

Practitioner article

Challenging behaviour in homelessness services

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Shelter

Challenging behaviour in homelessness services

Turning Point Scotland offers a variety of social care services including some specifically for homeless people, including those who are not able to access other services due to previous challenging behaviour. Marisa Mahood outlines the services that are offered, how challenging behaviour is encountered, monitored and managed along with examples of good practice based on learning from over 10 years of running such services.

Turning Point Scotland

Turning Point Scotland (TPS) is a national social care organisation providing services to adults with complex needs including learning disabilities, homelessness, substance misuse issues and mental health issues. In 2006/07 it provided 35 services in both urban and rural Scotland to over 14,500 service users.

For the purposes of this article, **TPS homelessness services** will be featured.

TPS Homelessness Services

TPS has been providing services for homeless people since 1996. It manages five homeless services and in 2006/07 supported 295 individuals¹.

Service Name	Geographical Location
Link Up	Glasgow
Moving On	Drumchapel
Midway	Glasgow
Guildry House	Elgin
PITSTOP	Fraserburgh

This article will concentrate on the **Link Up** service.

Background to Link Up

Link Up was set up in 1999. It was developed through a partnership between Glasgow City Council, Greater Glasgow Health Board, Glasgow Council for Single Homeless and TPS to address the complex needs of people who sleep rough in Glasgow, many of whom have alcohol and drug misuse issues and mental health issues in addition to their homelessness.

Link Up is funded through the Rough Sleepers Initiative (RSI) and Supporting People funding streams.

¹ Turning Point Scotland Annual Report 2006/07

Mission, ethos and principles

Link Up was set up to provide a service aimed at reducing rough sleeping by producing a direct access service responsive to individuals needs. Central to our service is a belief that service users are the most important people in the service and should be treated with dignity and respect at all times.

An important part of the respect accorded to service users in Link Up is the staff's non-judgemental approach to the problems and issues faced by service users. Sometimes this means accepting that a person is not ready or does not wish to change their lifestyle, but may require help to address their current crisis. It also means recognising relapse as part of the therapeutic process in that service users may lapse several times on their way to making change in their lives.

Another important principle of the service is the commitment to working with people who have been excluded from other services in Glasgow. According to Glasgow Homelessness Network, a third of people sleeping rough in the city have been barred from accommodation. For these people, Link Up may be the only service that will accommodate them.

Link Up services

The service provides three main services from its base at Commerce Street in Glasgow: **One Stop**, **Crisis Residential Unit (CRU)** and **Long Stay Unit (LSU)**.

Link Up works with people with a range of physical and mental health needs, often related to their substance misuse. To ensure the best possible service, staff come from a broad range of professional backgrounds. Many have additional specialist qualifications in addiction and alcohol services. Some are also skilled in alternative therapies, which, for some, are effective as an alternative to prescription drugs.

One Stop

This is the first point of call for Link Up service users. A 24-hour assessment (including assessment of housing status, physical health, addiction issues and mental health), information and advice service is offered 365 days per year. People who use the service do not need to be referred to it.

From the One Stop service, people can be referred to a range of services throughout Glasgow². Ongoing support can be offered through One Stop, however, if people are in

² Street outreach teams, social work services (Homeless Persons' Teams), health related services (Homelessness Addiction Teams) and other voluntary sector agencies.

need of immediate, intensive crisis support, they may also be admitted to Link Up's Crisis Residential Unit.

Crisis Residential Unit

The aim of the CRU is to provide a secure and safe environment to enable service users to withdraw from their chaotic lifestyles.

In order to be admitted a person must be sleeping rough, homeless and have alcohol addiction issues. Generally, however, service users have complex needs and often have drugs and or mental health issues in addition to their homelessness and alcoholism. The CRU gears its services towards people with alcohol addiction issues so as not to duplicate our other crisis services in Glasgow³.

The CRU provides a 12 bed unit. Length of stay depends on individual need but the average stay is approximately four to six weeks.

Upon admission to the CRU, each service user is assessed by the visiting medical practitioner and a staff member helps to agree an initial support plan. Every service user has a thorough and detailed support plan in place within seven days of admission and where an individual does not have a current Care Manager; admission to the service triggers a referral to the Homeless Persons' Team of the Homelessness Addiction Team who will allocate a worker within 14 days.

An important part of our work at the CRU is referring people on to agencies that can help them to maintain a more stable lifestyle. The CRU also works to help service users rebuild their family and informal social support networks.

Long Stay Unit

This provides accommodation for six service users for six to nine months.

The majority of residents have previously passed through the CRU and the aim of the LSU is to provide a safe and supportive substance free environment to support people to continue to make positive lifestyle changes.

The LSU enables people to take the next step on their journey to independent living. They work closely with their key worker to identify and maximise their existing life skills and coping strategies. This includes looking at relapse management and harm reduction techniques. During their stay, residents will be encouraged to take on roles and tasks that they need for independent living.

³ Glasgow Drugs Crisis Centre, managed by TPS

As their life skills develop, residents are encouraged to take up opportunities for educational, leisure and social activities in addition to receiving support to contact specialist services. The LSU also supports residents in finding appropriate 'move on' accommodation.

