



Challenging Behaviour Policy and Procedure

1. Purpose

1.1 To comply with current best practice in managing challenging behaviour.

1.2 To meet the legal requirements of the regulated activities that My Life Legacy is registered to provide:

- The Care Act 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Mental Health Act 1983
- Mental Health Act 2007
- Safeguarding Vulnerable Groups Act 2006

2. Scope

2.1 The following roles may be affected by this policy:

- All staff

2.2 The following Customers may be affected by this policy:

- All Customers

2.3 The following stakeholders may be affected by this policy:

- Family
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

3.1 To allow staff to develop understanding of the needs of Customers and their relationship with challenging behaviours.

3.2 To identify the views and wishes of Customers as part of Care Planning.

3.3 To identify appropriate interventions to manage challenging behaviour.

3.4 To identify appropriate support for staff.



4. Policy

4.1 My Life Legacy adopts the position that challenging behaviour has a purpose in that it meets a particular need for the individual. These needs may be demonstrated through a variety of emotions and behaviours. Therefore, it is important that staff can:

- Develop an understanding of these needs
- Anticipate the needs
- Soothe situations before they occur
- Provide the most appropriate responses to the emotions/behaviours displayed

4.2 When working with individuals with challenging behaviour staff will be expected to:

- Recognise the individual's rights to take risks
- Ensure that the risk assessment places the Customer central to the purpose
- Support the individual through difficulties
- Preserve the dignity of the individual
- Ensure that rights and choices are promoted
- Create an environment in which individuals feel safe and secure
- Try to ensure that reflection after an incident places it in the context of the individual's life, and that this can be used to bring about positive outcomes for the individual

4.3 Customers identified as being at risk of disturbed/violent behaviour will be given the opportunity to have their views and wishes recorded, in the form of an advance statement.

4.4 A range of interventions, specifically based on the needs of Customer of particular services, should be provided within the service to support the prevention and management of violent and aggressive behaviours.

4.5 The service will ensure that staff have the appropriate training and support in their role in managing challenging behaviour.

4.6 My Life Legacy will ensure record keeping is timely and effective in recording incidents of challenging behaviour.

5. Procedure

5.1 Customers will be encouraged to identify as clearly as possible what interventions they would and would not wish to be used. They must be encouraged to review their wishes with staff, and changes must be clearly documented within Care Plans and other documentation.



- If the professional to whom the wish is being expressed forms the opinion that the Customer lacks capacity to understand the wish they are expressing, the professional must record their opinion, and their reasons for it, alongside the record of the Customer's wish. An advocate or carer should be invited to support a Customer who may lack capacity to understand the wish they are expressing.

5.2 Interventions will be provided based on needs of Customers and these will include the use of specific challenging behaviour models, person-centred care approaches and specialty programmes in, as appropriate; Learning Disability, Children and Older People Services. Training for those service-specific interventions will be provided. In addition, there may be specialist interventions based on professional models, e.g. in clinical psychology. Training would be based within that professional group.

5.3 My Life Legacy will ensure, through pre-employment and regular performance appraisal processes, that all employees have the necessary knowledge, skills and physical capability to manage the potential level of violence and aggression in their employment role. Employees will need to be capable of participation in the level of training required for their role.

All employees who have been involved in an incident of violence or aggression will be offered timely support based upon their individual needs or preferences.

Support methods can include:

- Practical help with transport or accessing medical help
- Signposting to specific victim support or individual counselling
- Critical incident analysis/guided reflection
- Counselling or psychological therapies
- Information and assistance in relation to criminal justice procedures
- Access to Occupational Health Services
- Training updates and additional training as required
- Access to staff representation and buddy systems, where appropriate
- Professional and line management supervision which must be documented

5.4 All employees must adhere to the relevant policies, in order to ensure that all information that will promote the proactive prevention and management of challenging behaviour is taken into account and acted upon. These include incident reporting, record keeping and maintenance of simultaneous multi-professional progress recording.

5.5 A proactive recovery-focused approach aimed at preventing the likelihood of challenging behaviour occurring. The gathering of information from Customers, their carers and families, colleagues and other agencies will lead to a formulation of the risk issues. That assessment will identify preventative strategies, both to promote a positive environment and to minimise the risks. Specific management guidelines will be based on individual Care Planning.

