THIS PROCEDURE AFFECTS THE FOLLOWING GROUPS OF STAFF AND / OR OTHERS:

- Residential Care Managers.
- Residential Support Workers.
- Residential Ancillary Staff.
- Workforce Development Staff.

THIS PROCEDURE IS DESIGNED TO ACHIEVE THE FOLLOWING OUTCOMES:

- To provide positive therapeutic practice and proven methods for managing children and young people in crisis.
- To inform all Residential Staff in accordance with Cumbria County Council’s “Staff Guidelines for Care and Control in Children’s Homes”.
- To ensure consistency throughout Residential Services in dealing with potential and actual challenging behaviour of children in Children’s Homes.
- To equip all Residential Staff with the skills necessary to deliver a safe and therapeutic service to all young people residing in Children’s Homes.
- To meet the requirements of the Children’s Homes National Minimum Standards (Care Standards Act 2000), and Children’s Homes Regulations 2001.

1. Training

Nominations

1.1 It is a mandatory requirement that all care staff working within Children’s Residential Services will receive a minimum of 24 hours training in Therapeutic Crisis Intervention. It is the responsibility of the Homes Registered Manager to nominate each new member of staff for the full T.C.I Training during their Induction period. The nominations must be forwarded to the Workforce Development Administrator.
1.2 The training will cover the following:

a. Crisis definition and theory  
b. The use of de-escalating techniques  
c. Crisis Management  
d. Safety Intervention Techniques  
e. Legal, ethical and policy aspects of their use  
f. Decision making related to safety interventions  
g. De-briefing strategies  
h. Signs of distress and effect on the child/young person.

Please see Appendix B.

1.3 Whilst a member of staff is waiting to complete their full training, they will complete a one day awareness training course, every six months.

Training for Care Staff

1.4 The training available to care staff is as follows:

- One day Awareness Training  
- A 24 hours minimum training to achieve Certification.  
- 2 x 6 monthly Refresher Training covering all aspects of the full TCI Course.

Training for Ancillary Staff

5 It is a mandatory requirement that all domiciliary staff attend the one day TCI Awareness Training, for which they will receive a Certificate of Attendance. The ancillary staff may also attend the refresher training for the care staff.

6 All ancillary staff are expected to attend the annual refresher day which focuses on behaviour management techniques.

7 Ancillary staff are not permitted to attempt safety interventions.

8 All participants of either training must be able to demonstrate to the Trainers their competence in TCI.

2. Training for Trainers

2.1 It is the expectation that any Trainer must have completed the initial full five days Certification Training. Thereafter, the Trainers must attend the two day annual Refresher Training for Trainers Course. Additionally, it is the Trainers responsibility to undertake training as required by Cornell University.

2.2 It is a requirement that at least one out of the two Trainers delivering a course to staff hold a current First Aid Qualification.
3. Feedback to Managers

3.1 Following the training, it is the Trainers responsibility to feedback a participant’s progress to their Manager. In any situation where concerns about a participant arise, this must be done immediately in writing. The Trainers will also provide feedback about Relief Staff.

3.2 To ensure standards of good practice, it is the responsibility of all employees who have undertaken the full TCI Training to successfully complete a skills/knowledge review on a six monthly basis. This review must be documented in the staff member’s Personal Development Profile to enable progress to be reviewed in supervision.

3.3 A record of all training completed will be held in the Training Section.

4. Early Interventions

TCI is concerned with managing situations using positive action and procedures to avoid a situation being reached where a safety intervention technique is necessary. Early interventions are the most important element of TCI practice as it is the use of de-escalation skills to prevent a crisis happening in the first instance. The approach identifies how staff can intervene in a crisis to help a young person learn better ways of coping with upsetting events, the crisis being treated as an opportunity for helping the young person to make better sense of their situation. Early intervention techniques emphasise the importance of early observation and assessment of young peoples needs to identify by the most appropriate response.

2.1 Staff will find they can prevent conflict, or handle it better through developing their skills in awareness of personal feelings and their understanding of young people's needs and the effects of environment on behaviour.