Presentations

In 2006, 1254 presentations were made to One Stop of which 77 per cent were return presentations. People presenting at the service had to wait an average of just six minutes⁴ to be seen by a member of staff. The vast majority of people coming to One Stop (82 per cent) were self-referrals.

The most common presentation to One Stop is men aged between 36 and 45 years. Just 11 per cent of all presentations are young people aged 25 and under and just over 13 per cent are by people aged 46 and over.

Just over 11 per cent of presentations to One Stop (139 people) resulted in admission to the CRU. Demand for this service consistently outstrips supply and priority is given to people who are sleeping rough at the time they present.

45 of the service users in the CRU in 2006 (32 per cent) were repeat presentations, reflecting the fact that it can take a long time and many attempts for people to be successful in making lasting change in their lives. The average length of stay in the CRU was approximately 41 days.

The CRU is successful in achieving a planned move-on from the service in over 60 per cent of all cases.

The LSU admitted 28 residents in 2006 and discharged 22 people in the same period, the majority in a planned way (82 per cent). The most common destination for people leaving the LSU in 2006 was a permanent tenancy (50 per cent), with one person going to live in a temporary hostel. In addition, two people were discharged to support housing where they could continue to work towards their personal goal.

Challenging behaviour

The term 'challenging behaviour' has become a clinical term. By using it one needs to be careful not to stigmatise. In doing so it separates people and their behaviour. This can de-humanise individuals thus making it difficult for staff to engage with the service user.

⁴ TPS information paper 'Link Up: Providing for homeless people in crisis' (2007)

TPS uses the following definition to describe what challenging behaviour means:

'Challenging behaviour is a function of the interaction between the person and their current environment⁵'.

It is behaviour which⁶:

- causes harm to the person
- causes harm to others
- causes stress to others
- impedes learning
- is contrary to social norms.

Challenging behaviour is a function of the environment service users are in.

Monitoring challenging behaviour

TPS's Health & Safety Committee meet to develop, promote, monitor and amend where appropriate health and safety management systems. They do this through analysing accident and incidents, collating best working practices, monitoring the effectiveness of training and the impact of new legislation.

A working group was set up in January 2007 to examine the statistics held on violence and aggression in order to scrutinise reports and suggest possible strategies to alleviate numbers of incidents.

TPS's health and safety's accident and incident software is a sophisticated reporting system which allows figures to be analysed and correlated to look at specifics such as time trends of incidents.

Statistics

The following table details the number of incidents within TPS homeless services for the period May 2005 to December 2007:

⁵ C Cullen

⁶ Dr Martin Campbell

	Guildry House	Link Up	Moving On	Midway	PITSTOP	Total
Total no. of incidents =	67	50	6	9	168	300
Of which minor	51	30	3	6	156	246
Of which moderate	7	12	0	0	7	26
Of which major	6	6	1	2	4	19
Of which property	2	2	2	0	0	6
Primary cause						
Alcohol related	20	12	1	0	0	33
Attack/assault	3	5	1	1	2	12
Self harm	4	7	0	1	1	13
Violence & aggression	14	24	2	7	5	52

TPS polices and procedures

TPS's policies and procedures are in place to comply with the National Care Standards⁷, the Health and Safety Executive and the Care Commission.

TPS values are embedded and enshrined within the policies and procedures and adhere to the Scottish Social Services Council's Code of Practice.

The following summary of policies is designed to support staff when faced with challenging behaviour:

Policy	Aims
Managing violence to staff	It aims to create a straightforward and consistent approach to violence and will also assist service users' understanding of what is expected of them and how staff will respond to situations.
Protection of vulnerable adults	Purpose is to ensure that staff know how to support individuals to keep them safe from harm and respond appropriately to concerns, disclosures and actions which may involve the abuse of people using services.
Individual risk assessment & management	Sets out our approach to risk assessment of individuals. TPS recognises that risk is a part of the work of the organisation and will take all reasonable and practical steps to ensure risk assessment is properly carried out to eliminate or reduce risk created by any person associated with its services.
Lone working policy	The purpose of this policy is to describe TPS management arrangements for ensuring, so far as is reasonably practicable, the health, safety and welfare of all our employees, agency workers, students on placement and volunteers who have an element of lone working within their job description.

⁷ Scottish Council for Regulation of Care

Staff support – training

TPS offers a number of training courses to its staff and in 2006/07 offered 482⁸ in-house courses. Training is offered to staff according to which sector⁹ they work in the organisation.

Preparing to Practice

This is a values-based course that is offered to all staff as part of their core training¹⁰. Introduced in 2007 the course provides a platform to ensure that TPS staff adhere to the Codes of Practice outlined by the Scottish Social Services Council. It encourages staff to look at dimensions of poverty and social exclusion¹¹:

- lack of resources
- lack of work opportunities
- lack of learning opportunities
- health inequalities
- lack of decent housing
- disruption of family life
- disadvantaged neighbourhoods.

