

Adapting for children with challenging behaviour

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Who we are..

Kelly Thomas - qualified OT since 2005, worked in acute hospital setting on a rotation for 3 years and also worked in a community Learning disability team for 8 years. Currently working in the Disabled children's service in East Kent for the last 2 years.

Danie Day - qualified OT in 2010, worked as a case manager in a community learning disability team for 18 months before joining the disabled children's team in West Kent. I am currently working within the team as a Senior practitioner. Before qualifying I worked in a special needs school for over 10 years for profound and multiple disabilities this included working with children who display challenging needs

Background.....

- ▶ Last year myself and Danie attended a 1 day course called:
- ▶ Adapting for Children with Challenging behaviour in London. This was run by a company called viva Access.
- ▶ Today we are going to talk about what we learnt on the course and how we apply this to the children that are referred to our service. Highlighting the scope of our practice and the diverse needs that we hope to address. To enable children and young people to live as safely and as independently as possible within their family homes.

Setting the scene.....adapting for safety

Extract from Challenging behaviour: a unified approach, by Royal College of Psychiatrists, British Psychological society and Royal college of speech and language therapists.

*“ Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the **quality of life** and / or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion”*

Challenging behaviour or exotic communication ?

Challenging behaviour can be described as socially constructed and is a product of the interplay between the person and the environment. Intervention should focus on both the person and the environment, and the interaction between the two.

Legislative & policy context

- ▶ 1970 Chronically Sick and Disabled Persons Act
- ▶ 1989 UN Convention on the Rights of the Child: Articles 31 & 23
- ▶ 1989 Children's Act
- ▶ 1996 Housing Grants Construction & Regenerations Act - Disabled Facilities Grant -
- ▶ 1998 Human Rights Act
- ▶ 2000 Carers and Disabled Children Act
- ▶ 2002 Regulatory Reform (Housing Assistance) (England and Wales) Order
- ▶ 2005 Mental Capacity Act
- ▶ 2004 Children's National Service Framework
- ▶ 2010 Equality Act
- ▶ 2013 Home Adaptations for Disabled People (Guidance)
- ▶ 2014 Care Act (and Better Care Fund)
- ▶ 2015 Part M - Access to use of Buildings 2015/16 - (includes furniture schedule)

1989 UN Convention on the Rights of the Child:

- ▶ **Articles 31 & 23** - Play is recognised as a fundamental human right in Article 31 of the United Nations Convention on the Rights of the Child (1989), which states that the child has a right to leisure, play and participation in cultural and artistic activities.
- ▶ **Article 31 (Leisure, play and culture)** Children have the right to relax and play, and to join in a wide range of cultural, artistic and other recreational activities. **Article 23 (children with Disabilities):** Children who have any kind of disability have the right to special care and support, as well as all the rights in the convention, so that they can live full and independent lives.

1989 Childrens act

- ▶ **1989 Children's Act - Section 17** - Duty for local authorities to safeguard and promote the welfare of children in their area who are in need by providing a range and level of services appropriate to the child's needs. Provides for assistance for children in need, which includes disabled children, this could include the funding of essential equipment and adaptations.
- ▶ **Schedule 2** Local Authorities shall take reasonable steps to identify children in need in their area and take such steps as are reasonably practicable to ensure that those who might benefit from Local Authority services receive relevant information. Requires the local authority to provide services to minimise the effect on disabled children of their disabilities and give such children the opportunity to lead lives which are as normal as possible.
- ▶ **Section 23** - Local authority has a duty to provide accommodation for a child in local authority care to maintain that child. If the child is disabled, it is their duty to ensure accommodation is not unsuitable for that child. **Enable to live as normal life as possible.**
- ▶ **Siblings should not be disadvantaged by another child's disability.**

1996 Housing Grants Construction & Regenerations Act - Disabled Facilities Grant

- ▶ **Safety** - for the disabled person and those living with him/her (not just the child)
- ▶ **Consists of 12 Criteria** in relation to access and use of essential facilities within the boundary (curtilage).
- ▶ Legislation was amending in April 2008 so that access to gardens became a specific criterion for entitlement
- ▶ **Necessary and appropriate**
- ▶ **Reasonable and Practicable**
- ▶ **Section f)** Facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a bath or shower (**or both**) or facilitating the use of the disabled occupant of such a facility.

2002 Regulatory Reform (Housing Assistance) (England and Wales) Order

- ▶ This is tenure blind.
- ▶ The general power under Article 3 of this order enables Local Authorities to give discretionary assistance for minor adaptations to either fulfil needs not covered by mandatory DFGs or by avoiding the complexities of mandatory DFGs, to deliver a much quicker remedy for urgent adaptations.
- ▶ No restriction on the amount of assistance that can be given
- ▶ It enables the LA to provide assistance to a person to acquire, adapt, repair or demolish dwellings.
- ▶ Top-up assistance to mandatory DFG can be provided where the authority takes the view that the amount of assistance available under DFG is insufficient to meet the needs of the disabled person and their families.

Intervention aims:

- ▶ To create safer environments for all
- ▶ To identify what difficulties a child faces, either rigidity of thought and / or sensory processing difficulties. This is as equally as important as assessing physical needs
- ▶ To identify aspects of the environment that can contribute to a child's sensory processing difficulties
- ▶ To create environments that are either calming or stimulating dependant upon a child's sensory needs
- ▶ To help sustain the family unit, enabling children to feel less threatened by their home, whilst maintaining their overall safety

OT Process with the Disabled Children's OT service

- ▶ Referral received by the team
- ▶ Screening assessment within 28 days
- ▶ Referral categorised as either a priority or non priority
- ▶ Added to waitlist
- ▶ On allocation - Home assessment, to include detailed assessment of need, impact on the individual, family and environment
- ▶ Observations within the home environment and other relevant setting such as school / nursery / respite services
- ▶ Obtaining further information from relevant medical / health / social professionals
- ▶ Consideration / further understanding of any relevant sensory needs
- ▶ Careful consideration of solutions to meet needs discussed formally within the supervision process. Looking at the most modest, practical, reasonable and least restrictive options. In consultation with family and those that know the child well.