5. Safety Interventions

Even in the best managed Residential Care Homes where a positive culture is actively promoted, there will be times when young people loose control because of the intensity of their emotions. Their behaviour may then lead to a risk of physical injury to themselves, or others and a risk of serious damage to property. Use of safety interventions will only be appropriate in these circumstances and only when no other course of action is open and all early intervention techniques have been explored. What is reasonable in the circumstances has to be judged in the light of each particular situation. Safety intervention techniques are a LAST RESORT when all other methods have failed and there is a serious risk of harm.

5.1 Safety intervention techniques must only be undertaken by staff that have successfully completed the 24 hour Crisis Management Training and/or have successfully completed a Skills Review within the last six months.

5.2 It is essential that all care staff are physically able to perform and participate in safety intervention techniques. It is acknowledged that there may be occasions when short to long term health problems may arise which may impact on an individual's ability to perform safety interventions. This will require monitoring and review of the situation via the Registered Manger and the Assistant Managers in the Home, in consultation with the Occupational Health Service.
5.3 The only safety intervention techniques that may be used are those taught on the TCI Training Programme. Staff are not permitted to use any other methods.

5.4 The approved safety intervention techniques are:

i. Releases.
ii. Protective Stance.
iii. Breaking Away Techniques.
iv. Standing Hold.
v. Team Restraint.
vi. Small Child Restraint.
vii. Three Person Restraint and transferring control.

5.5 During safety intervention techniques, principles of good practice must ensure that the technique does not intentionally inflict pain, injury or harm on the young person. The adult must not hold the young person on bodily joints therefore it may be necessary to hold onto items of clothing. At all times, the young persons breathing must not be restricted.

5.6 Consideration must be given to what safety intervention might mean to the young person in the light of their history and risk assessment. This also needs to link in with the Individualised Crisis Management Plan. Consideration must be given to alternatives to safety interventions, e.g. early intervention techniques.

5.7 Staff must believe the immediate action is necessary to prevent harm to the young person or others and to prevent serious damage to property. This is in accordance with the Home and individual Risk Assessments.

5.8 Staff must judge that the proposed safety intervention is carried out safely and successfully taking into account the number of staff available, the location and the young person’s gender, size and age.

5.9 Staff must not attempt to restrain a young person unless there are two members of staff present. This will help to ensure that any action taken is both safe and successful.

5.10 Attempting to restrain a young person single handed is ill advised; it can lead to accusations of abuse and may in certain situations turn into a fight. It would be an error of judgement if a member of staff tried to restrain a young person without proper assistance and in doing so caused injury to themselves or the young person, because the intervention was handled ineptly.

5.11 The overriding principal must be that a safety intervention is an act of care and control and not punishment. Safety intervention must never be used as;

1) Punishment,
2) Consequence,
3) For demonstrating “who is in charge”, or
4) Used to gain compliance.

5.12 Safety intervention techniques must only use the minimum force necessary and for the minimum duration and they must cease when the young person is judged
to be safe and no longer at risk of self injury or harming others. Therefore, as soon as it is safe, the intervention must be gradually released to allow the young person to regain self control and self respect. Every effort must be made to re-establish normal relations without the young person feeling demeaned.

5.13 Other young people are not permitted to use or assist with any of the safety intervention techniques.

After the incident is over, both the young person and staff concerned should make an opportunity to discuss and reflect upon the incident, its causes and outcomes. The Life Space Interview provides a structure for this discussion. This helps the young person learn that there are better ways of dealing with difficult situations than losing control. Staff have a responsibility to follow this process through at the most appropriate time.

5.14 Young people must have access to the Complaints Procedure if they remain unhappy with the way the incident was handled.

6. Recovery

6.1 An important element of TCI is the recovery period following a safety intervention.

6.2 The key guidelines are:

- The opportunity must be taken to discuss with the young person what led to the crisis situation and what other ways could be used to deal with a similar situation, in a way which would not lead to confrontation.

- The LSI, which takes place either singly or in a group situation, must be conducted by the member of staff principally involved in restraining the young person.

