



**APRIL COMPLETE CARE SOLUTIONS LTD
(The “Company”)**

Managing Difficult & Challenging Behaviours Policy

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Introduction

The policy recognises that services can find it difficult to cope with some behaviour, which may harm people – the individual, her or himself, or others. Without appropriate support in these situations, people can be hurt. Some responses can further exacerbate the situation. Some responses can themselves form a pattern, which is simply reactive, and do not help prevent similar behaviour in the future. Where behaviours are not managed, some people with a learning disability are prevented from living socially inclusive lives and being part of the community.

We are committed to promoting safe practice within the context of respect and dignity, the core values which underpin all our work. The guidelines within this document stress the need to plan effectively, to identify strategies and actions in care plans to pre-empt or avoid episodes of conflict or distress. Where such episodes do occur, there is practical advice for staff on how to deal effectively with the situation, keeping everyone safe within a context of dignity and respect. This policy will form the basis of a training strategy for all of our staff.

The key to managing behaviours which challenge the service in April is flexibility, planning, regular reviews and most importantly, an agreed, consistent, whole service approach to manage those disruptive behaviours. If you don't understand anything in this policy please don't be afraid to ask your Manager.

At April we will provide a:

- A clear policy and procedure.
- Appropriate training.
- Effective monitoring of all incidents of violence toward staff.

For the purpose of this policy, the procedures outlined below are the only procedures approved for use within April.

Section 1

What we think about behaviours which challenge the services.

Most people with learning difficulties do not behave in a violent or aggressive way. Some do from time to time, but most incidents are straightforward to manage and will not require any physical intervention. However, behaviour presented by a small number of people with learning disabilities and/or Autism means that from time to time the use of physical intervention is unavoidable. Evidence indicates that 50% of people with a learning disability

and challenging behaviour will have physical interventions used on them at some point in their life. It is important therefore that when we do intervene those interventions are carried out within a legal and ethical framework that safeguards the rights of the individual and the member of staff.

The behaviours which challenge the service presented at April are generally uncomplicated and although no two individuals are alike, the most commonly reported incidents include self-injury, slapping and punching. This type of incident may affect you and the way you feel about that person.

At April we use the term behaviours which challenge the service to describe any behaviour that makes it more difficult for us to work with our individuals or for the individuals to work with either us or other individuals. Many people would say that behaviours which challenge the service are literally anything that another person does that upsets you.

BEHAVIOUR

Behaviour is anything a person does that can be seen/heard/felt. This could include shouting, screaming and fist shaking. It does not include thoughts, feelings or emotions.

AGGRESSION

Aggression is any behaviour that may lead to or contribute towards violence. This may include verbal threats and/or aggressive posturing. Verbal threats are where an individual threatens physical violence. Aggressive posturing is where an individual signals his or her intention to attack. Examples of this may be by excessive eye contact, screaming, and fist shaking, and throwing objects to the floor or body language.

CUE BEHAVIOURS

Cue behaviours are those behaviours that staff has come to recognise as peculiar to the individual and which, sometimes signal the onset of a violent incident.

TRIGGER

A trigger is something that happens that makes the actual violence more likely to happen. If we are good at spotting cue behaviours and avoiding triggers then we have a good chance of defusing the incident.

VIOLENCE

Violence is any behaviour that results in unwanted aggressive physical contact for example: a push, hit, slap, shove etc, which may cause an individual to suffer fear, distress, pain or actual physical injury (excluding physical injury through play). It can include self-harm, where the individual is directing the violence towards them. For some of our individuals, you are more likely to experience this than violence directed towards yourself.

PHYSICAL INTERVENTION

Physical interventions have been defined as:

“A method of responding to the challenging behaviour of people with a learning disability and/or Autism which involves some degree of direct physical force which limits or restricts the movement or mobility of the person concerned”

Categories of Physical Intervention are further defined as follows:

- Direct physical contact between a member of staff and an individual e.g. holding a person’s arms and legs to stop them attacking someone.
- The use of barriers, such as locked doors, to limit freedom of movement e.g. placing door catches or bolts beyond the reach of individuals; and
- Materials or equipment which restricts or prevents movement e.g. placing splints on a person’s arms to restrict movement.

There are many reasons why people behave aggressively or violently. Here are some suggestions:

- Rooms that are too hot, cold or badly ventilated.
- Noise
- Pain
- Medication and changes in medication.
- Confusion.
- Lack of activity or too much activity.
- Too many rules.
- Changes in routine.
- The presence or behaviour of others.
- Demands and requests
- Health
- Inability/difficulty in expressing feelings/emotions

There are two common causes, which psychologists believe are very relevant to people with learning disabilities. These are:

Shaping - where you are working with behaviours that have probably developed over time at other homes or hospitals, as a result of how others have developed relationships with our individuals. These sorts of behaviours can be very difficult to change.

