



## ANDERIDA ADOLESCENT CARE

### SIT-INS IN RESIDENTIAL PROCEDURE AND CHECKLIST

#### **Introduction**

At times, the emotional dysregulation and behaviour of adolescents in residential care can pose a high level of risk of harm to others and to themselves.

In therapeutic adolescent care involving Non-Violent Resistance (NVR), carers may decide to use constructive action methods which reduce risk by raising adult presence. One such method is the so-called 'Sit In'. In a Sit In, adults enter a room in the home of a young person displaying behaviours which pose a high level of risk and express their expectation that the young person should act in a self-controlled and self-regulating manner or make reparation to someone they have caused harm, by asking the young person how they will accomplish such a response. They do this in a non-threatening, de-escalatory manner. Guidelines for carrying out a Sit-in are included in this document.

#### **A Sit-in can have the following purposes:**

- Reduce risk to the young person themselves.
- Reduce risk to adults around the young person such as parents, teachers or carers.
- Reduce risk to peers of the young person.
- Reduce risk to members of the general public.
- Help prevent the necessity of restrictive intervention, especially restraint whenever possible.
- Help prevent the necessity of police arrest and criminalisation of the young person.

Guidelines for residential care of adolescents stipulate that a young person's room should not be entered without their permission other than for the purpose of cleaning, or when there is *immediate risk*. A Sit-in in which carers enter a young person's room without permission should *not* be carried out in residential care of adolescents for any purpose other than reducing immediate risk of such harm as described above.

This document sets out to give guidance for making a decision on whether or not to conduct a Sit-in, its appropriateness, and how a situation of immediate risk in which carers would consider conducting a Sit-in is to be identified. The guidelines in this document only refer to carrying out a Sit-in in a young person's room without their permission in the residential home, and do not apply to other settings such as the young person's room in the home of the birth family. Alternative courses of action are possible and should be considered in the event that you come to the conclusion that there is not immediate risk of harm, or that a Sit-in would be inappropriate or unhelpful for some other reason.

### **Step 1 - Ascertaining serious risk**

Identify the young person's behaviour that in your view poses risk of harm to self and/or others. Some behaviours which represent serious risk are:

- Violence directed at carers.
- Violence directed at other young people, parents or members of the general public.
- Serious destruction of property.
- Running away.
- Dangerous risk-taking.
- Misuse of drugs.
- Distributing drugs, especially in the context of gang-related activity/county lines.
- Entering situations in which they are likely to be sexually abused and exploited.
- Engaging with potentially dangerous individuals on social media.
- Engaging with potentially dangerous individuals in person.
- Self-harm and suicide attempts.
- Criminal behaviour.
- Serious and prolonged social withdrawal/self-isolation in their own room.
- Enticing their peers to engage in any of the above behaviours.

Give a specific and concrete example of a recent incident in which the adolescent showed this behaviour. Serious risk is likely to fall into one of the categories listed above, though the list is not conclusive.

- Has this behaviour been occurring recently, i.e. in the course of the last two weeks?
- In the course of the last two weeks, has the young person threatened to carry out this behaviour or are there other specific indicators that any such behaviour is likely to be carried out? (Specific indicators of this kind are likely to be behaviours which have preceded the behaviour in past incidents.)
- If the answer to either or both of the above questions is 'yes', go on to ascertain whether the risk is *immediate*.
- If the answer to both questions is 'no', do not carry out a sit-in.

#### **Alternative courses of action:**

- Raise the issue of this behaviour with your deputy manager, manager, a director, or in a team supervision meeting.
- Consider using other forms of constructive action, such as messages in the campaign of concern, or a protest in rooms of the home other than the young person's own room.

#### **Step 2 - Identifying immediate risk**

- Is the frequency of serious incidents involving the identified harmful behaviour over the course of the last two weeks the same or higher than usual?
- Is the severity of serious incidents involving the identified harmful behaviour over the course of the last two weeks the same or greater than usual?
- Over the course of the last two weeks, has the young person appeared more emotionally dysregulated or demonstrated significantly greater psycho-physiological arousal than usual?
- Has the young person failed to engage *cooperatively* in remedial efforts by carers in the team? Examples of such remedial efforts are making reparation with support of adults, taking part in restorative action, or working on a safety plan together with carers.
- Have the clear specific indicators of risk (as referred to above) been at least as frequent, or more frequent over the past two weeks than before.

- If the answer to one or more of the above questions is 'yes', you may have identified immediate risk. Immediate risk can be identified, if on the balance of the evidence (answers to questions above), a serious incident involving the known harmful behaviours is likely to happen at any time. If that is the case, move on to step (3).
- If the answer to the questions above is 'no', *do not* carry out a Sit-in. Consider an alternative course of action (see above). Under no circumstances should a Sit-in be carried out, if there has been a clearly noticeable and significant behavioural improvement in regard to the harmful behaviour over the course of the past two weeks. This would e.g. be indicated by an absence of incidents involving the harmful behaviour as ascertained, or by constructive engagement of the young person in remedial efforts.