- Consideration must be given to holding a meeting involving all the young people and staff to reflect and share their feelings about the incident.

- Following the LSI, it is important to establish a plan which will address the circumstances which led to the restraint occurring. Involvement of the young person restrained is essential at all stages of the recovery period in order that future plans can be agreed by all sides.

- If a young person wishes to make a complaint about the handling of the incident they must be provided with the relevant information and supported in this process.

- Following any incident, the staff involved and witnesses must be afforded the opportunity to reflect on their own feelings about the handling of events. Supervision will give people this opportunity; the LSI format is suitable for this process too.

7. Recording

7.1 It is the responsibility of a Young Person’s Key worker/Co Worker to develop an Individual Crisis Management Plan (ICMP) for each young person accommodated. This ICMP must be reviewed on a monthly basis alongside the
Residential Action Plan and Risk Assessment to ensure that appropriate safety interventions, which meet the young person’s needs, are recorded accurately.

7.2 It is the responsibility of the Registered Manager/Management Team to monitor the plans in supervision. It is the responsibility of the Key Worker to share the information and any changes to the ICMP with the staff team in a recorded Team Meeting.

7.3 All significant incidents must be recorded on the TCI Performa (Appendix B) by the member of staff on duty. The Registered Manager must countersign.

7.4 It is the responsibility of the duty staff and Registered Manager/Management Team to ensure that:

a) All significant incidents, including safety interventions are reported to the Commission for Social Care Inspection, using the TCI Performa and Notifications Performa.

b) The Young Person’s Social Worker/Personal Advisor and parents are informed of the incident.

c) The Health & Safety Officer for Children’s Services is informed via the TCI Performa and P2S.

d) The Residential Children’s Services Manager is informed via the TCI Performa and copy of the OFSTED Notifications Performa.

e) The incident is recorded in the Homes Additional records of Restraint Control (in accordance with the Children’s Homes Regulations 2001) and the Record of Restraint.

7.5 Where an injury is sustained to either a young person or member of staff, it is the responsibility of the other staff on duty to record in the Homes Accident Books. This must be countersigned by the Registered Manager.

7.6 Following any significant incident, it is the responsibility of the Key Worker to update the young person’s ICMP and RAP as soon as possible.

7.7 The Registered Manager must review the situation and decide whether or not to implement a Dynamic Risk Assessment. (Cross refers to Risk Management Procedure.)

7.8 Records will be available to be reviewed by Managers, external Managers, Councillors or Inspectors. (Regulation 33). Information gained from monitoring and evaluation incidents will be used to inform management, planning and training decisions.

8. The Role of the T.C.I Coordinator

8.1 All Homes will have a nominated TCI Coordinator who will work in conjunction with the designated TCI Trainer. Their responsibilities will be:

I. Maintaining a record of individual staff training dates; skills review dates and needs for TCI Training on the Team (e.g. new
staff/refresher need etc.) This must be fed back to the Workforce Development Unit.

II. Develop TCI revision and coaching sessions within Staff Meetings.

III. Alert the Management Team of those staff members who require refresher training. A member of the Management Team or the TCI Coordinator can request a review from the designated TCI Trainer at any time, which would then feedback to the staff members’ supervisor.

IV. Attend Coordinators/Trainer Meetings.

V. Cascade information via the use of the Team Meetings.

VI. Be a point of contact within the Home and to other Coordinators.

VII. Collate data on a quarterly basis re: Safety Interventions to provide to Workforce Development, who in turn will relay through information to the University of Cornell (Appendix C). This will assist in identifying patterns and trends.

9. Staff Responsibilities

9.1 All staff are responsible for developing their own TCI practice, by providing evidence of completed TCI Performa’s and using the supervision process to reflect and enhance their own practice. They must inform TCI Coordinators of their own training needs. Equally Supervisors are also responsible for monitoring and reviewing individual TCI skills are reviewed as part of the yearly appraisal process.

