



Accredited

OCR LEVEL 3 CAMBRIDGE TECHNICAL CERTIFICATE/DIPLOMA IN

HEALTH AND SOCIAL CARE

PROMOTE POSITIVE BEHAVIOUR

K/505/7778

LEVEL 3 UNIT 29

GUIDED LEARNING HOURS: 90

UNIT CREDIT VALUE: 15

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AIM AND PURPOSE OF THE UNIT

When working in the Health, Social Care and Early Years sectors, there may be times when there is a need to deal with challenging behaviour displayed by individuals. Good communication and interpersonal skills will often de-escalate situations so that behaviour becomes manageable reducing the need for further intervention. On occasions, when challenging behaviour escalates, there may be a need for additional measures to be taken.

Learner will understand that restrictive interventions should only be used as a last resort and in cases where there is imminent danger to the person receiving the care, the person providing the care or any other person nearby. This unit gives learners the opportunity to study the legislation that supports the use of restrictive interventions, how to recognise changes in behaviour patterns which may prevent escalation of challenging behaviour and to examine how individuals are affected by the experience of challenging behaviour.

Learners will gain an understanding of the legislation governing restrictive interventions in settings and examine how they are applied. Learners will be able to recognise the triggers and warnings signs that challenging behaviour exhibited is becoming more challenging and there may be a need for either de-escalation or intervention. Learners will explore best practice when dealing with challenging behaviour and examine the effects on individuals who witness or become involved in an incident. Learners will recognise the importance of person centred approach and be able to respond ensuring dignity and respect is maintained throughout and after an incident.

ASSESSMENT AND GRADING CRITERIA

Learning Outcome (LO)		Pass	Merit	Distinction
		The assessment criteria are the pass requirements for this unit.	To achieve a merit the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
The learner will:		The learner can:		
1 Understand restrictive interventions in health, social care or early years contexts	P1	identify legislation in relation to restrictive interventions in health, social care or early years		
	P2	describe interventions that may be used to promote positive behaviour in health, social care or early years context		
	P3	explain why a process of implementing the least restrictive interventions first should always be used		
	P4	explain why safeguards must be in place if restrictive physical interventions are used		

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The learner will:		The learner can:		
2	Understand the context and use of proactive and reactive strategies to promote positive behaviour	P5 explain the difference between proactive and reactive strategies	M1 explain the importance of identifying patterns of behaviour or triggers when deciding to use proactive or reactive strategies when faced with behaviours that challenge	D1 evaluate the impact on an individual's wellbeing of using reactive rather than proactive strategies
		P6 explain the importance of maintaining a person or child centred approach when establishing proactive strategies		
3	Understand how to promote positive behaviour	P7 describe best practice in promoting positive behaviour	M2 review approaches used to promote positive behaviour	
4	Understand how to respond to incidents of challenging behaviour	P8 identify types of challenging behaviours		
		P9 explain steps to be taken to maintain dignity and respect of an individual when responding to an incident of challenging behaviour	M3 describe the complex feelings that may be experienced by those involved in or who have witnessed challenging behaviour	D1 analyse antecedent behaviour and consequences of an incident of challenging behaviour
		P10 describe the steps to be taken to check on the well-being of an individual following an incident of challenging behaviour		

TEACHING CONTENT

The unit content describes what has to be taught to ensure that learners are able to access the highest grade.

Anything which follows an i.e. details what must be taught as part of that area of content.

Anything which follows an e.g. is illustrative, it should be noted that where e.g. is used, learners must know and be able to apply relevant examples to their work though these do not need to be the same ones specified in the unit content.

1 Understand restrictive interventions in health, social care or early years contexts

- P1 Legislation: Section 3 Criminal Law Act 1967 (Use of Reasonable Force), Common Law (Right to defend oneself and property), Education and Inspections Act 2006 (Use of restrictive intervention in Schools), Health and Safety at Work etc. Act 1974 (Maintenance of own and others safety), Human Rights Act 1998 (Person right to live without interference from others), Mental Health Act 1983 and Mental Capacity Act 2005 (Dealing with people with Mental illness). Police and Criminal Evidence Act 1984 (Power to enter premises to save life or limb)
- P2 Interventions: Positive behavioral support plans begin with a functional behavioral analysis (FBA). Development of proactive strategies and the recognition of antecedent behaviour and triggers.
- P3 Least restrictive interventions: Compliance with the Law. Minimizing risk to oneself and others. Minimizing risk to person displaying challenging behaviour. Maintaining and effective working relationship with the service user following the incident.
- P4 Safeguards: Prevent excessive use of force. Prevent injury to practitioner and service user. Compliance with Legislation, Policies and Codes of Practice.

