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| Policy No: 03-4103 | Authorised: Pellagia Margolis | Date: 15/01/2020 |
| HANDLING CHALLENGING BEHAVIOUR GENERAL POLICY | | |

This Policy defines the Organisation's approach to handling and managing service users who exhibit challenging behaviour. This Policy is divided into 3 sections as follows:

Section A: General information regarding challenging behaviour;

Section B: Managing challenging behaviour;

Section C: Prevention of challenging behaviour.

A: GENERAL INFORMATION REGARDING CHALLENGING BEHAVIOUR:

1. *Definitions:*

Challenging behaviour is most often exhibited by persons with developmental disabilities, dementia, psychosis and by children, although such behaviour can be displayed by any person. There are 2 types of challenging behaviour for which the following definitions apply:

- "Challenging behaviour" - culturally abnormal behaviour by individuals or groups, which causes others problems, and which significantly interferes with the quality of life of all concerned. In the domiciliary scenario this will relate to challenging behaviour displayed by the service user towards care staff and / or family members, visitors etc.
- "Severely challenging behaviour" - challenging behaviour of such frequency, intensity or duration, that the physical safety of the person or others is likely to be placed in serious jeopardy, and which is likely to seriously limit or delay access to and use ordinary community facilities.

2. *Types of challenging behaviour:*

Challenging behaviour can manifest itself in many forms, and can depend upon many parameters. The more common types that the care worker may encounter are as follows:

- Aggressive behaviour towards others; e.g. spitting, screaming, hitting, kicking, biting.
- Self-harm; e.g. hitting self, head-banging, biting, skin picking.
- Destructive behaviour; e.g. ripping clothes, breaking windows, throwing objects; stealing.
- Inappropriate sexualised behaviour; e.g. groping, public masturbation.
- Other stereotyped behaviours; e.g. repetitive rocking, elective incontinence, running away; eating inedible objects.

3. *Causes of challenging behaviour:*

Challenging behaviour can be caused by a number of factors. It is expected that the original Baseline Assessment of Need of the service user will highlight concerns in this respect and provide a basis for addressing these issues through the care services to be delivered. The following can contribute to challenging behaviour:

- 3.1 *Social factors* - e.g. social isolation, reaction to change, boredom, seeking social interaction.
- 3.2 *Inadequate management of the Domiciliary Care Service* - e.g. insensitivity of the staff and / or services to the service user's wishes and needs, incompatibility with the allocated care worker, both of which could trigger a latent reaction.
- 3.3 *Clinical factors* - e.g. pain, medication, constipation, PMT.

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- 3.3 *Environmental factors* - e.g. physical aspects such as noise and lighting, or gaining access to preferred objects or activities.
- 3.4 *Psychological factors* - e.g. stress, anxiety, frustration, or feeling lonely, excluded, devalued, disempowered, or living up to people's negative expectations.
- 3.6 *Mental illness* - e.g. personality disorder, psychosis, imagines seeing things.
- 3.7 *Past environment or circumstances* - e.g. home environment, sexual abuse, institutionalisation,
- 3.8 *Learning disability or specific syndrome* - e.g. autism, Asperger syndrome, ADHD.
- 3.9 *Communication skills* - e.g. frustration at lack of ability to communicate.

B: MANAGING CHALLENGING BEHAVIOUR:

- Since challenging behaviour can manifest itself for a number of reasons, the actual management of such behaviour can often be a complex process. For management purposes, challenging behaviour can be viewed as occurring in a cycle:
 - Trigger
 - Escalation
 - Crisis
 - Recovery

It follows that great emphasis should be placed on training staff to recognise possible "flashpoint" (trigger) situations and minimise any potential confrontations. In this way, handling challenging behaviour situations will be pro-active rather than reactive (see section B.2 below).

