staying with the person until they have recovered.

Understanding what constitutes a “Lawful Excuse”

There are many situations in which staff may technically commit offences in attempts to provide adequate care, control and safety to their service users. The issue of lawful excuse is referred to in cases where a staff members conduct is justified in the eyes of the law. There is no clear definition for this, however the law is clear on what its criteria is. This is outlined below:

- SERIOUS HARM TO SELF
- SERIOUS HARM TO OTHERS (OAPA 1861)
- SERIOUS DAMAGE TO PROPERTY (Consequence of harm)
- SEPARATE PERSON FROM TRIGGER
- PROTECT SERVICE USER OR OTHER FROM A DANGEROUS SITUATION
- IF MEDICAL HARM WILL OCCUR (FROM PROCEDURE NOT BEING PERFORMED)
- IN THE PREVENTION OF A CRIME (Criminal Law Act Sec3)

Understanding “Reasonable Force”

We need to be clear from the onset there is no definition for it, we **do not** decide what reasonable force is that is why we have a legal system.

They look at an array of circumstances and formulate the opinion in those circumstances. Were your actions the actions of a reasonable person?

It is a subjective issue what is reasonable to you may not be reasonable to another person; **HENCE THAT IS WHY IT IS DONE ON A CASE TO CASE BASIS.**

However, there are two primary questions at the heart of the issue:

1. The Necessity Principal (Did you have to do it)
2. Were your actions in Proportion to the level of aggression being displayed towards you?

What is Restorative Practice?

Restorative processes bring those harmed, and those responsible for the harm, into communication, enabling everyone affected by a particular incident to play a part in repairing the harm and finding a positive way forward

Restorative Practice Principles

1. Building and nurturing relationships by listening to unmet needs
2. Repairing harm done to relationships through inappropriate behaviours
3. Considering everybody's needs in the process
4. Recognising responsibility for behaviours
5. Encouraging accountability for those behaviours (actions)
6. Developing emotional literacy by providing a safe forum for people to express difficult emotions
7. Promoting active citizenship in our homes

Restorative questions and process

The following questions allow a restorative process to take place and can occur anywhere that the young person and staff feel comfortable.

1. What happened?
2. How did it happen?
3. What part did you play in it?
4. How were you affected/who was affected?
5. What do you need to make it right?
6. How can we repair the harm?

Obviously, these are not set in stone and more person friendly speech can be used, but these will start the process and get results, again per capacity, this can also be entered into behavioural plans.

Restorative Menu

1. Face to Face Apology

This Occurs after both parties agree to meet and some ground work is done to prepare

2. Letter of Apology

The young person may require some help to formulate this. It should contain reason for the incident but not blame.

3. Shuttle Mediation

An independent staff member liaises between the two parties to achieve an outcome whereby all can agree, without them meeting together.

4. Mediation

The two parties come together to discuss the incident and the impact on their relationship in an attempt to move forward

5. Indirect Reparation

The young person helps to put something back into the unit that at the request of the injured party, but it is not necessarily linked to the incident.

6. Direct Reparation

Putting something back that is linked to the incident.

7. Full Conference

Residents and staff members attend to see how relationships can be improved and conflict reduced.

Why does it work?

Repairs harm

Holds wrong-doers accountable, preventing denial

Empowers injured parties by seeing the wrong doer accept the impact of their behaviour

Allows closure

Allows agreement

Allows ownership of behaviours

Restorative Practice is a very powerful tool. It utilises people's emotions and feelings so it has to be done with care as it can cause damage if done badly. At the end of the day, behaviour is the silent voice of the child or adult and Restorative Practice allows that voice to be heard in a supportive manner. Utilising the format of the Post Incident Support, a briefing can enable staff to have a framework to work towards.

Restorative Interview

This takes place when a person who was held is under control and accepting directions.

During the recovery period a person can return to extreme crisis rapidly without much warning. The aim is to acknowledge the vulnerability of the person and return them to a level at which they can function appropriately and safely.

This process does not immediately allow those involved to regain composure.

To succeed you need to;

1. Build relationships,
2. Enable the service user to learn from experience, and
3. Connect their behaviour to their feelings.

The Process:

INSULATE	Find a quiet and safe place that is comfortable
EXPLORE	What happened from person's point of view without blame or judgment?
SHARE	What are your perceptions and feelings? Why did you take the chosen action? (do not apportion blame)
CONNECT	Link the experience to feelings and to their behaviour
ALTERNATIVES	Develop other ways (together) of dealing with difficult situations.
PLAN	Develop limited choices so the service user can make the final decision. (within reason) Review the support and intervention plan and record fully (share in team meeting to make everyone aware)
ENTER	Back into normal routines and activities – allow Settling time introduce the notion of completing the Restorative Outcome.