2 Understand the context and use of proactive and reactive strategies to promote positive behaviour

- P5 Proactive strategies: (eg effective communication, maintenance of good interpersonal relationships, recognising early triggers will all serve to reduce the occurrence of challenging behaviour. Prevention and early de-escalation will allow changes in behaviour patterns to develop.)

Reactive strategies: (eg interventions that are brought into play once challenging behavior occurs and provides carers with clear plans for how to respond; goal is to help carers achieve rapid, safe, and effective control of risky behaviour. Theory of proxemics will demonstrate the

effect that working distance will have on escalating or de-escalating challenging behaviour.)

- M1 Identifying Patterns: (eg Identifying precursor behaviours i.e. tense muscles, pacing, sweating, facial expressions, and increased breathing rate. Ensuring personal space and privacy if needed, provision of structured activities or events, permitting autonomy where appropriate and the maintenance of dignity and respect. The consideration of a person's health, intellect and understanding will also affect the decision to use proactive or reactive strategies to prevent or deal with challenging behaviour. Recognising stages of behaviour is paramount. These are:

The Green 'Proactive' phase is where the person is feeling mostly calm and relaxed and is able to engage positively with you in a meaningful way.

The Amber 'Active' phase is where the person may be starting to feel anxious or distressed and there is a chance that he/she may need to challenge you in some way.

The Red 'Reactive' phase is where challenging behavior actually occurs and there is a need to do something quickly to achieve safe and rapid control over the situation to prevent unnecessary distress and injury.

The final Blue 'Post Reactive' phase is where the incident is over and the person is starting to recover and become calm and relaxed again. Caution as there is a risk of behavior escalating again.

- D1 Impact: Examination of the effects on the physical, intellectual, emotional and social wellbeing of an individual following the use of reactive strategies over proactive strategies. Include: distrust, breakdown in communication and co-operation, injury and long term mental effects.
- P6 Importance of child centred approaches: (eg Explore concepts of MAPS (Making Action Plans), PATH (Planning Alternative Tomorrows with Hope) and PFP (Personal Futures Planning). These combined give structure, direction and support for young persons when coping with challenging behaviour problems. Use of Multi

Disciplinary Teams to bring about focus and cohesion for the benefit of the child)

Importance of adult centred approaches: (eg To develop support plans in co-operation with individuals to ensure the maintenance of provision of the Core Care Values including choice, respect and dignity. To allow ownership of the problem and strategies surrounding care. Maintenance of meaningful interaction during incidents of challenging behaviour)

incident review, Accurate recording of incident for future reference and action planning.

P10 Steps: (eg Life Space Interview (developed by Fritz Redl); opportunity to assess and evaluate the incident with the person after a period of calm. Use of IESCAPE acronym to assist with process (Isolate the person, Explore the persons view, Share your view, Connect with other events, Alternatives – consider other possibilities, Plan how the alternatives might be put into place, Enter the normal routine).

Ensure that their physical and emotional wellbeing are good and offer support through counselling or therapy.

3 Understand how to promote positive behaviour

- P7 Best practice: (eg Knowing the individuals personal and medical history, known effectiveness of strategies in reducing challenging behaviour, promoting the benefits to the person, ethical considerations when deploying strategies and the environment in which the interaction is to take place. Determining which behaviour to target, identifying and promoting alternative behaviour, identifying strategies to decrease negative behaviour and effective planning.)
- M2 Evaluate approaches: (consider effectiveness, sustainability and development of strategies for individualised care)

4 Understand how to respond to incidents of challenging behaviour

- P8 Types of challenging behaviour :Self injury, physical aggression, verbal aggression, destruction of property, stereotyped behaviours, inappropriate sexual behaviour, smearing of body fluids, criminal offences such as theft and assault, manipulative and non compliant behaviour, absconding from care.
- P9 Maintaining dignity and respect: Keeping calm, lowering tone and volume of voice, non aggressive stances, respectful address of the individual, empathy and support, not being judgemental and patronising, offering support and alternative courses of action. Covering the person when body parts exposed.
- M3 Complex feelings as a result of challenging behaviour: Fear, anger, frustration, sadness, disappointment, inadequacy due to the lack of skills or knowledge.
- D2 Antecedent behaviour and consequences: ABC Cycle, Recognition of behaviour patterns and triggers, Post

DELIVERY GUIDANCE

It would be beneficial for learners undertaking this unit to have access to health and social care practitioners who have specific skills and training in this field. Identifying challenging behaviour and the implementation of physical and non physical strategies can be daunting to the carer and to the service user who is displaying such behaviour. Teachers may wish to identify supporting agencies within the school environment that may be willing to talk through ethical and legal issues with learners.