- Staff Training:*

Staff will undergo specialist training to ensure awareness of the types, causes and effects of challenging behaviour, and to ensure that they are able to work pro-actively in a person-centred way to respond effectively to triggers, signs and symptoms of challenging behaviour. Staff training will be built into Induction Training programmes, and will be structured as a 3-stage strategy:

- Stage 1: All staff should receive training appropriate to their needs in how to develop the skills and knowledge necessary to support service users with learning disabilities. Training should meet *Learning Disability Advisory Framework* requirements at Induction and Foundation levels.
- Stage 2: More intensive training will be provided to care staff working with service users where the expected level of challenging behaviour is high. It will be tailored to meet the specific needs of the individual whose behaviour has been identified as challenging. The basis for the provision of this training will be the original Assessment of Need leading to the service user's Care Plan.
- Stage 3: Training will address the management of complex situations, including the use of physical intervention in line with the British Institute of Learning Disabilities' Code of Practice. (Refer also to *Policy No: 4104, Handling Challenging Behaviour - The Use of Physical Intervention*).

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3. *Duty of Care to Staff:*

The Organisation acknowledges its responsibilities under the *Health & Safety at Work Act, 1974* and the *Management of Health & Safety at Work Regulations, 1999*. This legislation places a duty upon the Organisation as an employer to conduct appropriate and adequate assessments of risk to the health and safety of employees (care staff) while they are at work. In this context, the service user's domestic environment becomes the "workplace environment". The following procedures are therefore in place to address these risks:

- 3.1 Detailed assessments of a service user's needs and wants prior to starting service delivery (see section B.4). In this way adverse clinical conditions such as challenging behaviour can be identified and the service user Care Plan developed accordingly to address these issues as far as possible.
- 3.2 There is a comprehensive Risk Assessment Schedule for assessing the domestic environment of a new service user. This is *Form No: 3-006*.

Domiciliary Care staff, when working with service users who exhibit challenging behaviour, are particularly vulnerable since they will normally be working alone. As part of the duty of care towards its care staff, the Organisation has established a number of policies and procedures designed to directly or indirectly minimise risks to staff, as appropriate to the circumstances:

- Policy No: 3010* Assignment of Care Workers to Service Users
- Policy No: 4310* Out-of-hours Management of the Service
- Policy No: 4101* Staff Working Late or Alone with a Service User
- Policy No: 4305* Withdrawing the Care Service

4. *Assessment of Needs before Service Start-up:*

Form No: 3-002 provides for a detailed assessment of a service user's needs to be undertaken prior to entry into the Domiciliary Care Service. This will form the basis of the service user's Care Plan and it is at this point that careful consideration will need to be given to any aspect of the managing of challenging behaviour. It is the responsibility of the Domiciliary Care Manager to determine whether the Domiciliary Care Service is able to meet the needs of the prospective service user. In this respect, the following will be considered:

- 4.1 Whether the stated Aims and Objectives of the Domiciliary Care Service are applicable to this particular service user.
- 4.2 Whether the Service can meet the service user's developmental, care and support requirements.
- 4.3 Whether there are adequate levels of staff support to meet the service user's needs; for example, "doubling up" in high risk situations.
- 4.4 Whether staff have the skills and experience necessary to deliver the required service.
- 4.5 Where the Assessment of Needs have identified that physical intervention may be required, a service user risk assessment must be conducted to identify the benefits and risks associated with different intervention strategies and ways of supporting the service user (see *Policy No: 4104*).

5. *Specific Recommendations:*

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The action that can be taken to manage the escalation, crisis and recovery stages of challenging behaviour (see section B.1) can vary widely, depending upon the type and intensity of the behaviour; i.e. challenging or severely challenging behaviour. The service user's Care Plan will often involve specialised professionals or outside agencies who may contribute to the service user's Care Plan. The Domiciliary Care Manager should consider the following recommendations for reducing incidences of challenging behaviour to a manageable level for individual service users, as appropriate to circumstances. This can involve input from outside agencies or health professionals, as relevant:

- 5.1 Increased emphasis on all areas of health promotion for service users with learning disabilities.
- 5.2 Recognising that health and medical conditions can be a contributory cause to challenging behaviour, and organising regular health screening for service users with learning disabilities.
- 5.3 Equal access to treatment for diagnosed medical and psychiatric conditions.
- 5.4 Cautious prescribing of psychotropic medication for challenging behaviour.
- 5.5 Speech and language therapy interventions should include communication skills to help individuals identify pain and illness and communicate this to others.
- 5.6 Active involvement from the Organisation's senior staff that ensures the care staff are valued, supported and adequately monitored to provide best practice at all times. For specific job positions this should start at the interview stage to ensure candidates are clear about the job requirements and expectations, and promote the selection of staff who are truly committed to providing the highest standards of care.

