Acacium Group

Managing Behaviours that Challenge Policy

Policy Reference | ORG 19

Version | V2.1

Policy Name	Managing Behaviours that Challenge Policy
Purpose of Document	To set out the Acacium Group approach to managing behaviours that challenge
Target Audience	All Acacium Group workers.
Version	V2.1
Author	Kate Nicholson-Florence
Date of Approval	July 2013
Published Date	July 2013
Lead Director	Karen Matthews-Shard
Review Frequency	3 yearly
Last Reviewed	March 2024
Next Review Date	March 2027
Risk and Resource Implications	Risk: Acacium Group workers at risk if not managing behaviours that challenge appropriately. Resource: Training.
Associated Strategies and SOPs	CLIN 06 Consent Policy CLIN 14 Health Records Management Policy CLIN 36 Nurse Supervision, Appraisal and Revalidation Policy. CLIN 43 Deprivation of Liberties and MCA Policy CLIN 57 Rapid Tranquilisation Policy CLIN 59 Safe Holding and Personal Protection Technique Policy CLIN 60 Restrictive Physical Intervention & Breakaway Technique Policy CORP 10 Policy on Policies Policy ORG 03 Health and Safety Policy ORG 04 Incidents Reporting Policy ORG 10 Violence and Aggression in the Workplace Policy
Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Legislation	Legislation and Guidance pertinent to this policy can be found within Appendix B

Document History			
Version	**Date**	**Changes made/comments**	**By whom**
Draft v 1	Jul 2013	First draft.	K. Nicholson-Florence
V1	Jun 2014	Annual review.	KNF/KMS
V1	May 2015	Annual review.	KNF/SJ
V1	May 2016	Annual review.	KNF/VM
V1.1	Jan 2017	Implementation of new policy template.	KNF/SJ
V1.1	May 2017	Annual review.	KNF/VM
V1.1	Nov 2017	Updated to include new TCS bio brand description page.	LB/MS
V1.1	Feb 2018	Updated front sheet to include new review frequency date. Changed to new reference format. Added new EIA Form.	KMS/MS
V1.2	Apr 2019	Implementation of New Policy template	CCR/KG
V1.3	Mar 2020	Update to new Policy template	CCR/CC
V1.4	Oct 2020	Updated re Rebrand	CC
V1.5	Jan 2021	Rebrand 2	CC
V1.6	Feb 2021	Clinical Advisory Group review	CAG
V1.7	May 2021	Add CHS brand	CC
V2.0	Jan 2024	Rebrand	Clinical Advisory Group
V2.1	Mar 2024	Reviewed and updated	Clinical Advisory Group

Table of Contents

1. Introduction 6
2. Definitions 6
3. Roles & Responsibilities 7
4. Managing Behaviours That Challenge 9
5. What Purpose do behaviours that challenge serve for Service User/Client/Patients? 13
6. Supporting Acacium Group Workers 13
7. Training 13
8. Implementation 14
9. Associated Policies / SOPs 14
10. References 15
Appendix A: About Acacium Group 16
Appendix B: Legislation 17
Appendix C: Do's and don'ts when confronted with escalating conflict 21
Appendix D: ABC Chart 22

1. Introduction

1.1 '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 it is likely to lead to responses that are restrictive, aversive or result in exclusion.

1.2 Behaviours that challenge are not limited to service user/client/patients with learning disabilities acquired brain injuries or other conditions.

1.3 Behaviours that challenge put the safety of the service user/client/patient or others (including Acacium Group workers) in some jeopardy or has significant impact on the service user/client/patient, or other people's quality of life.

1.4 Acacium Group acknowledge that some service user/client/patients may display behaviours that challenge with violence and aggression. Therefore, Acacium Group will work alongside statutory services to manage such situations.

1.5 Acacium Group understands the importance of appropriate training for Acacium Group workers managing behaviours that challenge especially when physical intervention is required.

1.6 Acacium Group have two other policies which relate to the Managing Challenging Behaviour Policy which includes the Acacium Group ORG 10 Violence and Aggression in the Workplace Policy

2. Definitions

Definition	Explanation
Behaviours that challenge	''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.' Unified approach (2007)These include: • Physical aggression • self-harm • Self-injurious behaviour • Verbal aggression • Sexualised behaviour • Absconding • property damage
Conflict resolution	Conflict resolution is conceptualised as the methods and processes involved facilitating the peaceful ending of conflict (Wikipedia).
Conflict management	Conflict management is the process of limiting the negative aspects of conflict while increasing the positive aspects of conflict
Physical Intervention	Physical methods to either stop a behaviour or remove the service user/client/patient from the situation (to be used as a last resort by appropriately trained Acacium Group workers).
Reactive Strategies	'Reactive strategies' are used once behaviours that challenge occur and provide carers with clear plans for how to respond to them when they do. Their use will not result in any future change in the pattern of a person's behaviour. Their goal is simply to help carers achieve fast, safe, and effective control of behaviours that challenge. Reactive strategies must never be used on their own but should instead be employed within the context of an overall Positive Behaviour Support plan.