5.6 All incidents of challenging behaviour, violence and aggression, physical or non-physical, and near misses to incidents will be reported using the Record of Challenging Behaviour form in this document, or the Accident and Incident Reporting Policy and Procedure - where appropriate. Employees will be supported in the incident reporting procedure and advised to complete requests as soon after the incident or near miss as possible.



5.7 A post incident review will take place as soon as possible and within at least 72 hours of an incident ending. If possible, a person not directly involved in the incident will lead the review. The review will address:

- What happened during the incident?
- Any trigger factors
- Each person's role in the incident
- Their feelings at the time of the incident, at the review and how they may feel in the near future
- What can be done to address their concerns?

A documented record of this must be drawn up, especially in relation to restraint.

If a Customer is restrained, this must be discussed and the reasons why this way deemed necessary should be shared. Collaborative planning to prevent recurrence is essential.

Customers and visitors who witness restraint must also be given an explanation of the need for forceful intervention to ensure understanding and allow any anxieties or fears to be voiced.

The purpose of a post-incident debrief is "to identify and address physical harm to Customers or staff, ongoing risks and the emotional impact on Customers and staff, including witnesses" and to "determine the factors that contributed to an incident that led to a restrictive intervention, identify any factors that can be addressed quickly to reduce the likelihood of a further incident and amend risk and care plans accordingly." (National Institute for Health and Care Excellence: NG10, Violence and Aggression: Short-term management in Mental Health, Health and Community settings 2015)

"The aim of a post incident review will be to seek to learn lessons, support staff and Customers and encourage the therapeutic relationship between staff, Customers and their carers." (NICE 2005)

5.8 Many mental health and learning disability employees work as lone practitioners either in service premises or in community settings. The systems and procedures to be used to prevent, minimise and manage risk for lone workers are outlined in the Lone Working Policy and Procedure.

5.9 All employees are advised to contact the local police force, using the emergency 999 call number, if they are involved in a challenging behaviour, violent or aggressive situation that cannot be de-escalated or managed by the range of clinical procedures and interventions available to clinical practitioners. This is particularly important if a violent incident is provoked or initiated by those who are not in receipt of clinical services and are not known to the clinical practitioner.

5.10 Engagement and observation are therapeutic risk management interventions that can be utilised to support the management of challenging behaviour.

5.11 There are a range of interventions where medicines are used to assist in the prevention, reduction and management of violence and aggression. Specific use of prescribed medication to ensure rapid tranquilisation of Customers who are becoming increasingly disturbed, violent or aggressive, or where



their challenging behaviours are escalating, may be used according to individual and pre-prescribed principles. Specific training is mandatory for employees to use these approaches.

5.12 When considering the use of medication as a prevention strategy, the following should be noted:

- When used as a primary prevention, medication must only be used where a Customer has a mental health or co-morbid mental health problem that is alleviated by medication. A physical health and pharmacology assessment will be completed prior to administration of as-required medication, and before the use of a restrictive physical intervention
- When considering the use of medication as a secondary prevention, or reactive strategy, the service advocates evidence-based approaches less dependent on medication and requires compliance with the guidance given in the Guidance for Restrictive Physical Interventions for people with learning disability and autistic spectrum disorder in health, education and social care setting (Department of Health, 2002, p18)

5.13 NICE guidelines indicate that health and social care provider organisations should give staff training in de-escalation that enables them to recognise the early signs of aggression and be able to respond appropriately.

These guidelines also stress the general principle that staff should establish a close working relationship with Customers that will allow them to be aware of changes in mood. (National Institute for Health and Care Excellence: NG10, Violence and Aggression: Short-term management in Mental Health, Health and Community settings 2015)

5.14 My Life Legacy supports the use of Breakaway Interventions that are taught in order to enable the staff to disengage from an attacker in a physical assault. The service acknowledges that the use of reasonable force may also be necessary. Wherever possible, and from the formulation derived from the clinical risk assessment, a plan of Care prescribing the use of such interventions, or other preventative strategies, would be compiled.

5.15 There is no legal definition of 'reasonable force'. It is therefore not possible to comprehensively set out when it is reasonable to use force, or the degree of force that may reasonably be used. It will always depend upon the circumstances of the case.