How can we adapt the environment?

▶ Hypersensitivity - Over stimulated (visual)

▶ Child may:

- ▶ Be sensitive to bright lights; will squint, cover eyes, cry and or get headaches from the light
- ▶ Have difficulty keeping eyes focused on task/activity for appropriate length of time
- ▶ Be easily distracted by other visual stimuli in the room i.e. movement, decorations, toys, windows.
- ▶ Be uncomfortable in bright colourful rooms or dimly lit rooms
- ▶ Rubs eyes, has watery eyes, headaches after reading or watching TV
- ▶ Avoids eye contact
- ▶ Enjoys playing in the dark.

▶ Possible Adaptations

- ▶ Lighting such as dimmer switches, up lights so bulb is not visible, different colour bulbs (blue, orange) rather than standard white
- ▶ Black out blinds
- ▶ Furniture and wall decor to be plain and unstimulating
- ▶ Remove toys or store out of sight
- ▶ Making bedroom as a place for sleeping and not playing.

How can we adapt the environment?

- ▶ **Hypersensitivity - Over stimulated (auditory)**
- ▶ **Child may:**
 - ▶ Be distracted by sounds not normally noticed by others e.g humming of lights/extractor fans, ticking clocks, heaters
 - ▶ Be fearful of the sound of a flushing toilet, vacuum cleaners, hairdryers or dogs barking
 - ▶ Be startled or distracted by loud unexpected sounds
 - ▶ Be bothered or distracted by background environmental sounds e.g lawn mowers, traffic outside house
 - ▶ Frequently asks people to be quiet
 - ▶ May cover ear, run away from sound.
 - ▶ May refuse to go to cinemas, parties, shops due to the noise
 - ▶ May like or dislike people by the sound of their voice

Possible adaptations:

- ▶ Sound proofing walls, acoustic tiles.
- ▶ Soft furnishings in rooms to dampen sounds - hang dressing gowns and towels in the bathroom, carpet rather than laminate.
- ▶ Install double or tertiary glazing
- ▶ Bedroom best located away from boiler, bathroom, pipework's, front of property with road noise
- ▶ Consider different heating systems - is the radiator noisy, can piping be more secure/insulated to reduce noise
- ▶ Install low decibel WC
- ▶ Install whisper extractor fans and extractor fans that are only activated linked to level of humidity in the room rather than every time light is turned on.
- ▶ Change doors - solid wood or fire doors will reduce sound

How can we adapt the environment?

Hyposensitivity (under stimulated)

- ▶ Hard floor surfaces
- ▶ Lots of light - day light, lava lamps, fibre optic lights
- ▶ Lots of space to run, spin, jump
- ▶ Bright colour walls and furnishings
- ▶ Play equipment - swings, slides, trampolines
- ▶ Garden access to play

Adapting for safety

Safety of not only the child, but all that live in the property

- ▶ Importance of risk assessment

External - Garden

- ▶ Fencing - anti climb, rollers on the top
- ▶ Safe/soft flooring (like in play grounds) if facilitating access to the garden do you have a responsibility to make it safe??

- ▶ **Internal**
- ▶ Sloping window sills to prevent climbing
- ▶ Sloping radiator cover, underfloor heating
- ▶ Biometric locks (finger prints)
- ▶ Padding - consider using local upholster as may be cheaper than companies.
- ▶ Induction hobs rather than gas
- ▶ Boxing in wires
- ▶ Door sensors
- ▶ Use of Telecare
- ▶ Stair gates to be fitted at bottom of stairs rather than the top
- ▶ locking child out of a room is better than locking them in!!!

Door locks

Examples:

- ◇ **Biometric locks**
- ◇ **Finger print**
- ◇ **Key code**
- ◇ **Phone App**



Stable Doors



Covers for electric wiring / sure stop



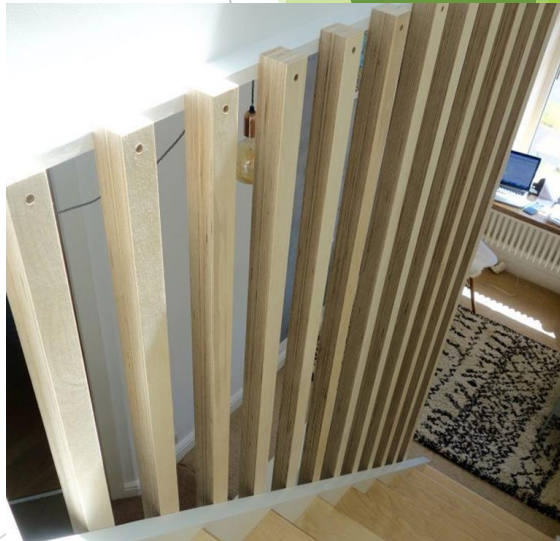
Padding/bedroom



Garden



Stairs



Windows



Getting it right when adapting for children with Challenging behaviour.....

- ▶ Adaptations should be a last resort especially if the nature of the adaption is deemed as restrictive
- ▶ Robust risk assessments that reflect that behaviour can change over time and adaptations may need to be revised
- ▶ Adaptations should occur along side behaviour intervention and plans
- ▶ Consideration of the impact of the Mental Capacity Act 2005 for children once they reach 16 years of age
- ▶ For young people aged 16 and above may need to consider DOLS application - deprivation of liberty under the Mental capacity Act

Questions.....?