Proactive Strategies	Proactive (antecedent) strategies are tools used to prevent or avoid problem behaviour or dysregulation from occurring. They are introduced before any challenging behaviours and help to reduce the chances of them occurring.
Planned intervention strategy	A strategy that is agreed by the multidisciplinary team including a positive behaviour support plan, and method of physical intervention to be used by whom and when.
Distraction	An interruption to attention or anything that draws attention away from the primary task.
De-escalation	De-escalation is the cooling off or calming down of a heated conflict or behaviour.
Triggers	Something that can trigger a behavioural response, examples of triggers are places, sounds, smells, and situations.
Violence and aggression	'Any incident where workers are verbally or physically abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implied challenge to their safety, wellbeing or health'
Positive Behaviour Support Plan	A Positive Behaviour Support Plan is an individualised care plan which is available to those who provide care and support. A Positive Behaviour Support Plan should be informed by functional assessments. The plan is based around proactive strategies designed to improve quality of life and remove conditions that promote behaviour that challenge
Physical assault	The intentional use of force by one person against another, without lawful justification, resulting in physical injury or personal discomfort'. NHS Standard as defined by the NHS Counter Fraud and Security Management Client (CFSMS). 'The use of physical force which is intended to hurt or injure another person'. The National Institute for Health and Care Excellence (NICE).
Anti-social behaviour	Is behaviour that lacks consideration for others and that may cause damage to society, whether intentionally or through negligence, as opposed to pro-social behaviour, behaviour that helps or benefits society (Berger, 2003).
Unacceptable / inappropriate behaviour	Can be defined as any incident where a worker feels, harassed, abused, threatened, bullied (not by a colleague), insulted, or assaulted in circumstances relating to their work or whilst they are at work. It is for the recipient of the behaviour to decide whether the behaviour is unacceptable.
Relational Security	Relational security is the knowledge and understanding we have of a client and of the environment; and the translation of that information into appropriate responses and care
Battery	The wilful or intentional touching of a person against that person's will by another person.
Proportional defence	The amount of force used should be proportional to the threat.

3. Roles & Responsibilities

3.1 The overall organisational roles and responsibilities are set out in the policy document, CORP10 Policy on Policies for drafting, approval and review of policies, and SOPs.

3.2 The following table outlines the responsibilities of the key people involved in the effective reporting and management of behaviours that challenge.

Job Title	Responsibilities
Global Clinical Director/Group Chief Nurses	Is the nominated Director with responsibility to raise the security culture with regards to behaviours that challenge at work by: • Supporting the line mangers / appropriate others when assessing the risk of managing behaviours that challenge

	• Leading the investigation of incidents of physical violence associated with managing behaviours that challenge • Collates statistical information and identifies trends of behaviours that challenge • Advises on systems of risk management in the workplace • Ensures that all incidents of violence and aggression associated with managing behaviours that challenge are reported via the Incident Reporting System (Datix). Refer to the Acacium Group ORG 04 Incidents Reporting Policy • Ensures that support systems are available to workers who have been involved in a violent or aggressive incident associated with managing behaviours that challenge. In order to create a pro-security culture, the Clinical Director shall be integral in ensuring and maintaining a good working relationship with external agencies, such as: • Local police • Crown Prosecution Service (CPS) • Counter Fraud and Security Management Service • Legal Protection Unit (LPU).
Line managers / appropriate others	• Ensure that systems for managing behaviours that challenge are in place and properly utilised within their areas of responsibility • Ensure that their workers are aware of their responsibilities in relation to this Policy and other related policies / SOPs • Undertake risk assessments and implement control measures taking into account all their workers, and all circumstances of potential harm due to managing behaviours that challenge • Document these risk assessments and control measures in the service user/client/patients care plan • Inform their workers of the outcome of risk assessments and any control measures to be used • Advise the Clinical Director of high risks and any control measures that require action • Monitor and review control measures • Organising and attending training where appropriate
Individual workers	All individual workers must: • Assess risks and take precautions where they believe a situation could result in a violent or aggressive incident associated with managing behaviours that challenge • Highlight to their Line Manager / appropriate other any environmental or other conditions which could increase the risks of violence at work through managing behaviours that challenge • Ensure that all incidents of violence and aggression as the result of managing behaviours that challenge and any work-related ill health resulting from that incident, that occurred within their area of work, are recorded on Datix. Also see the Acacium Group Reporting and Managing Incidents policy, the Pulse Reporting and Grading incidents SOP and the TNS / SNG Reporting Incidents SOP • Co-operate and participate in risk assessments and the development / implementation of control measures. • Appropriately document any previous violent or aggressive behaviour/incidents in the clients care plan