LO1 Understand restrictive interventions in health, social care and early years

P1- Explore the legislation governing the use of force and the use of restrictive interventions in relation to Common Law and Statute Law. Learners will need to know that there is no legal definition of “reasonable force” and is determined only within the definition contained in the Criminal Law Act 1967. Learners will need to recognise when the use of force or restrictive interventions is permitted when dealing with challenging behaviour when exhibited by those who are children and young persons; those suffering from mental or physical illness or anyone likely to cause harm to themselves or others. Learners should be aware of the restrictions on the use of force or restrictive interventions and the consequences if these are used inappropriately or unjustly.

P2 – Discuss the purpose of Functional Behaviour Analysis (FBA). Explanation is needed so as to identify those conditions that trigger or maintain challenging behavior, as well as conditions associated with desirable behavior. Learners must recognize that the emphasis of a positive behavioral support plan is prevention, accommodation and teaching appropriate behaviour. Learners must recognize which behaviour to target; be able to identify the function of the behaviour and contributing factors; be able to identify alternative behaviour strategies. Learners will also need to identify strategies to increase positive behavior and to identify strategies to decrease negative behaviour. Discussion will help learners to understand how to develop and evaluate behaviour intervention plans

P3 – Learners will need to understand the importance of following an escalation or use of force continuum and that compliance with the law, recommended codes of practice and policy ensures that the minimum amount of force or restrictive intervention is applied.

Learners should be encouraged to identify the escalating

severity of the types of challenging behaviour likely to be exhibited and asked to consider the appropriate responses to each action. This can be carried out as a class discussion and joint agreement as to an appropriate continuum can be reached.

P4 – Summarise the reasons why safeguards need to be in place when executing restrictive physical interventions. Learners will need to consider compliance with the law, risk

LO2 Understand the context and use of proactive and reactive strategies to promote positive behaviour

P5 – Learners will need to understand the differences between proactive and reactive strategies. Learners will need to explore the communication skills needed when dealing with challenging behaviour and how to apply them. They will also benefit from role play and peer interaction. Learners will need to explore proxemics and understand how this can de-escalate or escalate situations and provide a safety zone when dealing with challenging behaviour.

M1 – Explain how learners can recognise changes in behaviour and identify triggers that could lead to an incident of challenging behaviour. Learners need to explore factors such as the environment, changes in character and other warning signs. Learners will benefit from recognising the 4 phases of challenging behaviour and how to cope with individuals during each phase. Role play may assist with learners understanding and recognition.

D1- Comparison of the impact on the physical, intellectual, emotional and social wellbeing of an individual following the use of reactive over proactive strategies. This will allow learners to evaluate the effects to the persons overall wellbeing. Learners will benefit from discussion on how a person may feel physically and emotionally following an incident where they have been dealt with reactively and may have been physically restrained. Learners could be encouraged to express their feelings as if had happened to them. Case studies could be used to reflect personal feelings following real life incidents.

P6 – Explain the importance of planning and reviewing when deciding on proactive strategies for individuals. Adults and young persons need to be involved in the identification of their needs. Learners will need to recognise that through multi disciplinary teams the appropriate course of proactive action can be formulated. Learners will benefit from the review of the core care values which underpin care provision

and be able to understand how they applied in formulating proactive strategies. Reference to the Care Standards Act 2000 and relevant national minimum standards of care will help.

LO3 Understand how to promote positive behaviour

P7- Identify the factors which are considered to be best practice when promoting positive behaviour. Learners will need to explore positive role modelling, definitive boundaries, understanding of consequences, service user engagement in planning and the development of alternative actions and behaviour. Learners may benefit in being able to question a Health or Social Care professional either by visiting a suitable establishment or through a guest speaker within the learning environment.

M2 – Through discussion, learners will be able to review the different approaches used to promote positive behaviour and evaluate their effectiveness and sustainability in providing a long term strategy.

LO4 Understand how to respond to incidents of challenging behaviour

P8 – Identify through discussion the types of challenging behaviour exhibited in different care settings. Learners may benefit from working in small groups and having the opportunity to share their information with their peers in the form of a presentation.

P9 – Learners may benefit through role play whilst exploring the steps needed to maintain dignity and respect during an incident involving challenging behaviour. Learning may be reinforced with a group discussion allowing learners to revisit their actions during the role play. Video recording and subsequent viewing may support learning.

M3 – Learners will need to examine and describe the feelings of those involved in a challenging behaviour incident. They could reflect on how they would feel if they were the person exhibiting the challenging behaviour; the person dealing with the incident or just a person witnessing the incident. The thoughts of the learners could be shared during discussion in groups or pairs.