Communication - because we often do not understand the ways in which a person with learning disabilities communicates, we often miss the signs when we need to give someone our attention. As a result, the person may use more intense behaviour to gain our attention. Over time they learn that the best way to get our attention is to only use the more intense and sometimes more aggressive and violent behaviours. Some of our individuals cannot always control their own behaviour because it has become a learned response or is related to a movement disturbance over which they have little or no control.

Individuals are entitled to expect:

- That the way such behaviour is managed ensures the safety and dignity of everyone.
- That they will be treated fairly and with courtesy and respect.
- That physical interventions are only employed when absolutely necessary and for the minimum of time causing no pain; and
- That our staff are able to cope with the emotions such behaviours can arouse in them and manage incidents in a calm and professional manner.

Staffs are entitled to expect:

- That clear guidance setting out what the expectations are.
- That they have access/input into update risk assessments.
- Support from colleagues and employers when dealing with incidents of behaviour that challenge the service.

Management is expected to:

- Ensure that all incidents are recorded clearly and accurately.
- Keep carers/other relevant parties informed of such incidents; and
- Review and update risk assessment in the light of the information surrounding the incident.

POLICY STATEMENT

Striking an individual even in fun during horseplay, is an assault and therefore forbidden.

The only acceptable methods of dealing with a violent or aggressive incident are those set out in this policy, guidelines or individual care plan.

Section 2

Preventative Strategies

Whilst this policy will focus on the management of aggressive and violent situations; many of these behaviours could be prevented.

Experience tells us that if individuals are involved in activities of their choosing they are less likely to present difficult behaviours. If clear cue behaviours are recognised by staff, an attempt to defuse the situation by breaking the behavioural pattern can be attempted. Many causes of violence such as overcrowding, noise, and changes in routine or poor communication can be avoided if they are recognised.

POLICY STATEMENT

Managers will ensure that there are clear guidance, guidelines and risk assessments for each client. It is the responsibility of each member of staff to be aware of the above guidelines and implement them in accordance with individuals care plan/health action plan

If clear cue behaviours are recognised by staff, an attempt to defuse the situation by breaking the behavioural pattern can be attempted. Many causes of violence such as overcrowding, noise, and changes in routine or poor communication can be avoided if they are recognised.

Managing Versus Changing Behaviours

It is important to make the distinction between changing and managing behaviours. Behaviours which challenge the service that have a long history can take a long time. It will involve detailed assessment and intervention work. Most of this work involves developing a positive relationship with a person over a long period of time.

Managing behaviours involves containing a person's behaviour in a safe and acceptable way. Putting it simply, successfully managing an incident means that staffs are able to interpret the cues presented by the individual and take preventative action on those cues in order that both individual and staff remain unharmed.

RISK ASSESSMENT

Managers should ensure that a risk assessment is completed and reviewed and revised as necessary after an incident and during the annual review.

POLICY STATEMENT

The manager is responsible for informing the staff team when a new and revised risk assessment has taken place.

At April we use a low arousal approach to manage behaviours which challenge the service.

A low arousal approach means that we must follow the following rules unless a service plan tells us to do otherwise.

POLICY STATEMENT

When using the Low Arousal approach don't touch any individual who appears agitated or aggressive unless agreed in the individual's care plans/risk assessment. Use the agreed guidelines when working with an individual who appears agitated or aggressive. Unnecessary touch or contact can inflame the situation.

If you notice that individuals with whom you are unfamiliar display behaviour that appears anxious or agitated, do not touch unless guidelines tell you to do otherwise. When an individual is behaving aggressively, touch may well increase the chances of an incident.

There will be situations when direct physical contact is unavoidable. For example, when you may be required to hold someone's arm or leg to prevent them from attacking someone. In these instances, the amount of interpersonal space between you and the person will be reduced.

Be aware of your stance when working with individuals e.g. folding your arms in front of you or placing your hands on your hips as this can be seen as offensive.

The posture you adopt has the potential to communicate a lot of information about the way you are feeling when confronted with a difficult situation. Placing your hands on your hips can prompt either dominance or indifference. Folding your arms in front of you can be interpreted as an aggressive stance motivated by fear. Your arms increase the size of your chest and reduce the amount of interpersonal space between you and the attacker. This policy recommends a relaxed posture with your hands held loosely in front or to the side of you, or out in front with your palms facing up at about waist level.

Avoid staring at an individual.

Prolonged eye contact with another person is arousing. It causes a physical reaction. If you have ever tried to "stare somebody out" you will probably remember how uncomfortable it can feel. Prolonged eye contact can be seen as a signal of attack. Therefore, avoid prolonged eye contact of more than a few seconds. Intermittent eye contact is preferable.

Appear calm when confronted by an agitated individual.

When faced with potential violence, our bodies react in certain ways. Our heart rate increases, our faces become pale and our muscle tone increases. This reaction is entirely normal, and it is nature's way of preparing our bodies for either "fight" or "flight." Normally we have little control over this mechanism. What is important is to appear confident. Having this confidence comes from an awareness of the methods set out in this policy, the training you have received and the knowledge that your colleagues have had the same training.

Always back off from an aggressive or agitated individual and keep your distance.