Clinical Advisory Group (CAG)	Review polices associated documents and training content for the Group. To support high clinical standards and quality improvement agendas in line with the Groups vision, strategic aims.

4. Managing Behaviours That Challenge

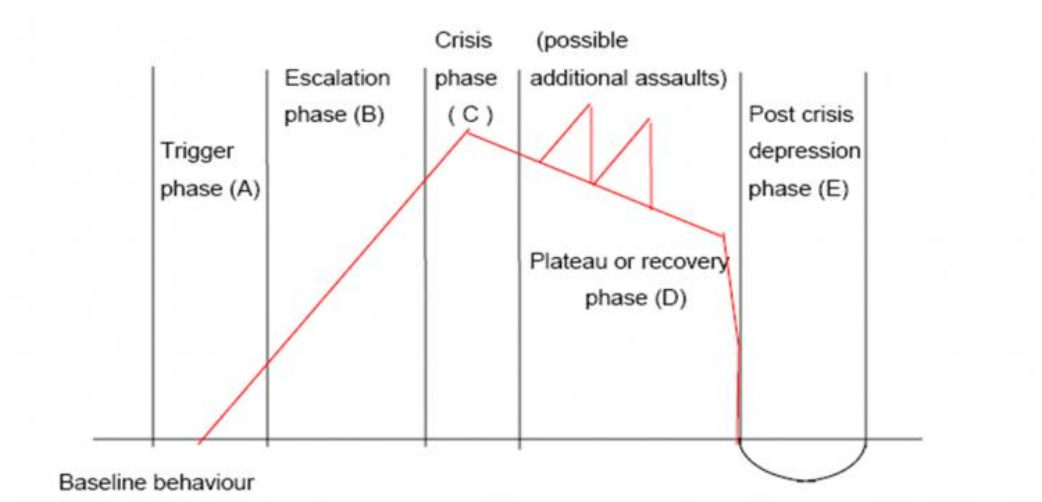
Types of Behaviours that Challenge	
Type	**Characteristics**
Physical aggression	Physical aggression is behavior causing or threatening physical harm towards others. It includes hitting, kicking, biting and using weapons.
Property damage	Breaking windows, damaging furnishings, punching and damaging walls, throwing and breaking objects and ripping clothes.
Verbal Aggression	, Shouting, threatening, swearing and using discriminative language.
Other	absconding, eating inedible objects, refusing to move
Self-Injurious Behaviour	head banging, picking skin, punching self and biting self
Self-Harm	Cutting self, inserting objects, overdose and ligaturing
Sexualised behaviours	exposing in public, touching inappropriately, rubbing up against another person, accessing inappropriate content online
Other	Absconding, eating inedible objects, refusing to move

4.1 Everyone has a behaviour response to different situations; some service user/client/patients are unable to control these behavioural responses and require strategies in place to manage.

4.2 The function of any behaviour can differ from person to person. The 5 functions of behaviours are deemed to be for escape, attention, sensory, tangible and pain.

4.3 **Behaviour Response Cycle:** Service user/client/patients who display behaviours that challenge can follow a behaviour response cycle. Analysis of this cycle can provide a foundation for using a variety of strategies to minimise the triggers of the behaviour, teach more appropriate behaviours in response to these triggers, teach skills in order to not require the need to display behaviours to communicate an unmet need or provide alternative responses to the behaviour that will encourage a more appropriate response.

Kaplan and Wheeler's (1983) assault cycle



4.4 **A service user/client/patient displaying behaviours that challenge as part of an existing behaviour pattern:** A full functional assessment should be carried out and a hypothesis be made around the

function of the behaviours presented. A planned intervention strategy is required, this should include a range of broad strategies that address the service user/client/patient's behaviour, a positive behaviour plan detailing the method of verbal or physical intervention to be used by whom and when (NB: any physical intervention must be implemented by appropriately trained Acacium Group nurses or carers) The Positive Behaviour Support Plan will identify proactive (Green), secondary (Amber), tertiary (Red) and post incident (Blue) strategies to enable support staff to respond to different elements of the behaviour being presented.