There are three relevant considerations:

- The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it. The use of any degree of force is unlawful if the particular circumstances do not warrant the use of physical force. Therefore, physical force could not be justified to prevent an individual from committing a trivial misdemeanour, or in a situation that clearly could be resolved without force
- The degree of force employed must be in proportion to the circumstances of the incident and seriousness of the behaviour or the consequences it is intended to prevent
- Any force used must always be the minimum needed to achieve the desired result

Reasonable force may be used for Customers who are detained under the Mental Health Act, where it is "therapeutically necessary" to be medicated, restrained, fed or secluded. (See Section 63, part 4 of the Mental Health Act 1983 concerning medical treatment for mental disorder not requiring the consent of the patient.) For medical treatment for physical disorders, this cannot be administered without the consent of the person. For someone who lacks the mental capacity to consent, reasonable force may



be used where the treatment is in the person's best interest. (Section 6 of the Mental Capacity Act 2005.)

5.16 When violent, aggressive or challenging behaviour cannot be de-escalated and it is assessed that there are significant risks to the safety and security of the perpetrator and/or the potential victim(s), employees may need to use restrictive physical interventions (control and restraint). Those using these interventions must demonstrate competency through assessment. The training for the use of physical intervention is generic, but specific interventions for specialist needs can be identified for employees during training or from requested consultation. For the purpose of this policy, physical intervention, as defined, does not involve the use of mechanical devices. My Life Legacy supports the use of restrictive physical intervention techniques that are taught to enable staff to respond to challenging behaviour using direct physical contact to limit or restrict the movements of another, or disengage as a last resort when a Customer is presenting a high risk of harm to themselves or others.

5.17 Where restrictions or restraint on Customers would constitute a deprivation of the person's liberty, this would be in contravention of the person's human rights, unless authorisation for the deprivation of liberty was sought. For further guidance on this, reference should be made to the QCS Policy and Procedure on Deprivation of Liberty.

5.18 Awareness of this policy will also be disseminated to all employees through a line management briefing, cascaded through the operational and corporate service structures, supported by a standardised briefing. In addition, the implementation of this policy will be supported by the following actions:

- The Registered Manager will designate a person to assess the environmental risks in premises within their areas of responsibility
- An overall service specific risk assessment will be completed with the involvement of all staff in order to determine the level of risks posed, and the training requirements necessary to manage those risks
- The outcome of the risk assessments will be assessed, reviewed and agreed through the service specific governance systems
- A register of environmental risks is to be maintained
- Mandatory training will be provided in line with the organisational training needs analysis, with attendance monitored via human resources and reports sent to local managers to ensure mandatory training needs are met

- For training that My Life Legacy has not classified as mandatory, managers should consider the necessary competencies for the specific work required and arrange for these needs to be met through the appraisal and personal development plan process. Access to support to meet these needs is outlined in the Training Policy and Procedure
- Employees will be expected to complete a self-assessment of physical health in relation to undertaking training, rehearsal and practice in the delivery of breakaway and physical interventions. Any concerns regarding physical capability will be referred to the Registered Manager

5.19 My Life Legacy will ensure that the appropriate training and education is available to implement this policy. All employees will be expected to participate in the training and education programmes as determined by the organisational training needs analysis and identified as required by their role. Their competencies will be monitored through appraisal, supervision and Human Resources Systems.



Appropriate recording will be maintained in staff's personnel files. Different forms of training are available:

- **Theory** - Following the Safety, Management and Security standard national curriculum on the introduction to violent and aggressive behaviour, as well as promoting personal safety competency outcomes of applied knowledge, as assessed by an appraiser in a work setting
- **De-escalation and breakaway training** - All of the content of the theory component, plus positive communication and the use of functional analysis in the prevention and management of violence and aggression, de-escalation interventions, preventative and breakaway physical interventions. Competency outcomes will be assessed during training
- **Bespoke breakaway training** - All of the content of the theory component, plus positive communication and use of functional analysis in the prevention and management of violence and aggression, de-escalation interventions, preventative and breakaway physical interventions including a seated restraint technique. Competency outcomes are assessed during training
- **Physical intervention** - All the content of the theory component and de-escalation and breakaway, plus physical interventions used in the management of violence and aggression and positional asphyxia. Competency outcomes are assessed during training

5.20 This protocol outlines specific practice underpinning the Care of those designated as having challenging behaviours. For each Customer the following should be carried out:

- An assessment for capacity to consent must be carried out, and if capacity is present, permission must be gained for any assessment or intervention prior to it being carried out. If they are deemed to lack capacity to consent, or they are refusing treatment, professionals are to follow the 'best interest' rule
- A comprehensive assessment and formulation must be completed, incorporating:
 - Comprehensive assessment
 - A risk assessment tool
 - Functional assessment
- All interventions (including physical interventions) must be carried out and documented
- Other interventions must match well with the assessment
- The Customer must have been involved in the development of the intervention plan
- Primary and secondary preventions and agreed reactive strategies (including any restrictive physical interventions) must be written into the Customer's Care Plan
- Any restrictive physical interventions must be carried out in accordance with the current guidance from the National Institute for Health and Care Excellence (<https://www.nice.org.uk>), General Services Association (<http://www.thegsa.co.uk>) and the British Institute for Learning Disabilities (<http://www.bild.org.uk>)
- Following any incident involving challenging behaviour (excluding those behaviours which are pervasive, in occurrence more than twice daily and do not cause significant physical harm), the following must be carried out:
 - A post-incident record must be completed on the case notes
- A post-incident analysis must be carried out and any recommendations carried out (e.g. amendments to Care Plan)



- Where appropriate, a debrief must be carried out with the person who has presented the challenging behaviour to check their physical, mental and emotional well-being
- A debrief must be given to any staff members involved in the incident and a range of resources for support will be offered

5.21 Restraint techniques must only be used as a last resort, when all primary and secondary interventions have failed and the level of risk is such that more intensive interventions are required in order to maintain safety. Customers with a history of challenging behaviour/violence and aggression must, as soon as practicable, have a relevant care/treatment plan drawn up, in collaboration with the multi-disciplinary team, Customer, carers, family, and/or advocates. Where possible, this must describe and set out a broader strategy for addressing the Customer's needs and challenging behaviour. Gender, age, size and build and, in addition, physical and sensory impairment issues, must be taken into account (e.g. pregnancy, children, younger persons and older persons). Wherever possible the Customer must be approached and an agreement sought to stop the behaviour, or co-operate with a request. Before any attempt is made to restrain an individual, a visual check must be made for weapons. If there is any doubt, the Customer must not be approached and police

summoned to assist. If weapons are visible, then the Customer must be asked to put them down in a neutral area and not to hand them over.

5.22 For those staff involved in restraint the following responsibilities will be understood and carried out:

- The person controlling the individual's head will assume control of the intervention and will manage the situation. Other individuals, present at the situation, will take direction from the head person. Compliance with this procedure ensures minimisation of risk to staff and Customers
- There must be continual verbal de-escalation between the individual in control of the incident/situation, and the Customer. Communication between the rest of the team must be minimal
- Staff will demonstrate at all times respect, dignity, and privacy and ensure that there is communication between the Customer and themselves

- During any physical restraint intervention, the Customer's physical condition must be monitored in order to reduce physical risks, e.g. positional asphyxia. Where mechanical restraint is employed during and after physical intervention, guidance in the Mental Health Act Code of Practice says this should be regularly reviewed by a registered medical practitioner. This policy should be read in conjunction with Chapter 26 of the Code of Practice titled 'Safe and Therapeutic responses to disturbed behaviour'
- When possible, other Customers and staff not involved with restraint must be relocated to another area
- **Restraint must be used as a last resort.** At the earliest opportunity the Customer will be disengaged from the restrictive physical intervention when it is deemed safe and practicable to do so
- My Life Legacy does not support the deliberate application of pain being applied to Customers to gain compliance. It is acknowledged "that there may, however, be high risk situations where an element of pain - for both the individual and staff - may be unavoidable if the emergency is to be safely resolved". (Guidance from the National Control and Restraint General Services Association at <http://ncrgsa.com>)
- The service's training needs analysis describes who must attend which form of Management of Violence and Aggression Training, and be deemed to be competent before engaging in these practices



- Where physical restraint is used, staff must record the decision and the reasons for it and document and review every episode of physical restraint, which must include a detailed account of the restraint and record the post-incident review
- Staff must use debriefing and post-incident review following all episodes of restrictive physical interventions

6. Definitions

6.1 Advance Statements

- Advance statements are non-legally binding documents, but give an opportunity to identify Customers' preferences about interventions and care

