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| **DOCUMENT TITLE:** | Managing Challenging Behaviours |
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| **RELATED DOCUMENTS:** |  |

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| **OUR VALUES:** | We all commit to and care about: going one step further with our customers; our wellbeing as individuals and as teams; and improving and strengthening ourselves and our organisation. |

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| Introduction | |
| **Acorn has a no tolerance stance towards any violence and aggression to our staff and other clients on our premises.**  This policy details the key principles and responsibilities for assessing risk and managing violence and aggression in Acorn services. | Providing a high-quality recovery-oriented service requires a detailed and up-to-date understanding of the risks that are relevant to an individual, including risks related to the interventions that are directly provided; risks within the wider treatment system and risks related to lifestyle and personal circumstances. It is also necessary to undertake and review assessments of risks that may prevent individuals from achieving their personal recovery goals (e.g. lack of recovery capital) and risks to others (including dependent children, families and communities).  The sharing of accurate and timely information will underpin the management of risk. |
| **Key Principles** | The key principles of this policy are to:   * Promote the safety and well being of clients, families, staff and communities, * Enable staff to work in an environment free from fear of violence or aggression. * Fulfil the legal responsibilities placed upon employers and employees. |
| **Implementation** | All staff will receive a copy of this policy and will be asked to read it during their induction period.  All staff should receive appropriate training and support.  High-risk situations should be escalated to the Service Manager or a member of the SLT for review and joint management. |
| **Risk Management**  Further guidance on managing risks associated with violence and aggression can be found in Appendix C. | Risk management should be incorporated into the care planning and review process.  Risk management should be underpinned by a clear plan that aims to reduce the risk of harm occurring and seeks to increase the likelihood of a positive outcome.  Risk management plans should include a summary of all identified risks, potential situations in which risks may occur and actions to be taken by the team.  All Risk management Plans must be updated following and incident and/or change of risk. |
| **Record Keeping**  On-going monitoring of risk management plans and changes made to these should be recorded in the records. | It is vital that all risk assessments are recorded in a clear and accessible manner.  Risk management plans should be written in way that is unambiguous to staff and clients.  Where there are identified triggers to particular risks these should be clearly recorded in the client’s records. |
| **Sharing Risk Information**  Accurate, relevant written and verbal communication of identified risk is essential.  Where high risk is identified it is essential that it be communicated to the relevant parties immediately. | Public protection takes priority over the right to confidentiality in certain circumstances for all professionals involved in risk assessment and risk management.  Poor communication is one of the highest risk factors in any organisation. This can lead to misunderstandings between staff, which can then lead to the failure of passing on vital information and/or the wrong information being conveyed.  Clients, their relatives and advocates must be encouraged to identify points of concern or worry and must be listened to throughout the process of risk assessment and management. |

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| **Individual Client Specific Risks**  Although actual incidents of violence from clients within the organisation are rare, drug and/or alcohol misuse is widely considered to be a factor linked with an increased risk of violence to others.  Alcohol and certain drugs can dis-inhibit behaviour but their direct effects are often less important than the context in which they are taken and the personality of the user. | All clients who are referred to non-abstinent groups have been screened and risk assessed by partner agencies  Each client is screened by the facilitator before they are deemed as suitable for group work.  Clients are screened on the day of group before they start to check for levels of intoxication and are sent home if necessary.  Group check-ins allow for the facilitators to check where the clients are at regarding mood, attitude, state of mind etc |
| **Situational risk factors**  There are situations that provoke a violent response for a particular individual. | Although certain risk factors such as heat, noise or crowding are of a more general nature in eliciting violence, most situational factors that can trigger violence are specific to the individual.  Situational risk factors may be a particular relationship or may occur at particularly stressful points.  The situational risk factors that are particularly important when undertaking risk assessment are those associated with previous instances of violence.  It is important therefore to encourage other agencies to share information about individuals who may have a history of past aggressive or violent behaviour. |
| **Interview Rooms**  Where an incident of aggression takes place in a room alone with the aggressor, available means of summoning assistance, such as panic alarms, should be used to summon colleagues. | Where fitted, static panic alarms should be located opposite to the exit point so that if an aggressor attempts to block the panic alarm you will be able to leave via the exit point.  Where staff has access to individual panic alarms that they wear on their person, they should take responsibility for ensuring that they have a working panic alarm when they see a client.  Where staff see the client with a known history of aggression, or if there are signs that the client is agitated, the person should be seen in a place from which help can be summoned quickly if needed. Colleagues should be alerted to the fact that you are seeing someone with the potential for aggression so they can be on hand to assist if necessary.  If you feel uneasy about a person’s potential for aggression do not be afraid to leave the interview room by making some plausible excuse. Share your concerns with colleagues and/or line manger and decide on a suitable course of action. Take a colleague into the room if necessary. |
| **Reception**  Reception staff may be particularly vulnerable as they are the first point of contact for clients/patients entering a building.  Reception staff should not be expected to deal alone with potentially abusive or aggressive clients. | Each team should devise a code word or phrase, which the receptionist(s) can use to alert staff in the team office that they need assistance or support straight away. This word or phrase can be used where reception staff recognises that they have a potentially difficult situation, which could be diffused by the presence or involvement of other staff.  Any panic alarms should be located close to the main working area and out of sight of clients/patients e.g. under the reception desk.  Where colleagues are busy, reception staff should be able to interrupt meetings/interviews if general assistance is required.  Staff should ensure using the diary and signing in/out systems, so that reception staff always know their whereabouts in the building. |

