



Appendix 1- Guidance note on behaviour management

Introduction

This guidance note has been developed for all children's residential centres. It does not provide advice on dealing with particular behavioural difficulties. It indicates the conditions that are needed for centres to be able to manage challenging behaviour safely and well.

1. Good management is essential

Managers set the tone of the units they run. They establish and maintain the unit's values and ethos.

Good managers provide leadership and direction for the teams they manage. They give the care staff confidence and a sense of security. They should have systems in place for managing their centres, such as formal supervision of staff, in-service training, regular team meetings and so on, but should not rely on these exclusively. Good managers make themselves available to staff members outside of the formal structures. They understand that while the cohesion of the team is important it cannot be achieved by tolerating poor practice.

Good managers are the primary internal guarantors of the rights of the young people. The young people should understand that any perceived injustice can be appealed to the manager. They should have confidence that the manager will put it right.

For managers to do the job that is required of them certain conditions must apply:

- *They must be clear about their roles and responsibilities.* This necessarily involves clarity of expectation on the part of the agency, conveyed through senior managers.
- *They must be available.* Good managers make themselves available to young people, parents, and other professionals. This is not easy, especially in larger units, as managers often have many demands on their time. Some balance needs to be struck between being available within the unit and being available to the wider organisation. A perfect balance is impossible to achieve but good managers understand how to strike a reasonable one over time.
- *There must be reasonable continuity.* Frequent changes of post holder make it almost impossible to ensure that a unit is well managed.
- *The authority of the manager must be understood, respected and asserted.* The manager directs the care staff and they must account for their actions to him or her. S/he carries executive responsibility within the unit or centre. There needs to be a clear boundary around the authority of the manager. Where the authority of the manager is eroded, the maintenance of good order becomes problematic.
- *The manager must support the care staff in the achievement of the centre's objectives.* S/he must expect and insist on high standards of practice.
- *The manager must be able to rely on the co-operation of the care staff team.* The manager should listen to the concerns of team members and respond positively to constructive criticism, however, a centre or unit cannot deliver a quality service if members of the care staff team either actively or passively obstruct the manager.
- *The manager must be accountable to young people, parents, professional colleagues and the agency.* The manager should be prepared to explain and defend and, as appropriate, reconsider and change his/ her decisions and those of the team.
- *The manager must be able to rely on the support and co-operation of external managers.* A key task is to ensure that the unit or centre is not expected to meet unrealistic or conflicting expectations, while also making sure that the service provided is relevant to the needs of young people for care and protection. The centre or unit must operate within an agreed and clearly understood statement of purpose and function, but that statement must relate to the needs of the children and young people for whom the HSE has responsibility.



2. The primacy of relationships

Behavioural difficulties within children's residential centres are addressed primarily through the medium of relationships, rather than through the application of systems or techniques of behaviour management. This is not to say that systems and techniques are unimportant but only that they cannot work unless trusting relationships are established between the young people and those caring for them.

Behaviour management is most successful when it is integrated into a model of care so that it becomes one aspect of caring for young people in children's residential centres.

A preoccupation with control is inimical to good behaviour management. Young people resist and resent being controlled. Most young people, even when they are very troubled, can exercise self control in certain situations and they should be encouraged and facilitated to do so. In a centre where the primacy of relationships is clearly understood, the staff and young people co-operate. Indeed, a major part of the work of the care staff is about winning the co-operation of the young people. This co-operation takes place in a context in which the differences of role, responsibility, capability and status between staff and young people are understood and respected. This necessarily involves recognition that, from time to time, members of staff must take charge of situations where there is a risk to the welfare or safety of the young person and that, sometimes, this taking charge will be despite the wishes of the young person concerned. Like managers, members of the care staff team must understand and assert their authority.

3. A good standard of primary care

The basis for positive relationships in children's residential centres is provided by having a good standard of primary care. This starts with an assurance of safety. Young people in care must know that that care staff are there to keep them safe from any threat from within or outside the centre. There must be good policies and practices in relation to safeguarding and child protection, including effective measures to prevent and deal with bullying and all of these must be explained, repeatedly if necessary, to the young people.

Good primary care recognises the importance of structure and routine. The life of the unit should reflect the ordinary rhythms of a home so that young people live in a predictable and familiar world.

Young people's basic needs such as those for shelter, food and clothing must be recognised and met in a manner that recognises and respects each young person as a unique and valuable individual.