9.2 Key Workers are responsible for drawing up the Residential Action Plan and the Individual Crisis Management Plan, ensuring that they link to risk assessments. These pieces of work must be reviewed at least monthly, however, if the young person’s behaviour is variable, this may need to be more frequent (in Respite Units it may be every six months).

9.3 It is the responsibility of each staff member to record the incident on the appropriate documentation following each and every incident and ensuring that a Life Space Interview occurs at the first appropriate opportunity.

9.4 All staff are responsible in ensuring that all young people are provided with information regarding the complaints procedure and to support them in this process.

9.5 Residential Homes and their staff groups must regularly monitor and review their own progress and review each Individualised Crisis Management Plan. Young people must be involved at all levels of decision making to promote a positive care environment.

9.6 Cumbria County Council Employees in Residential Services will be expected to comply with the principles of the TCI Departmental Procedure and Managers are responsible for making sure this document has been distributed, read and signed by each individual member of staff. A copy will
be held in the staff member’s personal development profile and their personal file in accordance with the Children’s Homes National Minimum Standards (Care Standards Act 2000).

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### RELATED DOCUMENTS

<table>
<thead>
<tr>
<th>RELATED 3Ps</th>
<th>Children’s Services Residential Children’s Services.</th>
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<tr>
<td>APPENDICES ATTACHED (these will be read-only in the E library)</td>
<td>Appendix A – T.C.I Fact Sheet Appendix B – T.C.I Incident Sheet Appendix C – BMG Sheet</td>
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### APPROVAL AND REVIEW

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<tr>
<td>Approved By:</td>
<td>Charles Proctor, Senior Manager, Safeguarding and Child Protection</td>
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<tr>
<td>Date Approved:</td>
<td>19 June 2006</td>
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### DOCUMENT CHANGE HISTORY

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<tr>
<td>20.10.06</td>
<td>Joanne Huddart</td>
<td>N/A – first 3P issue.</td>
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<tr>
<td>2009-06-19</td>
<td>Ros Dean</td>
<td>Reformatted for current 3P template, revised version control and current Directorate structure</td>
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<tr>
<td>2011-10-13</td>
<td>Ros Dean</td>
<td>Reformatted in to good practice and minor alteration from Registered Managers</td>
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TCI Rationale

In our work in Residential Child Care, the most important tool we possess in helping young people change, grow and develop into well adjusted members of society is ourselves.

TCI Aims

TCI has been developed by Cornell University, whose aim it is to provide Social Care Workers with the skills, knowledge and broad understanding of children/young people and their behaviour.

The training provides Social Care Workers with the confidence and techniques to manage children/young people in crisis.

The Crisis Circle

![The Crisis Cycle Diagram]

Summary – the above crisis cycle shows without intervention, the crisis will continue. Therefore with the appropriate adult response and intervention, the Social Care Worker has the skills to break the cycle.

Individual Crisis Management Plan

Every child/young person is required to have a written Individual Crisis Management Plan (ICMP), which is reviewed on a regular basis. This includes:

- Details of their individual behaviours displayed and the triggers which may bring them about.
- The particular TCI skills required to manage the individual child/young person when in crisis. In extreme circumstances children and young people may place themselves at significant risk or signs of serious harm. In this case, the ICMP must provide details of whether physical safety interventions are appropriate and which interventions could be used.
- The child/young persons plan during the recovery phase.

Faced with a Crisis
Social Care Workers will ask themselves the following four questions when faced with a crisis:

1. What am I feeling?
2. What does the child/young person feel, need or want?
3. How is the environment affecting the child/young person?
4. How best do I respond?

**Summary**

These questions will assist the Social Care Worker to have self awareness and to understand the individual child/young persons underlying needs which are being reflected in their behaviour. The environment can be a trigger or stimulation to an already agitated young person (i.e. an audience).

By asking these questions, Social Care Workers can use their judgement of which interventions are more appropriate, i.e. how they respond.

**Crisis Model**

![Crisis Model Diagram]

Summary – The above model shows how behaviour has a set and significant pattern, starting at the pre crisis state to the outburst phase, followed by recovery. Having an understanding of the stress model of crisis enables Social Care Workers to intervene at any stage.