### **Step 3 - Carrying out a Sit-in**

These guidelines do not replace appropriate training and reading on carrying out Sit-ins.

- A Sit-in in the residential care setting must be led by a carer who is qualified to undertake this. This will be a carer who has been trained in NVR to at least NVR UK Qualification Level I (NVR UK is the independent professional organisation for the regulation of work in NVR).
- Action in the Sit-in must be proportionate to the level of risk and potential harm of the specific behaviour. The carer who leads the Sit-in (Lead) is responsible for the proportionality and appropriateness of action taken. The Lead ensures that:
  - Only as many adults enter the young person's room as are likely to be needed to deter the young person from responding with violence. As a general rule, two adults should enter the room, but more can wait outside of the room and can enter if they are called in by the Lead.
  - All adults in the young person's room ensure they de-escalate in spoken language, manner, and body language and maintain appropriate distance to the young person.

- No attempts should be made to enforce compliance by the young person. In case of violence, physical restraint must only be used to protect adults if they cannot safely leave the young person's room by other means. The exit from the young person's room must not be obstructed, so that the young person can remove themselves from the situation at any time should they choose to. The adults carrying out the Sit-in can remain in the young person's room should the young person leave their room; this is to be decided by the Leader.
- The Leader decides prior to the Sit-in how long it should last, should the young person not act in a cooperative manner. The length of the Sit-in should be determined on the basis of the young person's developmental level, and will generally last between 5 and 45 minutes, but never longer than 60 minutes, except in cases where there is an imminent high risk of serious self-harm or suicide attempt. If the young person acts in a cooperative way, e.g. by making a suggestion as to how they will control themselves to avoid hurting someone by physical violence (and such a suggestion is made in a sincere manner and has not been made before), the Leader can ask a few qualifying questions, thank the young person for their cooperation, and end the Sit-in. A Sit-in must not be extended beyond the point of such cooperation, unless the young person's responses are manifestly insincere. If the Sit-in is carried out for the full length of time that was decided prior to entering the young person's room, it should be ended by saying something to the effect of 'We don't have a solution yet'. The Leader should not indicate they will return because the young person was uncooperative, as this would be punitive.
- A Sit-in can be undertaken for a longer than a one hour period of time in order to protect a young person from self-harm by increasing vigilant care. Such a protective sit-in can be carried out by one adult alone, and adults can take turns in the young person's room. Vigilant care differs from 'supervision' of the young person, in that the adults carrying out the protective Sit-in, seek to engage the young person, raise their own personal presence and increase the young person's awareness of them. When young people are at high and immediate risk of self-harm or suicidal behaviour, they are prone to develop reduced awareness of others and skewed cognition in regard to mattering for others (such as their carers, family members or peers) and often believe others do not care if they hurt themselves, or others would be better off if they were not in their lives; it is for this reason that vigilant care is likely to be more protective than mere supervision of the young person. If the safety of a young person cannot be ensured by means of a protective sit-in, referral to emergency services/inpatient CAMHS should be considered and the appropriate professionals should be consulted.

- It is essential that during or after a Sit-in, relational reconciliation gestures are made, in order to communicate to the young person that the adults care about them, wish to address their unmet needs, and wish to repair any ruptures in the relationship.
- All measures taken prior to, during and after a Sit-in are to be recorded as a consequence log.
- The checklist below must be completed, when planning a sit in. This not only evidences that through consideration and consultation was undertaken in implementing the intervention, but also aids careful planning around the risk assessment for the sit- in.
- This document with the completed checklist below should also be saved in the consequence part of the young person digital file.

#### **Checklist to Complete in Preparing for a Sit In**

What concerns have led to the sit in being considered?	
What work NVR or otherwise has already been undertaken around this issue?	
Why has a sit in has been chosen as the intervention?	
Who has been consulted about the sit in (LA, Family, NVR support network)?	
Who has been chosen to undertake the sit in and why?	
Will the sit in take place in a communal area or the bedroom and why?	
What will be the positioning in the chosen area?	
Are there any additional risks we need to consider as part of planning the sit in and how do we address these risks?	

What possibilities are there that may mean we have to leave the sit in?	
What is the exit strategy if the situation becomes too volatile?	
Who will call to leave and what will they say?	
Who else will be in the home at the time?	
How will they support the sit in (positioning, what they will say if the young person tries to engage them) etc?	
What will the reconciliation gesture be?	
Will the gesture be given immediately before, after or at a later point?	
Anything else that is important?	