**Ability Shetland** **Managing Challenging Behaviour**

**1. Scope and Purpose**

**Ability Shetland** realises that with the clients the organisation supports, there may be times when there is a need to decelerate behaviour which may be challenging. This policy outlines the procedures and good practice for dealing with challenging behaviour and situations where an intervention may be necessary.

**1.1 Who does this policy apply to?**

All staff working with clients within Ability Shetland.

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| **2**. **The Policy**  Risk assessments should be carried out on all clients who may display challenging or risk behaviour. Staff should take all necessary steps to avoid a situation arising.  Any Physical intervention should only be used as a last resort where the risk of doing something overrides the risk of not doing anything. This includes where a client is going to directly harm or significantly injure themselves or other people.  Knowing the client and reading the risk assessment and associated plans such as a Positive Behaviour Support (PBS) or Managing Actual or Potential Aggression (MAPA) plan will help in following this policy and knowing any triggers will reduce the need for any further action.  All incidents must be reported to the Team Leader.  **3. Responsibility**  All staff are responsible for the duty of care to the clients, in a crisis situation it may be the person with the best relationship that de-escalates the situation. Staff should take the lead on this and support and coordinate with volunteers.  **4. Reasons for challenging behaviour**  All behaviours are a form of communication, this also counts for behaviours which may be verbally aggressive, or physical. It is therefore useful to try and work out the reasons behind the behaviour, for example is it the environment is it something that has happened earlier in the day or is someone in pain, understanding the factors that lead to behaviour changes, helps us support the client.  **De-escalating and avoiding situations**    Staff should take all necessary steps to avoid a situation arising. Challenging Behaviour training to support this will be made available. Risk assessments will be carried out on all people who are deemed at risk of violent behaviour.  Information and associated plans e.g., PBS, MAPA and Communication will be shared with Ability Shetland. The information will be passed onto all staff that support the client, in line with **Ability Shetland**’s Confidentiality Policy  **4.1 De-escalating a situation**  When a person starts becoming agitated there may be signs and changes in behaviour that the person displays, please also refer to their individual plans as stated above.   * Ignore the inappropriate behaviour * Interrupt and direct the client to the task at hand, using verbal interventions- Vocals may have to increase to decelerate a situation. * Talk to the client and set limits and desirable expectations, people tend to choose positive outcomes if they are given them as an option. * Support the client to tell you what is making their behaviour change. * Move to a different area if there is something that is a trigger where you are at, sometimes clients may react when there is an audience, or a group of people move away from the group or get support from others to redirect the group. * There are situations where inappropriate behaviour cannot be ignored, such as violence to others or self-harm. Please remember property is replaceable and people are not. * Staff should stay calm and also remember to seek help at the earliest opportunity. Any of our behaviours can affect a situation, we also have a duty of care towards the clients we support. * A change in body language can be a clear trigger for a client becoming distressed or heading into a crisis situation. * Staff are to be aware that a client may seem to be calming down but may still react to ongoing triggers.   **5. Physical intervention** is any form of physical contact with a client to manage, control or direct their movement or actions.  **5.1 Employing a physical intervention**  This should only be carried out as a last resort by staff when all other options are exhausted staff should call for backup and use other forms of de-escalation first, examples are when there is going to be direct harm to someone and the risk of doing something outweighs the risk of doing nothing. In no circumstances should staff put themselves at risk of personal harm or serious injury. If circumstance permit, it may be advisable to contact the Police.  **5.2 Physical intervention guidance**  Most clients will respond positively if spoken to in a quiet and soothing manner, to encourage the speedy return of calm and self-control. In some cases this may not be possible, it is worth noting that tone of voice may change when reacting to an escalating situation.  If a physical intervention is deemed necessary as a last resort, it should be used with consideration for the self-respect, dignity, privacy, cultural values and an understanding of the person’s cognitive and physical needs and previous experiences that the individual may have.  Physical intervention should never be used purely to force compliance when there is no immediate risk to safety. Staff should be careful where they touch or hold clients. For instance, they should be careful not to hold a client in such a way that it involves contact with breasts or genitals. Staff should be aware of gender differences.  It is important to listen to what the client is saying during and before any physical intervention.  **6. Maintaining a presence to support behaviour**  By supporting a client whose behaviour may be escalating. By their very presence, staff should be able to positively influence the client's behaviour, through the use of a look, gesture or quiet word they may need to remain in the background but no to close.  A staff member can devote themselves exclusively to one client, in liaison with other staff present. Where possible, use constructive activity/discussion rather than just "shadowing".  In using physical presence the following factors must be considered:   * The client should not be followed if the client physically resists * If challenged, staff should be prepared to explain to the client what is being done and why * The conscious use of staff presence for control purposes can be oppressive if extended over long periods, this should be avoided if possible   **7. Maintaining a presence with an absconding client**  If a client is running away or absconding it is advisable to stay within a close distance than resorting to a physical intervention unless there is immediate risk of significant injury.  The staff member should allow the individual to move far enough away but be able to keep them within their vision. Other staff should be called for backup and assistance at earliest opportunity.  Other clients should be supported to stay calm and from attempting to follow, or communicate with, the client concerned. If the member of staff cannot keep pace with the client or is no longer in a position to request support from colleagues, they should stop attempting to maintain a presence.  At this point the senior member of staff should inform their line manager and Police of the missing client.  **8. Recording the Incident**  At the earliest opportunity, the staff member must inform their line manager and complete the appropriate incident form.  The incident form should include how an intervention was used, if relevant, and for how long. Any incident resulting in: an injury to any party that requires professional medical attention, the assistance of Police or other emergency service, must be regarded as "major".  **9. Following an Incident**  Following the use of a physical intervention, the client should have the opportunity to get back in control and have time limited communication with staff. However, an interview should take place after the client is back in control however attempts to do this too early may result in the behaviour continuing.  The aim of the interview should be:   * To return the client to an emotional level at which they can function appropriately * To understand patterns and triggers which led to the situation and to develop and understand how this can be avoided * To develop a plan for change with the client that will lead to better self-control and to give the client some control in how this will be acted on.   Staff will get a debrief session after any incident as soon as is practical. This will be proactive and will look at how to adjust any future support and risk assessments.    **10. Definitions**  De-escalation is used by staff as a way of supporting a situation with verbal interventions and use of body language in a way to positively control a situation from going any further thus preventing the need for any other interventions.  Presence is a form of control using no contact, such as standing in front of a client or obstructing a doorway to negotiate with a client; but allowing the client the freedom to leave if they wish. Includes minimum contact in order to lead, guide, usher or block a client; applied in a manner which permits the client quite a lot of freedom and mobility.  Physical intervention is used as a last resort when if it wasn’t used the duty of care for the client would not have been upheld.  Assault includes throwing missiles, pulling hair, smacking etc. The exception to this is where physical contact is used to prevent an immediate danger |