6.2 Challenging Behaviour

- "Severely challenging behaviour refers to culturally abnormal behaviour of such intensity, frequency of duration, that the physical safety of the person or others is likely to be placed in jeopardy, or behaviour that is likely to seriously limit or delay access to and use of ordinary community facilities." (Emerson, 1995). There are a range of definitions of challenging behaviour; Emerson's definition can be used service-wide
- To ensure that people with less severely challenging behaviour receive appropriate care and support, Qureshi's (1994) definition is also provided. "People are said to display challenging behaviour if they: had, at some time, caused more than minor injuries to themselves or others, or destroyed their immediate living environment, or showed behaviour, at least weekly, that required intervention by more than one member of staff to control or remove them from physical danger, or caused damage which could not be rectified by immediate care staff or caused at least one hours disruption, or; caused more than a few minutes disruption at least daily"
- Behaviours that could be described as challenging include physical or verbal aggression, self-injury, property destruction, non-compliance and anti-social nuisance behaviour. The definition of any given behaviour as challenging is subjective and relative. Therefore, it is always necessary to precisely describe the behaviour that is being labelled as challenging in terms of its effects on the person, on their lifestyle, and on other people

6.3 De-escalation

- This is defined as the purposeful use of a complex range of communication and therapeutic intervention skills, based on a knowledgeable understanding of the causes of violence and aggression, which is aimed at the prevention, reduction or management of the probability of violent or aggressive behaviour

6.4 Breakaway Techniques

- Breakaway interventions are those techniques used in 1:1 defence and disengagement from an attacker in a physical assault

6.5 Control and Restraint



- Physical intervention is defined "as any method of responding to challenging behaviour which involves some degree of direct physical force to limit or restrict movement or mobility" (Harris et al, 1996)
- Physical intervention "involves the use of force to control a person's behaviour and can be employed using bodily contact, mechanical devices, or changes to the person's environment" (Department of Health, 2002)
- The purpose of restrictive interventions: "Is to take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken and end or reduce significantly the danger to the patient or others" (Mental Health Act 1983 Code of Practice 2015 26.36)

6.6 Mechanical Restraint

- This is defined as the use of splints, arm cuffs, weighted blankets or any other device that is used to prevent injury by restricting movement or mobility which has been considered within an individual's risk during physical interventions; this would be detailed in the Care Plan for individuals. Protocols and training issues regarding the use of mechanical devices in physical interventions would be detailed in the relevant service areas documentation and policy

6.7 Consent

- "Consent" is a Customer's agreement for a Care or health professional to provide Care. Customers may indicate consent non-verbally (for example, by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the Customer must be competent to take the particular decision, have received sufficient information to take it, and not be acting under duress

6.8 Mental Capacity

- Having mental capacity means that a person is able to make their own decisions. The Mental Capacity Act 2005 is designed to cover situations whereby someone is unable to make decisions because of an impairment of, or a disturbance in the functioning of, their mind or brain. The Act says that a person is unable to make a particular decision if, due to an impairment of, or a disturbance in the functioning of, their mind or brain they cannot understand information about the decision to be made (the relevant information) or retain the information in their mind or use or weigh that information as part of the decision-making process or communicate their decision

6.9 Interventions

- A proactive recovery-focused approach aimed at preventing the likelihood of challenging behaviour occurring. The gathering of information from Customers, their carers and families, colleagues and other agencies will lead to a formulation of the risk issues. That assessment will identify preventative strategies, both to promote a positive environment and to minimise the risks. Specific management guidelines will be based on individual planning of Care. Interventions may include the promotion of alternative coping skills and activities, environmental change, de-escalation, use of rapid tranquilisation, physical control and restraint, and seclusion



- Minimum level of interventions must be used and Customers supported in developing their own positive coping and risk management skills. Exceptions to these principles may be requested through an individual's advance request. Further functional analysis of behaviours, near misses and incidents must be undertaken to inform the clinical and management strategies

Forms



Record of Challenging Behaviour

Customer's name:		Support Worker or Carer (completing this form):	
Date:		Time:	
Location of event:			
Precipitating factors:			
Account of event:			
Account of Injuries:			
Action Taken:	Solutions (tick):		
	Medication		
	Snoezelen (Controlled Multi-sensory environment)		
	Diversion		
	Specific staff member		
	State type of diversion or name of staff member:		
Follow up summary:			