Individualised care involves an awareness of and response to the young person's history, preferences, abilities and interests. It also involves understanding and respecting the young person's world including his or her family, culture and ethnicity. It means respecting and facilitating appropriate expression of the various aspects of the young person's identity including his or her religious, cultural, linguistic and sexual identity.

No young person should believe that there is some part of his or her identity that must be suppressed in order to find acceptance in the children's residential centre.



4. The participation of the young people

Over time the maintenance of good order can only be achieved in a children's residential centre with the consent of the young people.

Respect for the rights of children should be central to the model of care that guides practice within a centre. It should be standard practice to share information with the young people, to consult with them, and to listen to and resolve their expressions of dissatisfaction in an expeditious, fair and transparent way.

Young people should be consulted about behaviour management issues and centres should have agreed rules and codes of conduct. This is consistent with respecting children's rights. It is also important from a developmental point of view to give young people opportunities for age and developmentally appropriate responsibility taking. It is also likely to be more effective, as the young people are much more likely to accept the need for rules if they have been involved in formulating them.

Young people should always be treated in a manner that is both fair and is seen to be fair. No consideration of the 'greater good' or reference to a therapeutic goal should interfere with the requirements of justice. Young people should never 'be made an example of' by care staff anxious to convey a message to other young people in the centre about the unacceptability of some piece of behaviour.

Young people should have redress if they consider that they have been treated unfairly. Good complaints practices and procedures are vital. Young people should know that they can take their complaints outside of the centre if they cannot be satisfactorily resolved internally. Practice experience suggests that where there is good practice in relation to complaints within centres, young people rarely feel the need to go outside of them for resolution.

Winning the consent of young people to good order can be very problematic with some, particularly those who have experienced multiple placement breakdowns and have little faith in adults. Some placements break down because the young people do not co-operate, however, this is not inevitable. The key task for care staff and other professionals working with these young people, is to help them reach a point where they can begin to recognise and respond to attempts to offer them assistance. This is highly skilled work that requires persistence and resilience on the part of the workers. It proceeds by small steps. Progress is often painstakingly slow. Care staff teams need a lot of assistance and support with this work through supervision, training and access to specialist advice and consultation.

5. Team work

Young people in care need to experience consistency and continuity of care. This can only be achieved if each staff member operates as part of the team. It is not reasonable to expect that every member of the care staff team will respond in an identical way to each situation that arises in the unit. Consistency is achieved through each team member operating from the same set of basic values and by each member applying and being bound by the decisions of the team, operating under the direction of the manager.

Good care teams anticipate and plan for crises. Training in systems of behaviour management such as therapeutic crisis intervention (TCI) and the use of individualised crisis management plans for each young person, have an important role to play in good behaviour management. Managers must ensure, however, that any 'off-the-shelf' package used in the unit is consistent



with the unit's philosophy, ethos and values. Managers must also ensure that use of such interventions as physical restraint does not become part of routine behaviour management practice and that there are systems in place for the notification, review and external monitoring of such interventions to ensure this does not happen.

The staff team need to be clear about what they expect of the young people and what will happen if a young person does not behave as expected. The team needs to ensure that this is clear to the young people. Young people should not learn about a rule for the first time when they are reprimanded for breaking it. They should not be reprimanded for behaviour by one staff member if the same behaviour is tolerated by other team members. A degree of pragmatism is required at times. Some minor misdemeanours may have to be overlooked, to concentrate on those areas of a young person's behaviour that most need to change, so as to avoid the young person becoming overwhelmed and demoralised by excessive demands. On the other hand, setting too low a standard of behaviour may do a young person a serious injustice. The right balance is most likely to emerge through continuing team discussion and review.

Care staff teams that look after young people with emotional and behavioural problems need to be pragmatic, flexible and resilient:

- A pragmatic approach requires that care staff adapt theoretical knowledge to practical experience. That a certain intervention is consistent with the centre's model of care is of little value to a young person if it does not help him or her.
- Flexibility requires that care staff are prepared to try different approaches. No two young people are the same and no two situations identical. Care staff have to make judgements and continually adjust their practice to the demands of the particular situations they find themselves in.
- Sometimes, nothing seems to work and in such situations care staff teams need to be resilient enough to hang in with a young person until things come right.