**TCI Behaviour Management Approaches**

The approved approaches are through:

- **Relating** – building relationships to provide appropriate role modelling.
- **Structuring** – a safe and secure environment with clear expectations.
- **Teaching** – to enable a child/young person to explore new behaviours in order for them to learn and grow.
- **Listening** – to use active listening skills and provide support and build the child/young persons self esteem.
- **Directing** – to redirect unacceptable behaviours and give positive attention when achieved.
Summary – these different approaches will be used according to the situation and the individual child/young person.

**TCI Behaviour Management Techniques**

- **Managing the Environment** – by structuring the environment to reflect a calm atmosphere may calm a child/young persons behaviour.
- **Prompting** – to provide basic clear prompts of expected behaviour or actions required.
- **Caring Gestures** – showing a child/young person they are cared for through verbal and non verbal communication.
- **Hurdle Help** – to provide step by step assistance through an individual situation.
- **Redirection** – to divert a child/young person’s energy and attention from a crisis may enable the child/young person to maintain control of their behaviour.
- **Proximity** – having adult presence may have a calming effect or provide an authoritative presence and also a good understanding and awareness of child/young persons need for individual space is paramount.
- **Planned Ignoring/Positive Attention** – to plan to ignore inappropriate behaviour for a time limited period only. To give positive praise to appropriate displayed behaviours.
- **Directive Statements** – when observing a child or young person becoming agitated, it may be necessary to provide directive statements of expected behaviours.
- **Time Away** – to encourage the child/young person to have time limited period alone to calm and think.

**Summary**

The ICMP will identify which of the above techniques are more appropriate in managing individual children/young people’s behaviour in various situations.

**Life Space Interviews (LSI)**

A Life Space Interview should occur following any period of crisis. The aim is to provide the child/young person the opportunity to tell their account and for Social Care Workers to clarify the actual events. Having the opportunity for the child/young person and Social Care Worker to share their points of view may enable the child/young person to connect their feelings to their recently displayed behaviour. The LSI will then encourage the child/young person to develop new coping skills and plan how this may be achieved.

The child/young person is then supported back into their daily routine having re-established their relationship with other people involved.
**Life Space Interview**

I  Isolate conversation.
E  Explore child/YP’s point of view.
S  Summarise feelings and content.
C  Connect behaviour to feelings.
A  Alternate behaviours discussed.
P  Plan developed/practice new behaviour.
E  Enter young people back into routine.

**Physical Safety Intervention**

If the child/young person does not respond to the previous behaviour management techniques and place themselves or others at significant risk, we may need to consider a physical intervention.

Definition of a physical intervention – we define the physical intervention as the use of Social Care Workers to hold a child or young person in a safe and supportive manner. It is not to be used as a discipline or punishment, but in the best interest of the child/young person.

Vigorous training is provided to all Social Care Workers in the legal requirements and physical safety interventions of all the approved holds.

TCI is a mandatory five day training programme for all Social Care Workers, which has the requirement of individual practice to be refreshed on a six monthly basis. Each worker must demonstrate to the Examiner their competence and knowledge during each training sessions, through written and observed practice.

No TCI physical safety interventions are to be attempted by persons not fully TCI trained.
APPENDIX B

THERAPEUTIC INTERVENTION

NAME OF YOUNG PERSON: ...........................................  DATE: ............

STAFF INVOLVED: .......................................................  TIME: ............

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Describe the Incident
(Please use TCI language)

Did LSI occur? What was the plan?
Has the ICMP been updated  YES/NO

Safety Intervention used
(Please describe what approved technique was used and why)

Were there any injuries or Police involvement?

Has a P25 been completed?  YES/NO

Has the Accident Book been completed?  YES/NO

Have you contacted the following (within 24 hours)?

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Young Person's comments

Signed: ...........................................  Dated: ..........................

Countersigned
(Registered Manager/Assistant Manager)

Signed: ...........................................  Dated: ..........................

19.05.06
## BEHAVIOUR MANAGEMENT DATA SHEET

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