4.5 **A service user/client/patient displaying a new behaviour:** This may require unplanned verbal or physical intervention as a way of managing the risk. It is essential that Acacium Group workers retain their duty of care, and their responses must be proportionate to the circumstances. Acacium Group workers should use the minimum amount of force necessary to prevent injury and maintain safety consistent with any appropriate training they have received and in line with their physical intervention training where appropriate.

4.6 **Assessing the risk:** Acacium Group clinical team and workers must evaluate the risk that the behaviour presents to the service user/client/patient and others around them. Acacium Group workers are required to determine whether it can be managed using secondary prevention strategies, such as distraction or de-escalation, or whether the risk is significant enough to warrant physical intervention and potential removal from the environment.

4.7 **Restricted physical intervention (RPI) – unplanned:** In some situations where the service user/client/patient is at risk, Acacium Group workers may be required to act quickly to prevent harm and use unplanned RPI. The objective is to enable the service user/client/patient to regain personal control over their actions, the level of RPI should be dependent on the level of behaviour displayed. When RPI is thought to be required, Acacium Group workers must give consideration to the risks inherent with RPI and need to be able to justify their actions as follows:

- It was reasonable to act with an RPI rather than not using RPI
- Use of other strategies such as distraction or de-scalation failed
- The use of force was proportionate to the risks to the service user/client/patient or others presented by the behaviour
- It was the least restrictive option available in the circumstances
- It can be justified in the best interests of the service user/client/patient
- The service user/client/patient's rights were protected
- It was used for the shortest period of time.

4.8 **Restricted physical intervention (RPI) planned:** Some service user/client/patients will require planned RPI. This must be clearly documented in the planned intervention strategy. After the RPI is ceased the service user/client/patient should be allowed to fully regain their composure. Reasonable measures should be taken to ensure that the child / young person / adult understood why they were held, what their rights are and who they can talk to about the experience. All RPI should be clearly documented in the service user/client/patient's care records. Following any physical intervention used physical observations I.e. BP and resps will be completed where possible to ensure the health of the service user/client/patient is maintained.

4.9 **Behaviour support plans:** The behaviour support plan should include both long term (proactive) and short term (reactive) strategies.

4.10 **Short term (reactive) strategies:** short-term strategies include step-by-step advice on how to manage the behaviour and keep everyone safe. RPI should only be used as a last resort, focus should remain on non-physical responses, including:

- Behaviour is usually someone communicating something to others, and this can be to gain attention, tangible, physical, to escape something or for a sensory need. It is important that

you acknowledge the behaviour to determine what it is the person maybe wanting. Should the behaviour be ignored then this may increase the intensity as they are not receiving the void that they are communicating. Should it be case planned that ignoring the behaviour has a positive effect then this should be completed in collaboration with the Multidisciplinary team and the family where possible. You should always observe the service user/client/patient and ensure safety but ignore the behaviour. Care plans should always be in place to determine how a behaviour should be reacted to.

- Communicate in a way that they understand – use visual pictures to back up any verbal information as this will be processed easier and quicker if the person is distressed and/or anxious
- Giving reminders: if you are trying to help a service user/client/patient learn alternatives to behaviours, then they may need reminders of what you would like them to do instead. However, we need to take into consideration how well we respond to good advice when we are upset. How well service user/client/patients respond to reminders will depend on how upset they are. It can be helpful to use alternative strategies when the service user/client/patient is upset
- Distraction: distraction can be a good way to diffuse behaviours that challenge. Examples of distraction might include offering a preferred object or activity, or the use of humour
- Giving the service user/client/patient what they want (within reason): if you know what the service user/client/patient wants, give it to them. Although this may not provide the best long-term solution, it may assist in avoiding an immediate crisis.
- Removing yourself from the situation e.g. leaving the room: withdrawing yourself maybe the safest option, and it may even help the service user/client/patient to calm down quicker than if you were there. Please ensure that you can observe the service user/client/patient either by sight or sound
- Physical interventions: should only be used as a last resort when all other non-physical interventions have been exhausted.