6. Multi-disciplinary working

Young people in care are involved with a number of professionals. Most have care staff, teachers and social workers looking after them. Those with particular needs may also be involved with other professionals such as child psychiatrists and therapists. The more these various professionals co-operate with each other, the better the service provided to the young person. For those young people who do not require particular assistance to manage their behaviour, co-operation between the various professionals is highly desirable. For those whose behaviour is particularly difficult to manage, however, it is absolutely essential.

No one professional can provide a solution to the difficulties posed by young people whose behaviour presents an acute risk to their safety and that of others. Indeed, there is rarely a 'solution' as such and sometimes the search for one can be counter-productive. It is more productive to think in terms of professionals working with the young person to help him or her overcome various obstacles and to meet various challenges. This time the input of the psychiatrist is crucial. On another occasion, the speech and language therapist resolves a communication problem. On still another, the relationship between the young person and the key worker provides the confidence the young person needs to face up to a difficult challenge.

As each problem is successfully overcome, the young person acquires new skills and confidence. There is rarely, however, a linear progression and there are likely to be times when the participants doubt that any progress is being made at all. Nevertheless, such close co-operation between professionals can often be the difference between the continuation and the breakdown of a placement.



The co-operation outlined above assumes, of course, that young people can access the services they need. This can be problematic and the HSE must work to remove what obstacles exist to access to specialist services for the most troubled children and young people in its care. However, access itself does not guarantee co-operation.

For multi-disciplinary work to be effective there must be:

- *A willingness to co-operate* on the part of every professional with colleagues in his or her own and other agencies.
- *A client focus.* Different professional groups and agencies can often be involved in disputes with each other over various issues. Each has a professional responsibility to ensure that these disputes do not get in the way of co-operating to provide a service to particular young people.
- *An understanding and respect for the role of each professional.* Co-operation does not imply that everyone agrees with everyone else but rather that each member of the professional network supports each other in the discharge of his or her particular responsibilities. For example, in a dispute between care staff and a young person over a disciplinary matter, it may be much more appropriate for the social worker to listen to the concerns of his or her client and try to find a way to resolve them rather than to explain to the young person the reasonableness of the demands of the care staff.
- *A clear definition of roles and responsibilities.* Understanding and respecting the roles of other professionals implies that professional roles are clearly defined. Poorly defined roles are unhelpful in allocating tasks within the professional network. On the other hand, rigidity in role definitions can also be unhelpful and lead to disputes.
- *Responsibility sharing.* Each professional has responsibility for the performance of those tasks that fall within his or her own area of competence. However, there are areas where responsibilities are shared. For example, the care planning process involves allocation of tasks to various people, some of them professionals, some service users. By agreeing to co-operate with the plan all of these various people accept some degree of responsibility for its overall implementation. In trying to assist a young person whose behaviour is very problematic, professionals must be prepared to share responsibility in decision-making which almost always involves a degree of risk taking.

7. A proportionate response to the young people's difficulties

Residential care should provide young people with a living experience that resembles that of their peers living in families as closely as possible. Interactions between young people and care staff should have the relaxed informality that characterises a well functioning home. Young people should live in domestic type buildings that are furnished to provide a high standard of comfort. The young people should be encouraged to participate in the life of the local community by attending ordinary schools, joining clubs, having friends and so on. Any intervention in a young person's life that makes these things less likely to occur should be avoided wherever possible, and provided only after a comprehensive assessment.

A particular hazard for young people in specialist services is that they come to be defined by their difficulties. The services that are provided for them can focus on the problematic to the detriment of other areas of their lives. Even the most troubled young people are much like other young people much of the time. Any tendency to 'pathologise' every aspect of their personalities and behaviour has to be resisted and they must be provided with opportunities to be 'normal'. Efforts to help the young person overcome difficulties should be proportionate to the difficulties and should recognise that their need for special help exists alongside their general needs as young people, those that they share with their peers.



The principle of proportionality should be applied both to the decisions about what services to provide to a young person and to dealing with particular situations.

A young person should not be placed in a specialist residential unit unless a comprehensive assessment indicates that his or her needs cannot be met in a mainstream foster or residential placement.

Therapeutic interventions should be targeted at the resolution of assessed problem areas, agreed within a care planning forum. Young people should not be subjected to therapeutic interventions without their knowledge and informed consent and that of their parents or guardians.

Specialist interventions should be time limited and subject to review and evaluation. Any intervention that shows little sign of bringing about the desired changes within a reasonable length of time should be discontinued.