D2 – Learners will need to examine typical ABC charts so that they can analyse the antecedent factors which contribute to challenging behaviour incidents. Learners will need to examine consequences which will serve to build relationships and to develop and promote positive behaviour in the future.

P10 – Learners will need to investigate the steps taken to support the wellbeing of those involved in an incident following the event. Learners may wish to engage in a role play whereby they undertake a Life Space Interview. Reflection and review of what happened and why can be both educating and therapeutic. Learners will need to explore what professional support may be available for the carer and service user involved.

GENERIC ASSESSMENT GUIDANCE

Assessment evidence is likely to be Learning Outcome based and be written in the form of assignments, essays or where appropriate reflective accounts. The use of tables is acceptable, for example when responding to command verbs such as identify or list. Tables can be useful for recording data. However, tables are best supplemented with continuous prose. Where role play or case studies are used as the mode of assessment, supporting evidence should be included, with the learner clearly identified. Where group work/activities contribute to assessment evidence the individual contribution of each learner must be identified.

Display work or posters may be used as evidence, as can photographic or video evidence. All evidence must be available for the visiting moderator to review. Where learners are able to use real situations or observations from work placement, care should be taken to ensure that the record of observation accurately reflects the learner's performance, this should be signed and dated and included in the evidence. It is best practice to record another individual's perspective of how a practical activity was carried out. Centres may wish to use a witness statement as a record of observation, this should be signed and dated and included in the evidence.

ASSESSMENT GUIDANCE

P1 Learners could present their work in the form of a power point presentation or by completing posters identifying different laws.

P2 Learners could produce an intervention plan for a service user. This should describe the interventions to be used.

P3 Learners could produce a report that explains why, in practice, a process of implementing the least restrictive interventions first should always be used. They could present outcomes of case studies where they have indicated the levels of challenging behaviour compared to the appropriate level of response. This could be presented as a poster or by using a power point slide presentation. Supporting comment could be provided in a written report. Where group or pair working has taken place a witness testimony may be included as evidence.

P4 Learners could present their work in the form of a written report or by presenting their findings in a power point presentation. A witness testimony may be included as evidence to support the delivery of the presentation.

P5 Learners could demonstrate their knowledge and skills during a role play session where they explain the difference between proactive and reactive strategies. This could be evidenced by witness testimony or peer assessment. Differences could be displayed in a table format and form part of a written report summarising knowledge. Understanding of proxemics could be shown as a poster.

M1 Evidence of the learner explaining the importance of identifying patterns of behaviour or triggers when deciding to use proactive or reactive strategies when faced with behaviours that challenge can be shown using video recording or witness testimony. Or learners could produce a leaflet for use by colleagues that explains this. Role play could be summarised within a written report.

D1 The main form of evidence here would be the use of case studies to allow evaluation through a written report.

P6 Learners could produce a hand-out for use by practitioners that explains the concept of person or child centred approach. The hand-out should then explain how this approach must be used when establishing proactive strategies.

P7 Learners could prepare a leaflet or booklet that describes best practice in promoting positive behaviour.

M2 Evidence will be best presented in the form of a written report. Learners should be encouraged to compare the approaches discussed.

P8 Identification of the types of challenging behaviour can be shown in the form of posters or a power point presentation.

P9 Evidence could be shown of the understanding of how to maintain dignity and respect through role play. Witness testimony or video evidence that explains the steps would support any written report.

M3 Learners may wish to show evidence in the form of a video that describes the thoughts and feelings. Alternatively role play could be used.

D2 Evidence for this task may be presented as an analysis in a written report. A completed ABC chart may also be used to show understanding and application.

P10 Evidence of role play can be given by witness testimony or video. A written report could summarise learning.

RESOURCES

Textbooks

Sorensen S. Coping with challenging behaviour in health and social care, 2012

Hardy S. & Joyce T. Practical resource addressing ways of providing positive behavioural support, 2011

Mukherji P. Understanding children's challenging behaviour, 2001

DVD

Managing challenging behaviour Care Home Series, BVS Training, www.bvs.co.uk

Focus on challenging behaviour, BVS Training, www.bvs.co.uk

Journals

Nursing Times

Websites

Challenging behaviour: www.cafamily.org.uk

The challenging behaviour foundation: www.challengingbehaviour.org.uk

Mental Health and challenging behaviour: www.met.police.uk

Challenging behaviour in early years policy: www.hants.gov.uk

Restrictive physical intervention and therapeutic holding by nurses: www.rcn.org.uk



CONTACT US

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