C: PREVENTION OF CHALLENGING BEHAVIOUR:

Reference section B.1 of this Policy, a care staff member's first priority in managing challenging behaviour is to prevent a challenging situation from either occurring or worsening. There are 3 basic principles involved in preventing challenging behaviour:

- Addressing and reviewing a service user's general life situation and environment (see section C.1 below);
- Acting to de-fuse a challenging situation at its earliest stage (see section C.2 below);
- Managing one's own behaviour appropriately (see section C.3 below).

1. *Service User's life situation and environment:*

- 1.1 Care staff must be sensitive to the environment in which a service user with challenging behaviour lives, and how best to provide an environment that offers the greatest possible control for the service user.
- 1.2 Care staff must be sensitive to the need for a service user with challenging behaviour to communicate their needs and feelings in all aspects of their life.
- 1.3 Care staff must be sensitive to the need to maintain a balance when considering a service user's general lifestyle, particularly in the areas of social contact and task requirements. Too much stimulation can prove as counterproductive as too little.

2. *De-fusing a challenging situation:*

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Prevention of challenging behaviour should begin at the initial stages, i.e. ensuring effective needs assessment, care planning for the service user, and thorough risk assessments. However, in the event of a challenging situation occurring care staff should employ the following techniques or approaches as appropriate to the situation. These techniques must be identified and agreed at the care planning stage:

- 2.1 *Talk calmly to the service user* - try and find out what the service user is thinking or feeling, or whether he / she is upset, hurt, annoyed or in pain. Try and find out what triggered the behaviour.
- 2.2 *Comfort the service user* - if upset, try and comfort the service user verbally and, if appropriate, by gentle physical contact. It is vital that touching is not interpreted as an invasion of space; some people hate being touched and may react adversely.
- 2.3 *Ignore the behaviour, but not the person* - treat the service user as if the behaviour is not occurring, though there is a risk that this may trigger an escalation of challenging behaviour if the service user feels that he / she is being ignored.
- 2.4 *Interrupting and deflecting* - try and get the service user to focus upon another person or situation.
- 2.4 *Rewarding positive behaviour* - reward any positive behaviour that the service user may be showing with praise or attention.
- 2.5 *Allow the service user time* - access to a quiet place and giving the service user some time to recover themselves can be helpful.
- 2.7 *Use the physical environment* - ensure that type and layout of furniture and space enhances positive behaviours; e.g. not too cluttered or too sparse. If the service user is being aggressive, and if it is safe to do so, place a table or chair to act as a natural barrier.
- 2.8 *Monitor other's behaviour* - challenging situations often happen in the presence of others. It must be ensured that they do not inadvertently make a challenging situation worse, and they must be managed accordingly.

3. *Managing your own behaviour:*

How the care worker appears and behaves are key factors in preventing the onset and escalation of challenging behaviour. The care worker should be aware of himself / herself and be in control at all times. When faced with a challenging situation the care worker should try to:

- acknowledge personal prejudices, emotions and feelings;
- appear calm and confident;
- be aware of not being arrogant, aggressive or challenging;
- consider the causes of previous episodes of challenging behaviour;
- move slowly and purposely;
- keep proper space and distance;
- identify a safe exit;
- speak clearly and calmly;
- remain relaxed and maintain normal breathing;
- maintain eye contact but do not stare or show anger.

Company Name: Integrative Supported Living Care

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FORMS REFERENCES:

Form No: 3-002 *Baseline Assessment of Needs for Daily Living - Service User*
Form No: 3-006 *Risk Assessment - Workplace Environment (Service User's Property)*

POLICY REFERENCES:

Policy No: 3010 *Assignment of Care Workers to Service Users*
Policy No: 4100 *Out-of-hours Management of the Service*
Policy No: 4101 *Staff Working Late or Alone with a Service User*
Policy No: 4305 *Withdrawing the Care Service from a Service User*