Unless the guidelines say otherwise always back off at least two metres from an individual who is agitated or aggressive. There is absolutely nothing wrong in backing away from a potentially violent situation. However, do not allow yourself to be backed into a corner. If it appears that this may happen then get out of the room.

Avoid standing over an individual if they are sitting down. Get down to the person's level at a safe distance and continue to ask for them to stop their behaviour, ask them what is wrong or offer them distracters. Unfortunately, none of these may work as the aggressive behaviour may serve a very important function for the person and it may be the only way he can use to achieve his aim. If this is the case then you and your team will have to carry out a full review in order to arrive at an effective strategy.

Remove other individuals and / or staff if an incident develops.

When an incident occurs, it is not always possible to remove the person away from the situation. It is often easier to remove other individuals. Although an activity may have to stop due to this action, it is easier to do this rather than physically removing the person.

Remember that the person involved in the incident may become frightened if too many care staff is around. However, a member of staff should never be left alone to deal with a potentially aggressive situation. This second member of staff must remain at a safe distance to observe the situation and only assist if necessary.

Divert and distract the individual away from the object or situation. You can ask the person to stop the behaviour or use an appropriate method as recommended by the individual's key worker.

If you are trying to manage an incident, which is not covered by guidelines then you should first calmly ask the person to stop the behaviour whilst holding your arms, outstretched with the palms facing upwards (as well as being non-confrontational this is also for your own protection). This will not work in all situations.

Diverting an aggressive individual away from the source of a problem is often one of the easiest and most acceptable ways of defusing a potentially violent situation. It is not giving in. You will find a list of useful distracters in the guidelines part of this policy. All staff will have guidelines circulated to them. You must make sure you know what they are. When individuals do not have guidelines, offer distracters that you know they like. Only offer the distracters one at a time very clearly and slowly. It will work best if you can show the individual the distracter so makes sure it isn't too far away. Don't forget to wait for a response. (This may take some time).

Be aware of the tone of your voice and never needlessly shout at an individual at any time. Make sure you are aware of approaches to individual individuals. As a rule, speak slowly and firmly.

Speak slowly and softly to the individual and try to avoid overlong sentences or explanations. Do not address the individuals as a group. Often the tone of your voice communicates more to an individual than the words you use.

Never ignore an individual who is directing behaviour at you, other individuals or themselves. Always try to listen to them or pick up on their non-verbal communications.

When a person with learning disabilities becomes aggressive or angry it often means that they are trying to communicate something to you, particularly in the case of someone who is non-verbal. It is important that you listen and try to understand what the person is trying to communicate. There may be something very simple that could be remedied by talking about it, although a person may need to be in a calm state to do this. Ignoring behaviours will not make them go away; in fact, they are likely to get worse. Some individuals may ask you the same question or set of questions over and over again. Keep answering the questions as accurately as you can, even if it means giving the same answers, whilst trying to distract. Not answering the questions can escalate the situation.

Avoidance and Physical Intervention

There will be very few incidents at April which will require any kind of physical escape or avoidance skills or physical intervention. However, we do know that these behaviours may occur so the next part of the policy is intended to provide acceptable solutions to these problems.

Physical violence towards staff and other individuals is not an everyday occurrence at April. Self-injurious behaviour can be an everyday occurrence. Sophisticated premeditated violence is rare.

The use of any physical skill or intervention is no substitute for good care work.

At April we try not to let situations get out of hand (in the first place) by identifying very early warning signs and diffusing the incident before it develops. Try to clear the environment of other individuals. Call for assistance. Ensure that you are aware of any guidance regarding behaviour management guidelines.

This is not always possible but even then we must still follow the set course of actions if we are grabbed or attacked.

- Try to back off.
- Ask the individual “what's the matter?”
- Ask the individual to stop or let go.
- Offer appropriate distracters.
- Use physical skills to escape whilst still following 2 - 4.
- Use physical intervention skills whilst still following 2 - 4.

Remember! We do not want to use any physical skills unless we really need to. It's dangerous for the individual and dangerous for us.

Physical Restraint

April has a very strict policy about when you can use physical restraint. These are when:

An individual is harming them.

An individual is harming someone else.

In both cases you must be sure that there is an immediate danger of physical damage.

You must not restrain if property is being damaged and there is no danger to anyone.

Dealing with dangerous situation- extreme violence and the use of weapons

The sophisticated use of weapons by individuals in April is very rare. Staff are not trained to take weapons off of individuals and must not attempt to do so under any circumstances. Staff must remove individuals and themselves from the area, call the police and ensure that an incident form is completed.

It is the manager's responsibility to ensure that the member of staff is adequately de-briefed after each incident before their shift finishes. Or, If the Manager is not on site a colleague may carry out the de-brief. However, a report must be given to the Manager at the earliest opportunity.

April recognises that in the course of managing incidents, staff will become stressed.

April acknowledges that staff involved with the incident may wish to talk about the incident with colleagues.

April wishes it to be known that the service supports the staff's right to post-incident de-briefing to help manage stress.