4.11 **Long term (proactive) strategies:** Proactive strategies are used to reduce the chance that someone will show behaviours that challenge in the first place. Examples include:

- Looking for triggers (antecedent control strategies): being aware of the potential triggers for behaviours that challenge can be the first step in reducing the behaviour, as the vast majority of triggers are modifiable to a greater of lesser degree
- Teaching replacement skills (functional equivalents): teaching a service user/client/patient to use a specific sign to ask for something, or to indicate that they have had enough of an activity, can help to reduce behaviours that challenge because it provides the service user/client/patient with an alternative to using behaviours.
- Interaction styles: the style used to communicate with a service user/client/patient can be very important. It can be helpful to use a particular interaction style at certain times. For example, consistently being calm, firm, humorous or praising may help to reduce the behaviours that challenge.
- Changing the environment: environmental modifications can reduce the impact of incidents when they do occur. For example, if a service user/client/patient pulls hair, staff can tie their hair back or wear a hat.
- Rewards: rewarding a service user/client/patient's good behaviour through the use of praise or preferred objects can be very helpful. It is important that a service user/client/patient has things in their life that they enjoy. A list of what a service user/client/patient likes is an essential part of a pro-active plan, their 'likes' should be incorporated into their general routine
- Routine and structure: service user/client/patient routine is extremely important. A predictable routine can minimise the potential for unnecessary anxiety and associated behaviour

- Boundaries: it is important that service user/client/patients are helped to distinguish between culturally acceptable and unacceptable behaviour.
- Family support: families of service user/client/patients should be supported to access the services they are entitled to.
- Encourage people to be a citizen in their own community

4.12 **Recording behaviour:** It is important to record episodes of behaviours that challenge in the care records, as it can help professionals identify the functions of the behaviour. It is important to record

- A definition of the behaviour: it is essential to have a clear, concise definition of the behaviour; this allows the professionals to see specific examples of the behaviour and the frequency of occurrence. This will assist the behaviour plan, which will aid in providing the service user/client/patient with a consistent approach.
- Through the use of an ABC chart (see Appendix E), an assessment of the antecedent (i.e. what happened before) events: Certain things often appear to trigger behaviours that challenge. Documentation of antecedent events allows the professionals to make predications re: the occurrence of the behaviour and this can be documented in the service user/client/patient behaviour plan.
- All behaviour plans must be current and updated regularly, if a plan is noted to be out of date this should be escalated to your line manager
- An assessment of the consequent (i.e. what happens after) events: This assists the professionals in determining what the service user/client/patient is getting or not getting from the behaviour that will motivate them to do it again, and again. Many consequent events are externally motivated, an example of this is the consequence of a service user/client/patient banging their head may be that they gain more or less attention from people, get a desired object, or escape from an activity / task. However, consequent events may also be internally motivated, an example of this is the consequence of a service user/client/patient banging their head because they are feeling bored and require more stimulation.
- All behaviours that require physical intervention will always be recorded on a physical intervention recording form/incident form. This will identify which staff member used which hold on which body part and how long the restraint lasted.
- If the behaviour results in injury or damage to property or are outside of their care planned documented behaviour this must be reported and recorded on Datix.

4.13 **Record keeping**

4.13.1 All records must be kept in accordance with national requirements, such as the Data Protection Act 2020 and the Acacium Group information governance and records management policies.

4.13.2 Recording in the clinical care records must be done according to Acacium Group best practice (see the Acacium Group Incidents Reporting Policy).

4.13.3 Care packages: all records remain the property of the commissioned provider of the care package, and the commissioned provider is responsible for the storage and retention of the records in line with the Care Quality Commission Standards 2017. See the Acacium Group CLIN 14 Health Records Management Policy

5. What Purpose do behaviours that challenge serve for Service User/Client/Patients?

5.1 **Social attention:** some service user/client/patients, for a variety of reasons e.g. limited communication skills, boredom, poor self-occupation skills, learn that behaving in a particular way is a reliable way of attracting others attention, even if this attention is negative.

5.2 **Tangibles**: here it is the desire for certain things (this could be food, drink, objects or activities) which provides the service user/client/patient with the motivation of displaying behaviours that challenge. Desire for certain things is normal. However, problems arise when a service user/client/patient learns to act inappropriately to get these things.

5.3 **Escape:** whilst some service user/client/patients crave attention, for some service user/client/patients being left alone is the ideal situation. Rather than behave in a particular way to get people's attention, these service user/client/patients will behave in a particular way to avoid situations or activities that they do not like, or do not find rewarding.

5.4 **Sensory:** sometimes behaviour is internally rewarding or self-reinforcing i.e. what is happening around the individual (externally) is not so important as what is happening inside the individual. For example, a service user/client/patient may behave in a particular way simply because of the sensation (e.g. rocking back and forth or banging their head), because it is stimulating. These behaviours often appear pointless. However, these behaviours are not pointless to the service user/client/patient as they serve the function of helping them cope with uncomfortable negative feelings, such as boredom or anxiety.