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| Control Measures | |
| **Response Following Report of a Physical or Non-Physical Assault by a Client (Competent) or Visitor**  A range of response measures are available depending on the severity of the assault including:-  a Management decision must be made to the future care. | Management of violent and client’s (competent) are those who are competent within the meaning of the Mental Capacity Act 2005 and who are not suffering from a mental disorder within the meaning of the Mental Health Act 1983.  **Written warning**  The written warning letter is issued by the Team leader.  \*In an integrated community service (Manchester, Stockport, Blackburn & Darwin) the information surrounding the warning would be shared via case notes accessible by other workers.  Stockport community – if a service user has shown aggression they would be asked to leave the premises if refused the police would be contacted to have them removed regardless of capacity i.e intoxicated or under the influence of a substance, a violent attack the police would always be called, this is escalated to a Team Leader notes to be uploaded on the system as soon as possible, the service user will be asked to come into the service at the next available time to discuss the incident with a Team Leader a written warning to be put in place with a behaviour contract signed which will be agreed mutually.  \*In supported housing  \*In Tier 4 treatment the care co-ordinator will be informed of any warning issued  **If in the event of repetition or Serious Incident**  We abide by our no tolerance stance:  “Verbal and physical abuse towards staff or clients/patients will not be tolerated and could result in prosecution and discharge from the service”.  \*In an integrated community service (Manchester, Stockport, Blackburn & Darwin)  Stockport community – If a service user continues with their violent and aggressive behaviour, they would be dismissed from accessing the service all relevant agencies (who we have consent to speak with) involved will be informed and updated, all case notes to be updates straight away, police will be called on each occasion to safeguard staff and the community  \*In supported housing  \*In tier 4 treatment all the people who are listed on the “need to know” initial assessment will be informed (care-coordinator, probation, next of kin, mental health etc) |

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| Line Manager Action Following Assault To Member of Staff | |
| **Line Manager Action:**  Following a serious or potentially serious incident a debriefing session should be held for all members of staff involved in the incident.  The purpose of this is to ensure that no-one has suffered any ill effects from the incident and if they have these can be responded to appropriately.  In addition this is a useful forum to decide on how the incident will be followed up and how any decisions made will be communicated with the relevant client(s) may also be an opportunity to review security procedures that are in place and consider any changes that need to be made.  In addition to line management support, 24-7 support is available through LifeWorks our Employee Assistance Programme. This confidential service is available to all employees, and immediate family. The support is available 24 hours a day, 365 days a year, and also covers matters such as debt, counselling, benefits and tax credits, relationships, and family matters.  LifeWorks can be accessed by mobile app for iPhone or Android, by web browser (login.lifeworks.com) or by calling: 0800 169 1920 | Following an incident where the police have not been summoned, the client should be asked to leave the building immediately if s/he has not already done so.  If the client refuses the police should be called to remove the person.  Remove staff member from immediate vicinity of where the assault took place to gauge how they are feeling and offer support.  Identify whether staff member requires medical treatment and if they are fit to resume their duties or need to be sent home.  Assist staff member to complete Untoward Incident Report (UIR), or complete form on their behalf if they are unable to do so.  Prior to resuming duty the line manager is to ensure that the member of staff is sufficiently recovered from the incident and able to resume normal duties.  Support networks need to be utilised if appropriate and Corporate Services contacted for guidance.    Following a physical or non-physical assault against a member of staff, the Line Manager must carry out an incident investigation process to identify the root cause of the incident to ensure that this information can be considered in any care plans aimed at reducing further incidents of a similar nature and that any lessons to be learnt are shared. |

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| Appendix A: Checklist for Assessing Risk of Harm to Others | |
| **Potential harm to others** | * Has the client ever, now or in the past had thoughts or acted on thoughts about harming others? * Has the client a history of violence or aggression? * What control does the client perceive that s/he has over his/her actions? * Has the client ever been in trouble with the police regarding violence or aggression? * What events/thoughts/feelings have led to the incidents? * How frequently do they occur? |

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| **Appendix B: Definitions and Examples of Physical and Non Physical Assaults** | |
| ***Note: These lists are not exhaustive.***  \*Spitting is included in the definition of a physical assault, in circumstances where the spittle hits the individual.  \*The use of swear words may constitute non-physical assault depending on the circumstances in which they are used. For some individuals, swear words may be used in everyday speech; however they may be considered as non-physical assault if they are used aggressively.  N.B. Some of the above examples of non-physical assault can be carried out by phone, letter or electronic means (e.g. email, fax and text). | **Physical Assault**  This is defined as: ‘The intentional application of force against the person without lawful justification resulting in physical injury or personal discomfort’.  Type of categorised physical assault  • Physical assault (no physical injury suffered)\*  • Physical assault (physical injury sustained)  **Non-Physical Assault**  This is defined as: ‘The use of inappropriate words or behavior causing distress and/or constituting harassment’.  Type of categorised non-physical assault   * Offensive or obscene language, verbal abuse and swearing\* * Brandishing weapons, or objects which could be used as weapons * Attempted assaults * Offensive gestures * Threats * Intimidation * Harassment or stalking * Damage to buildings, equipment or vehicles which causes fear for personal safety * Offensive language or behavior related to a person’s race, gender, nationality, religion, disability, age or sexual orientation * Inappropriate sexual language or behavior |