By doing so it allows staff to identify the impact this has on individuals who may access our services. Impact such as:

- stereotyping and labelling
- people who use services often seen as a 'social menace' and danger to the community
- continuation of ideas about the 'undeserving poor'
- people who use services often stigmatised and treated as an 'underclass' group rather than individuals
- having low self-esteem
- lacking self-confidence
- mental health issues.

⁸ TPS Annual Report 2006/07

⁹ Learning disability services; homelessness; mental health, substance misuse, acquired brain injury, autism, Huntington's disease.

¹⁰ Core training is what is required by external regulatory bodies such as the HSE or the Care Commission (e.g. safer handling and back care or medication training) as well as what is required by TPS (e.g. supervision skills training).

¹¹ 2002 Department for Work and Pensions Annual Report

Therapeutic Responses to Aggression and Violence (TRAVIS)

This is a two-day course that is offered to staff working in homelessness services. It was developed by Brodie Paterson¹², re-written by TPS for use in its services and accredited by the University of Stirling, which makes it a unique training course for TPS. The content covers theories of de-escalation and breakaway techniques.

TPS's Management of violence policy states that:

'...staff receive training, tailored to the particular needs of their service, in appropriate methods of managing violence¹³, and that Service Managers should "ensure staff receive appropriate training in managing violence."¹⁴

De-escalation is, in plain terms, how we talk someone out of their stress. First of all it is up to the staff member to find out what is causing the individual distress and secondly they should help solve this. It is important to calm the person, treat them with dignity and respect. They will soon begin to de-escalate.

Pre-history tells that people who have been 'pulled from pillar to post' on the street and in hostels are expected to be treated badly and without respect.

After an evaluation TPS changed the third module of TRAVIS. Previously approximately 35 breakaway techniques (for use by staff to safely remove themselves from holds and grips) were taught to staff, however, this created a sense of fear in the workplace. TPS believed that this was not a value-driven way of training staff as it caused an expectation that the people they support would attack them. Breakaway techniques are only taught to staff where there is evidence¹⁵ that staff will be at risk to violence and aggression.

Crisis Prevention Institute (CPI) training

TPS has been running this since 2006. It is a system used by 5 million users¹⁶ and is specific to homelessness and addiction services. TPS has eight staff¹⁷ that are CPI trained trainers and believes that the course offers more for staff working in homeless services as its emphasis is on verbal de-escalation and one to one interaction.

¹² Brodie Paterson, Lecturer, University of Stirling

¹³ Policy 2.3

¹⁴ Policy 4.5

¹⁵ TPS Health and Safety, Accident & Incident Database reporting system

¹⁶ <http://www.crisisprevention.com/>

¹⁷ At Service Co-ordinator level

TPS delivers CPI training to staff teams rather than bringing a group of individual staff together to form a group. By doing so this allows teams to deal with issues in as real-life a scenario as is possible and it also improves team building.

'It translates training back to the workplace'¹⁸.

This is resource heavy approach, but as much as is possible TPS accommodates training in teams as it has proved to be most effective.

Link Up in action

Bill Mackay (Link-Up's Acting Service Manager) was interviewed for an insight into a shift at the service:

Interview

Bill says:

'It's important that as a staff team we ensure that the One Stop service runs smoothly. This is where we first start to interact with service users. Behaviour can be challenging; but we have to remember that the majority of people presenting to the service have been living on the streets and may not have interacted with anyone for a two-three week period. Keeping that at the forefront of our mind is helpful to staff.'

'Staff begin to enter into full dialogue with the service user. De-escalation is always done in a private one to one situation wherever possible. The first priority is to provide the individual with a safe and secure environment.'

Bill says that staff must use their skill bank and theories of de-escalation.

Once the service user is calm staff will then start to conduct an assessment of their needs. The emotional and crisis support we provide at assessment is very much person-centred.

'The vast majority of people presenting to our service are already known to us through the link work we do with other agencies in Glasgow. This aids us to deal with behaviour which may be challenging.'

Bill has worked at Link Up since 2001 and he explains that behaviour has changed over the years. He says that staff need to be able to cope with this:

¹⁸ John White, Training & Development Advisor (TPS)

'Front door presentations through the One Stop service have changed and we now see a trend in behaviour being directly associated with poly-substance misuse, rather than a single substance. This becomes more difficult for staff as there is not one specific substance we are dealing with.'

'In the last year Link Up has had to call paramedics as a service user passed out at the front door. A number of staff are now first aid trained in order to cope with situations they face.'

Link Up has good relationships with existing services such as paramedics and the local community police. Bill continues:

'Our advice is always clear to staff. If a service user requires specialist advice then we will contact another agency.'

In a robust service like Link Up the team can be faced with a number of service users presenting challenging behaviour simultaneously.

Lastly Bill describes how challenging behaviour can affect the team at Link Up. Bill comments:

'We ensure that we comply with TPS policy and hold a post incident de-brief. This provides staff with a platform to be reflective and also to look at the learning from the particular event. It is good for staff to reflect at the end of a shift as no one should leave work with too much emotion with them.'

Further information

You can find out more about TPS at: <http://www.turningpointscotland.com/>

If you would like any further information, please send an email to practicescotland@shelter.org.uk in the first instance.