6. Supporting Acacium Group Workers

6.1 Acacium Group understands that there are situations where violence and aggression may occur due to the service user/client/patient's condition, there will be zero tolerance.

6.2 Acacium Group will support their workers working with service user/client/patients with behaviours that challenge by ensuring that the appropriate strategies are in place, regular supervision and timely meetings.

7. Training

7.1 **Staff training and continuing professional development**

7.1.1 Acacium Group will enable workers to participate in training in managing behaviours that challenge and, where appropriate, this will be included in local induction programmes. All staff working within challenging environments and where they are expected to manage behaviours that challenge will be trained in the appropriate holds to ensure safe practice takes place.

7.1.2 The training will be proportionate, and relevant to the roles and responsibilities of each Acacium Group worker. All training provided will be mapped to the requirements of the individual.

7.1.3 If specific training is required including 'control and restraint' Acacium Group will access an external provider with the appropriate qualifications and accreditations.

7.2 **Supervision and support**

7.2.1 Acacium Group recognises the importance of providing supervision and support to all workers. Acacium Group CLIN 36 Nurse Supervision, Appraisal and Revalidation Policy.

7.2.2 Debriefs will be offered and completed to any worker involved in an incident of behaviours that challenge.

8. Implementation

8.1 For consultation, ratification and dissemination of this Policy, see the CORP 10 Policy on Policies for drafting, approval and review of policies, and SOPs.

8.2 **Audit and monitoring**

8.2.1 Acacium Group supports the use of a thorough, open and multi-disciplinary approach to managing behaviours that challenge, where improvements to local practice can be discussed, identified and disseminated.

8.2.2 Any incident of escalating behaviours that challenge must be reported to the business unit who will determine whether the incident needs to be reported through the Acacium Group Incident Reporting System (see the Acacium Group ORG 04 Incidents Reporting Policy).

8.2.3 Auditing and monitoring will take place to ensure that practice is in guidance with relevant legislation and guidance I.e. restraint reduction network.

8.3 **Processes for monitoring the effectiveness of the Policy include:**

- Assessment of the management of behaviours that challenge and their outcomes
- Evidence of learning across the organisation
- Incident reporting procedure
- Annual report to the Governance Committee

9. Associated Policies / SOPs

Policies

CLIN 06 Consent Policy
CLIN 14 Health Records Management Policy
CLIN 36 Nurse Supervision, Appraisal and Revalidation Policy.
CLIN 43 Deprivation of Liberties and MCA Policy
CLIN 57 Rapid Tranquilisation Policy
CLIN 59 Safe Holding and Personal Protection Technique Policy
CLIN 60 Restrictive Physical Intervention & Breakaway Technique Policy
CORP 10 Policy on Policies Policy
ORG 03 Health and Safety Policy
ORG 04 Incidents Reporting Policy
ORG 10 Violence and Aggression in the Workplace Policy

This Policy replaces all other ‘managing behaviours that challenge’ policies within Acacium Group.

10. References

- HM Government, Updated July 18. Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children. London: The Stationery Office.
- Emerson, E. et al. (1987) Developing Services for People with Severe Learning Difficulties and Challenging Behaviours. Institute of Social and Applied Psychology, University of Kent, Canterbury.
- Addison, M. (2012). Using a functional assessment to understand behaviour and identify ways of supporting behaviour change. Challenging Behaviour Foundation.
- McGill, P. (2012). Understanding Challenging Behaviour. Challenging Behaviour Foundation.
- Reducing the need for restraint and restrictive intervention: government response Updated 27 June 2019
- https://www.challengingbehaviour.org.uk/
- https://www.mencap.org.uk/learning-disability-explained/conditions-linked-learning-disability/challenging-behaviour
- Guidance for Restrictive Physical Interventions (2002)

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

GP World Part of Acacium Group	pulse Part of Acacium Group	Proclinical Part of Acacium Group
Bank partners	espirita	INGAGE multistaffing | one solution
Liquid Healthcare Part of Acacium Group	Thornbury Nursing Services Part of Acacium Group	Scottish Nursing Guild Part of Acacium Group
Thornbury Community Services Part of Acacium Group	Hobson Prior Part of Acacium Group	maxxima Part of Acacium Group
xyla Part of Acacium Group	Ellea Nursing Part of Acacium Group	CHS Healthcare Part of Acacium Group
DUNN REGULATORY ASSOCIATES Part of Acacium Group		

Appendix B: Legislation

1. This Policy is supported by legislation and national guidance as set out in the table below.

   National policies, guidance, and legislation, supporting reporting and managing incidents.

Act, policy, guidance	Explanation
Health & Safety at Work Act 1974	The Health & Safety at Work Act 1974 requires that all organisations with more than three staff have in place processes to promote the health and safety of their staff.
Control of Substances Hazardous to Health (COSHH) Regulations 2002	Latex is classed as a hazardous substance which is covered by the Health and Safety Executive's Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under the regulations, organisations have a duty to assess the risk, eliminate, substitute, and limit and control exposure to latex, unless there is a need to use it.
RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995	There is a requirement to report diagnosed cases of Occupational dermatitis (schedule 3) to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.
Data Protection Act 2020	Covers all recording, storage and sharing of personal information held on paper files or computer. All personal data must be recorded and shared lawfully. Investigating, assessing and responding to risk to adults are multidisciplinary, joint agency activities. They depend on the selective sharing of information which is normally confidential. Information sharing should comply with the Data Protection Act 2020
Human Rights Act 1998	Under the European Convention on Human Rights (ECHR), everyone has a number of rights, which the Human Rights Act 1998 makes directly enforceable in the UK courts. The following are particularly relevant to this Policy: • Article 8 ECHR: "Everyone has the right to respect for (their) private and family life, (their) home and correspondence" • Article 3: "No-one shall be subjected to torture, or inhuman or degrading treatment or punishment" • Article 14 prohibits discrimination on any ground in the way that people access their rights under the Convention Article 6 entitles everyone to a "fair hearing" when a decision is made about their civil rights and obligations. This includes the right to be consulted before decisions are made, and to be given reasons for decisions.
Reporting of Injuries, Disease And Dangerous Occurrences Regulations 1995 (RIDDOR). England Scotland and Wales – updated 2013	In the event of incidents that involve physical injury, employers must notify the local authority of an accident at work resulting in death, major injury or incapacity for normal work for more than three consecutive days. This includes any act of non-consensual physical violence inflicted on a person at work.
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997	Places a legal duty on: • Employers • Self-employed people • People in control of premises. To report work-related deaths, major injuries or over-three-day injuries, work related diseases, and dangerous occurrences (near miss accidents).

	Since 1 April 2013, employers have the option to report all work related incidents to HSENI, no matter who the relevant enforcing authority is for the business.
Guidance for Restrictive Physical Interventions (2002)	This joint guidance is issued to help ensure that staff in schools or staff in health and social care settings adopt consistent practices in the use of restrictive physical interventions based upon a set of common principles.
'Non Physical Assault Explanatory Notes', issued by NHS SMS (2004)	Further explanations on tackling non-physical assault developed from the Secretary of State's 'Directions for Tackling Violence', published in 2003.
Health and Safety at Work Act 1974 (England, Scotland and Wales)	Places general duties that are applicable to work-related violence / personal safety on both employers and employees. The three primary examples are: **Section 2 (1):** It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees. **Section 2 (2)(c):** Employers must provide adequate information, instruction, training and supervision to ensure, so far as is reasonably practicable, the health, safety and welfare of their employees. **Section 7:** Employees must take reasonable care of their own safety and that of others and must co-operate with employers so far as it is necessary to enable them to meet their own obligations.
Health and Safety at Work (Amendment) (Northern Ireland) Order 1998	As above.
Management of Health and Safety at Work Regulations 1999. (England, Scotland and Wales)	Employers must assess the risks to employees and make arrangements for their health and safety by effective planning, organisation, control, monitoring and review. Regulation 3 of the Management of Health and Safety at Work Regulations 1999 requires risk assessments to be undertaken. Any lone working, violence at work and / or personal safety issues must be taken into consideration when conducting such assessments and, where any significant hazards are identified, specific risk assessments should be initiated.
Health & Safety at Work (Northern Ireland) Order 1978	As above.
Mental Health Act Code of Practice (1983) – updated 2015	This Act states that "all physical intervention should be used as a last resort option and never as a matter of course. It should be used in an emergency where there seems to be a real possibility that significant harm would occur to someone if intervention was withheld.
Data Protection Act 2020(DPA)	Exemptions from certain provisions of the DPA have been created for a variety of purposes and the main ones appear in part IV of the Act. Each of the exemptions authorises non-compliance with various parts of the Act's provisions. For the purpose of this Policy, the most likely exemptions would come under the following categories: • The investigation of crime

	• The apprehension or prosecution of offenders by rule of law, or by order of the court • In connection with legal proceedings (including prospective legal proceedings) • For the purpose of obtaining legal advice If the exemption is otherwise necessary for the purposes of establishing, exercising or defending legal rights.
The Counter Fraud and Security Management Service (Statutory Instrument 2002/3039)	Guidance issued following the 'Directions' of the Secretary of State on NHS security management measures.
'Essential standards of quality and safety'. (Care Quality Commission, March 2010 - updated November 2014)	Regulator standards.
Regulation and Quality Improvement Authority (RQIA) 2005, 2009	'The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care service user/client/patients in Northern Ireland, and encouraging improvements in the quality of those service use s.' The reviews undertaken by the RQIA are based on the Department of Health's guidance 'Quality standards for health and social care', published in 2006.. In 2009, the duties of the Mental Health Commission were also transferred to the RQIA.
Health and Social Care Act 2008 – updated 2014 (now Care Act 2014)	The relevant part of this Act to the Policy was the introduction of the Care Quality Commission (CQC) which is an integrated regulator for health and adult social care bringing together existing health and social care regulators under one regulatory body. The CQC has new powers to ensure safe and high quality care for service user/client/patients.
Social Care and Social Work Improvement Scotland (SCSWIS) September 2011 (known as the Care Inspectorate).	The independent regulator of social care and social work service user/client/patients across Scotland is SCSWIS. They regulate, inspect and support improvement of care, social work and child protection service user/client/patients for the benefit of the people who use them.
Race Relations (Amendment) Act 2000	Requires all public institutions, including colleges and universities, to take action to promote race equality
Children Act 2004.	Act aims to improve effective local working to safeguard and promote children's well- being. The Act takes a child-centred approach and includes universal as well as targeted and specialist services
Restraint Reduction Network	The Restraint Reduction Network is a registered charity (charity number 1187984) which brings together committed organisations providing education, health and social care services. The Network welcomes the increased focus on restraint reduction across the NHS and adult social care in the UK. The Restraint Reduction Network have worked with NHS England to establish guidelines and plans to reduce restrictive practices.
NICE 2015 Challenging behaviour and learning disabilities: prevention and interventions for people with	This guideline covers interventions and support for children, young people and adults with a learning disability and behaviour that challenges. It highlights the importance of understanding the cause of behaviour that challenges and performing through

learning disabilities whose behaviour challenges	assessments so that steps can be taken to help people change their behaviour and improve their quality of life. The guideline also covers support and intervention for family members or carers.
NICE [NG93] Learning disabilities and behaviour that challenges: service design and delivery	NICE [NG93] Learning disabilities and behaviour that challenges: service design and delivery.
NICE Guideline (Violence and Aggression) published 2015	Violence and aggression: short-term management in mental health, health and community setting,

2. **Equality and diversity**

Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.

Appendix C: Do's and don'ts when confronted with escalating conflict

Dos

- Stay calm and focussed
- Let colleagues know what is happening
- Listen to what is going on
- Do not make 'knee jerk' assumptions, invariably they are always wrong
- Provide reassurance to both aggressor and other group members
- Be flexible in your approach
- Reduce external stimuli, if possible
- Give the aggressor time to 'climb down' from their anxious state
- Respect personal space
- Ask others to leave the immediate area, if appropriate
- Remember that you are the adult in control / authority
- To lose face is better than to enter into a physical challenging match
- Explain to the aggressor (and those around) what you are about to do if this is your decision on how to handle the situation
- Try and assure the aggressor that you are aware of their anxious state and wish to help them deal with it quickly, and in a non-aggressive manner
- Consider your age, gender, physical size, environment, relationship between yourself and the aggressor
- Consider the age, gender, ethnicity, size and emotional state of the aggressor
- Try to be reasonable in your requests even if you feel it is 'losing' ground and may undermine your authoritative status with the aggressor.

Don'ts:

- Demand an explanation for their display of emotion and feelings
- Raise your voice
- Patronise
- Touch an individual unless you have stated your intentions to do so
- Ignore
- Confront
- Presume
- Be argumentative
- Rush in without evaluating the total scene
- Show fear or anxiety
- Approach from behind, this may be interpreted as threatening and may risk the aggressor 'upping the anti'
- Make idle or empty threats (do what you say you are going to do).

Appendix D: ABC Chart

ABC CHART
FOR RECORDING & OBSERVATION

Client:	
Date of Birth:	
Setting:	

Date /Time	Staff initials	Antecedent *(What happened before)*
		Behaviour
		Consequence/Outcome (What happened after) Comments